

Enhancing an Educational and Developmental Program for Students Living in Nursing Residences: An Intervention Variant Mixed Methods Design

Reniel Amos Sanchez

Mary Johnston Hospital; Philippine Christian University–Mary Johnston College of Nursing; Mary Johnston College of Nursing Scholarship Foundation, Inc.; Philippine Women’s University
renielrn@gmail.com

Date Submitted:

August 06, 2026

Date Accepted:

September 13, 2026

Date Published:

October 08, 2026

DOI:

10.5281/zenodo.23244400

ABSTRACT

This study enhanced an Educational and Developmental Program for nursing students living in a nursing residence by examining their educational and developmental experiences and challenges. Guided by Jean Watson’s Theory of Human Caring, Maslow’s Hierarchy of Needs, Sister Callista Roy’s Adaptation Model, and Ludwig von Bertalanffy’s Systems Theory, the study employed an intervention variant mixed-methods design. Phase 1 used a phenomenological qualitative approach with 10 purposively selected nursing students who had resided in the dormitory for at least five months or one semester and had completed the required dormitory orientation. Semi-structured interviews, observations, field notes, and audio/video recordings were analyzed using Braun and Clarke’s six-phase thematic analysis until data saturation was achieved. Six

themes emerged: Academic Resources and Support; Social and Interpersonal Relationships; Emotional Resilience and Independence; Discipline and Professionalism; Spiritual Development and Engagement; and Complexities and Limitations. These findings informed Phase 2, in which a three-month Enhanced Educational and Developmental Program was developed. In Phase 3, five nursing experts validated the program. The overall Face Validity Index was 0.98, while all six program components obtained I-CVI scores of 1.00; both S-CVI/UA and S-CVI/Ave were 1.00, indicating unanimous expert agreement on content relevance. The findings show that nursing-residence life can support academic focus, peer relationships, emotional adaptation, professional formation, and spiritual engagement while also presenting resource, adjustment, financial, and social challenges. The validated program is recommended for institutional implementation, continued monitoring, and further evaluation in diverse residential nursing-education settings.

Keywords: *nursing students, nursing residences, dormitory living, mixed methods, student development, program validation*

INTRODUCTION

Living and learning environments are important to nursing students because professional preparation occurs not only in classrooms and clinical areas but also in the social, emotional, and developmental spaces that shape students’ daily routines. Nursing residences can reduce commuting time, provide access to educational resources, and create opportunities for peer support, mentoring, and structured routines. At the same time, communal living may introduce challenges involving adaptation, privacy, finances, social relationships, sleep, and emotional well-being (Dias et al., 2023; Braim et al., 2023; Li et al., 2022).

The residential environment is especially relevant in nursing education, where students manage demanding academic requirements, clinical duties, skills training, and professional expectations. Research has linked positive educational and clinical environments with stronger learning experiences and outcomes, while inadequate support,

poor planning, and limited resources can negatively affect student development (Jacob et al., 2023; Joslin et al., 2023; Ge, 2023). Residential learning communities may also strengthen interaction with faculty and peers, promote mentoring, and foster a sense of community that contributes to retention and student success (Dahl et al., 2020; Bauer & Kiger, 2018).

Dormitory life also contributes to psychosocial and personal development. Peer mentoring has been associated with interpersonal growth, independence, emotional regulation, and perceived competence among nursing students living in dormitories (Lin et al., 2016). However, homesickness, social adjustment, mental-health concerns, financial pressure, and environmental limitations may complicate the experience (Akhavan et al., 2018; Huice et al., 2023; Maria et al., 2023). These tensions indicate that nursing residences should be understood as dynamic educational environments rather than merely places of accommodation.

In the Philippine context, residential nursing education has historical roots in hospital-based nursing schools, where students lived near their classrooms and clinical training sites. Yet the thesis identified limited local research that comprehensively examines the academic, social, emotional, professional, spiritual, and environmental dimensions of nursing students' residential experiences. Existing studies often describe isolated outcomes or rely primarily on quantitative designs, leaving a need for deeper qualitative exploration that can directly inform program development.

The study therefore aimed to explore the experiences and challenges of nursing students residing in a selected college-of-nursing dormitory in Tondo, Manila; develop an enhanced Educational and Developmental Program from the qualitative findings; validate the program through expert review; and formulate recommendations for nursing education and residential student support. The intervention variant mixed-methods design was selected to connect students lived experiences with a structured, evidence-informed program and a quantitative validation process.

Literature Review

Nursing Students and Holistic Educational Development

Nursing-student success involves more than meeting academic and clinical performance standards. It also includes personal development, well-being, self-care, professional identity, and the capacity to adapt to demanding learning environments. Cox and Copeland (2024) conceptualized nursing-student success as an integration of academic achievement, nursing knowledge, clinical competence, and personal well-being. This holistic perspective supports programs that attend simultaneously to academic demands and students' broader developmental needs.

The quality of the learning environment influences how nursing students acquire knowledge, manage workload, and develop professional competencies. Ge (2023) found that the educational environment can mediate the relationship between workload and generic skills, while Jacob et al. (2023) documented the importance of personal and technical support, appropriate clinical environments, and adequate preparation. These findings reinforce the role of nursing schools in creating conditions that help students learn, adapt, and function effectively across academic and clinical settings.

Dormitory Living, Academic Support, and Learning Communities

Dormitory residence can provide nursing students with practical advantages, including reduced travel time, proximity to academic resources, and greater opportunity for study and rest. Etikan et al. (2017) emphasized the influence of residential setting on student outcomes, while Braim et al. (2023) reported that dormitory living can positively affect academic performance even as it may also carry psychological and economic consequences. In nursing education, proximity to classrooms, laboratories, libraries, and clinical areas can make residential settings especially important.

Residential learning communities may also extend academic support through peer relationships and mentoring. Lin et al. (2016) showed that dormitory peer mentoring can contribute to self-learning and development, while Bauer and Kiger (2018) emphasized the value of nursing living-learning communities for

retention and student success. Dahl et al. (2020) likewise identified the influence of residential learning communities on students' interaction with faculty and peers. These findings suggest that dormitory programs can intentionally strengthen the educational role of residence life rather than leaving learning support informal.

Social Relationships, Emotional Resilience, and Adaptation

Communal residence requires students to build relationships, negotiate shared spaces, and adapt to routines that differ from those at home. These processes can strengthen collaboration and independence, but they may also produce interpersonal stress and adjustment difficulties. Maria et al. (2023) identified adaptation as a central issue for nursing students residing in dormitories, while Qing (2023) emphasized the underlying experiences and behaviors that shape university dormitory relationships.

Emotional well-being is another important dimension of residence life. Akhavan et al. (2018) reported a relationship between homesickness and depression among dormitory students, and Huice et al. (2023) documented anxiety, poor sleep, and environmental discomfort among college students living in dormitories during quarantine. In nursing education, social support is especially relevant because students must cope with academic pressure and clinical responsibilities. These findings support residence-based interventions that strengthen resilience, peer support, stress management, and access to counseling.

Discipline, Professionalism, and Generation Z Nursing Students

The routines and rules of a nursing residence can contribute to discipline, time management, accountability, and professional socialization. Residence policies concerning schedules, study periods, participation, attire, and conduct can function as extensions of professional nursing expectations. Such structures may be particularly relevant for contemporary nursing students who are expected to develop independence while meeting rigorous academic and clinical standards.

Generation Z nursing students also bring distinct expectations and learning preferences. Chicca and Shellenbarger (2018) recommend teaching-learning strategies that recognize their technological orientation and need for engagement, while Chunta et al. (2021) discuss approaches for supporting Generation Z students in online environments. Sadaf and Subramanian (2024) further emphasize the need to adapt clinical education to the characteristics of Gen Z learners. Residential nursing programs can therefore support professional growth by combining clear structure with developmentally appropriate opportunities for autonomy, leadership, and self-regulation.

Spiritual Development and the Nursing Residence

The thesis framed nursing-student development as biopsychosocial-spiritual, reflecting the broader holistic orientation of nursing. Residential programs may provide structured opportunities for reflection, values formation, worship, service, and community engagement. Within a nursing residence, spiritual activities can function not only as religious practices but also as opportunities for reflection, emotional support, belonging, and meaning-making.

This perspective is consistent with the study's use of Jean Watson's Theory of Human Caring and Maslow's Hierarchy of Needs. Watson's framework emphasizes caring relationships and the interconnectedness of person, environment, health, and nursing, while Maslow's model provides a way to understand how physiological, safety, belonging, esteem, cognitive, and transcendence needs influence development. Together with Roy's Adaptation Model, these theories support an educational program that recognizes students as whole persons interacting continuously with their residential environment.

Research Gap, Theoretical Integration, and Program Development

The literature shows that dormitory living can influence academic performance, social relationships, emotional health, adaptation, independence, and professional development. However, the thesis identified limited local evidence that integrates these dimensions specifically among Filipino nursing students living in a school-

managed residence. Much of the existing literature focuses on isolated outcomes or general student populations, creating a need for a context-specific examination of nursing students' lived experiences and challenges.

The study addressed this gap through an intervention variant mixed-methods approach grounded in pragmatism. Jean Watson's Theory of Human Caring, Maslow's Hierarchy of Needs, and Sister Callista Roy's Adaptation Model were used to interpret the person-environment-development relationship, while Ludwig von Bertalanffy's Systems Theory organized the intervention process through input, process, output, and feedback. The conceptual framework below was retained from the thesis because it summarizes how dormitory experiences and challenges interact with caring systems, the environment, nursing, health, and educational and developmental outcomes.

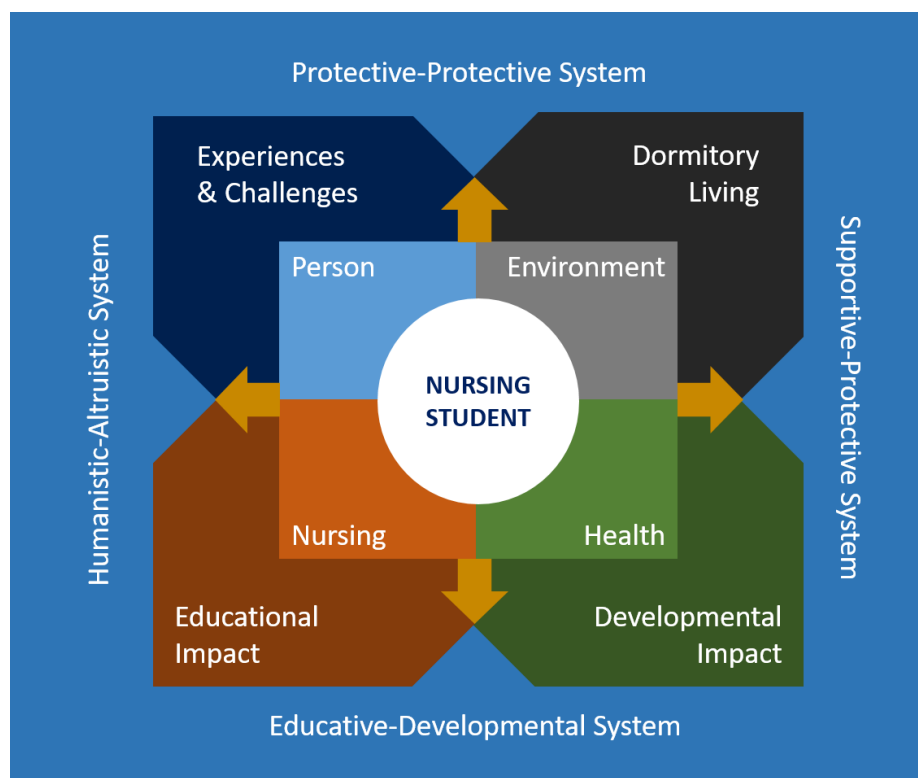


Figure 1. *Conceptual Framework Utilizing Jean Watson's Human Care Theory*

METHODS

Research Design

The study used an intervention variant mixed-methods design that integrated qualitative exploration, intervention development, and quantitative validation. Phase 1 employed a phenomenological qualitative approach to understand the experiences and challenges of nursing students living in the dormitory. Phase 2 used the emergent themes to develop the Enhanced Educational and Developmental Program. Phase 3 quantitatively validated the program through expert assessment using face validity and content-validity indices. Qualitative and quantitative findings were then integrated to refine the program and formulate recommendations.

Research Locale

The study was conducted in the dormitory of a selected college of nursing in Tondo, Manila. The residence was managed within the college's nursing-education system and provided students with shared bedrooms, bathrooms, laundry and dining areas, a kitchen, study spaces, a chapel, lounge, and garden. It was located near

the academic building, library, skills and microbiology laboratories, study areas, and a tertiary hospital used for clinical duties.

Participants and Sampling Technique

Purposive sampling was used to recruit 10 nursing students for the qualitative phase. Eligibility criteria included current residence in the selected nursing dormitory, a minimum dormitory stay of five months or one semester, completion of the mandatory dormitory orientation program, and willingness to provide informed consent and participate in research activities. Students living outside the school dormitory, residents of private apartments or non-school dormitories, and transient students staying only briefly because of clinical duties were excluded. Data collection continued until saturation was reached. For the quantitative validation phase, five experts with backgrounds in nursing education, leadership, practice, dormitory management, student development, and parenting evaluated the enhanced program.

Research Instrument

Phase 1 used a semi-structured interview guide supported by limited observations, field notes, and audio/video recordings. The interview questions focused on the influence of dormitory living on students' daily routines, academic performance, challenges, well-being, adaptation, responsibilities, and coping strategies. The observations documented interactions in common areas, study routines, social relationships, support systems, and the overall dormitory atmosphere. The enhanced program developed in Phase 2 served as the object of expert validation in Phase 3.

Face validity assessed grammar, clarity and ambiguity, spelling, sentence structure, program organization, relevance, ease of use, and consistency. Content validity was assessed by five nursing experts using item-level Content Validity Index (I-CVI), Scale Content Validity Index-Universal Agreement (S-CVI/UA), and Scale Content Validity Index-Average Agreement (S-CVI/Ave), following the validation approach described in the thesis.

Data Gathering Procedure

After ethics and institutional permissions were secured, eligible nursing students were invited to participate. The researcher explained the study and obtained informed consent before scheduling interviews in locations that protected privacy and confidentiality. Interviews lasted approximately 40 minutes to one hour and were audio/video recorded with permission. Observation notes and field notes were collected to contextualize the interview narratives. Data collection was conducted over two consecutive weeks and continued until no substantively new themes emerged. The emergent findings were then translated into program concepts and activities, after which the program was presented to the five nursing experts for face and content validation.

Data Analysis

Qualitative data were transcribed and analyzed using Braun and Clarke's six-phase thematic analysis. The analysis involved familiarization with the data, generation of initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. Significant statements were coded and grouped into subthemes and major themes. Participant validation and consultations with the research adviser, a psychometrician, and nursing experts were used to strengthen alignment between the data, themes, and research objective.

For the quantitative validation, the Face Validity Index was computed as the proportion of experts who agreed on each criterion. Content validity was summarized through I-CVI values for each program concept and S-CVI/UA and S-CVI/Ave across the six concepts. Qualitative expert comments were also incorporated into program refinement.

Ethical Consideration

The study received ethics review and approval from the Philippine Women's University Ethics Committee. Participation was voluntary, and respondents could decline to answer questions or withdraw without penalty. Privacy and confidentiality were maintained through anonymization and secure data handling. Participants were informed that discussing personal experiences could cause emotional discomfort and that interviews could be stopped at any time. Data were handled in accordance with the Data Privacy Act of 2012 and university protocols, with secure retention and disposal after the required research period.

RESULTS AND DISCUSSION

Phase 1: Educational and Developmental Experiences and Challenges

The qualitative investigation generated six major themes that captured the educational, social, emotional, professional, spiritual, and environmental dimensions of nursing-residence life. The themes were validated with participants and reviewed in consultation with the research adviser, a psychometrician, and nursing experts. Together, the findings portray the dormitory as a structured living-learning environment that simultaneously supports student development and creates challenges requiring institutional response.

Table 1. *Major Themes and Subthemes From the Qualitative Investigation*

Major Theme	Subthemes
Academic Resources and Support	Academic focus and support; convenience and time efficiency; structured routine and productivity; resource accessibility; collaborative study and mentorship
Social and Interpersonal Relationships	Social growth and relationships; social bonding and connection; engagement in social activities; community and peer support
Emotional Resilience and Independence	Emotional resilience and adjustment; self-reliance and independence; emotional maturity and interpersonal growth; atmosphere and emotional support; emotional and financial support
Discipline and Professionalism	Commitment to professional growth; time management and discipline; respect for the profession; professional maturity through structured routine; leadership and role modeling
Spiritual Development and Engagement	Personal devotion and connection; engagement in spiritual activities; spiritual growth and development; spiritual and emotional support
Complexities and Limitations	Resource and technological limitations; social distraction and pressure; emotional strain and adjustments; adjustment to rules and regulations

Academic Resources and Support

Participants described the dormitory as a setting that improved academic focus by reducing commuting time and household responsibilities and by providing access to study spaces, the library, peers, and faculty support. Structured routines helped students organize study time and rest more efficiently. These findings are consistent with research linking residential setting and positive learning environments with academic performance and student outcomes (Etikan et al., 2017; Joslin et al., 2023). They also reinforce the value of residence-based mentoring and learning communities described by Lin et al. (2016) and Dahl et al. (2020).

Social and Interpersonal Relationships

Dormitory living created opportunities for social bonding, peer support, collaborative learning, and a sense of community. Students learned to communicate, share spaces, resolve interpersonal issues, and participate in social activities. At the same time, the communal environment could produce social distractions and interpersonal pressures. The dual nature of these experiences is consistent with literature emphasizing the importance of stable dormitory relationships for health and learning while also recognizing that conflict and exclusion may arise in shared residences (Qing, 2023).

Emotional Resilience and Independence

Participants reported homesickness and emotional adjustment, particularly during the early period of residence, but also described increased maturity, self-reliance, communication skills, and resilience over time. Financial problems sometimes disrupted concentration, while support from faculty, staff, and scholarship mechanisms helped students continue their studies. These findings parallel evidence linking dormitory residence with adaptation challenges and emotional concerns (Akhavan et al., 2018; Maria et al., 2023) and support the inclusion of stress-management, counseling, and peer-support components in the enhanced program.

Discipline and Professionalism

Dormitory rules and routines were perceived as mechanisms for developing time management, punctuality, responsibility, leadership, professional conduct, and commitment to nursing. Students described learning to present themselves professionally, follow schedules, manage tasks, and serve as role models. These experiences support the thesis argument that the nursing residence functions as an extension of professional formation, where daily habits and shared responsibilities can reinforce behaviors expected in clinical practice.

Spiritual Development and Engagement

The residence's spiritual activities, including personal devotion, chapel services, and Bible-study sessions, were described as sources of reflection, emotional stability, community participation, and spiritual growth. Students reported that these practices helped them sustain a personal connection with God and supported resilience despite differences in individual beliefs. Within the study's holistic framework, spiritual development was therefore treated as one dimension of well-being rather than as separate from academic and emotional development.

Complexities and Limitations

Students also identified limitations involving weak internet access, resource constraints, social pressure, emotional strain, financial concerns, and adjustment to residence rules. These challenges demonstrate that dormitory support is not automatically beneficial; its effectiveness depends on the quality of resources, policies, communication, and support systems available to residents. Similar concerns regarding environmental quality, adaptation, and student well-being have been reported in dormitory research (Luksamijarulkul et al., 2019; Huice et al., 2023; Maria et al., 2023).

Phase 2: Development of the Enhanced Educational and Developmental Program

The six qualitative themes were translated into a three-month Enhanced Educational and Developmental Program. The program retained the strengths identified by participants while introducing structured interventions for areas needing improvement. Academic components included comfortable study zones, time-management activities, peer mentorship, and improved resource access. Social components included interpersonal-skills workshops, team-building, social-bonding activities, and peer mentorship. Emotional components included coping and stress-management sessions, counseling support, self-regulation, and independence training.

Professional-development components emphasized discipline, ethical practice, leadership, time management, and role modeling. Spiritual-development components included reflective and faith-based activities consistent with the residence's existing program. The final component addressed complexities and limitations through digital-access improvement, financial-literacy and independent-living activities, clearer dormitory orientation and guidelines, and mechanisms for educational and emotional support. The resulting program therefore operationalized the themes as specific institutional responses rather than leaving the qualitative findings descriptive.

Table 2. *Core Components of the Enhanced Educational and Developmental Program*

Program Component	Primary Purpose
Enhancing Academic Resources and Support	Improve study resources, study techniques, time management, mentorship, and the learning environment.
Fostering Social and Interpersonal Relationships	Strengthen peer support, community, collaboration, communication, and conflict-management skills.
Strengthening Emotional Resilience and Independence	Develop stress management, self-regulation, counseling access, and balanced self-reliance.
Cultivating Discipline and Professionalism	Promote ethical conduct, leadership, responsibility, discipline, and professional behavior.
Nurturing Spiritual Development and Engagement	Support reflective practice, faith-based activities, values, spiritual well-being, and engagement.
Navigating Complexities and Limitations	Address shared-living adjustment, resource limitations, digital access, financial concerns, and orientation needs.

Phase 3: Expert Validation of the Program

Five nursing experts evaluated the enhanced program. The panel represented nursing education, leadership and management, holistic nursing practice, community nursing, research, dormitory management, student development, and the parental perspective. Their experience ranged from 15 to 38 years. Expert feedback was incorporated into the program, including refinement of terminology, structure, and the timing of selected activities.

Table 3. *Summary of Face and Content Validity Results*

Validity Measure	Result	Interpretation
Overall Face Validity Index (FVI)	0.98	Very high expert agreement
I-CVI: Academic Resources and Support	1.00	Unanimous relevance
I-CVI: Social and Interpersonal Relationships	1.00	Unanimous relevance
I-CVI: Emotional Resilience and Independence	1.00	Unanimous relevance
I-CVI: Discipline and Professionalism	1.00	Unanimous relevance
I-CVI: Spiritual Development and Engagement	1.00	Unanimous relevance
I-CVI: Complexities and Limitations	1.00	Unanimous relevance
S-CVI/UA	1.00 (6/6)	Unanimous agreement across all six components
S-CVI/Ave	1.00	Excellent average agreement

The overall FVI of 0.98 showed strong agreement that the program was clear, relevant, understandable, consistent, and suitable for its intended audience. Seven of the eight face-validity criteria received scores of 1.00; the structure of the program received 0.80 and was subsequently refined. All six program concepts received I-CVI scores of 1.00, while both S-CVI/UA and S-CVI/Ave reached 1.00. These results demonstrate strong expert agreement regarding the program's relevance and content alignment.

The quantitative results should be interpreted as evidence of expert validation rather than evidence of program effectiveness after implementation. The study did not test student outcomes before and after program delivery. Accordingly, the validated program can be considered suitable for implementation and further evaluation, but its effects on academic performance, well-being, and professional development should be established through subsequent pilot or outcome studies. This interpretation is consistent with content-validity methodology, in which the CVI quantifies expert agreement regarding relevance rather than intervention efficacy (Polit & Beck, 2006; Yusoff, 2019).

Mixed-Methods Integration

The integration of qualitative and quantitative phases strengthened the practical contribution of the study. The qualitative phase identified what students valued and what they found difficult; the development phase converted these findings into an intervention; and the quantitative validation phase established expert agreement that the resulting program was clear, relevant, and aligned with student needs. This sequence reflects the pragmatic orientation of the study, in which knowledge generated from lived experience was translated into a practice-oriented program and subjected to structured validation (Creswell, 2018; Morgan, 2013; Younas, 2020).

Across the integrated findings, the nursing residence emerged as both a supportive and demanding environment. It offered academic resources, peer relationships, structured routines, emotional and spiritual support, and opportunities for professional growth, but it also exposed students to adjustment problems, resource constraints, financial concerns, social distractions, and emotional strain. The enhanced program was therefore designed not to replace the existing residential system but to strengthen it through coordinated academic, social, emotional, professional, spiritual, and environmental interventions.

CONCLUSION

The study concludes that the nursing residence is an important living-learning environment that shapes nursing students' academic, social, emotional, professional, and spiritual development. Six themes—Academic Resources and Support; Social and Interpersonal Relationships; Emotional Resilience and Independence; Discipline and Professionalism; Spiritual Development and Engagement; and Complexities and Limitations—captured the principal experiences and challenges reported by the 10 nursing-student participants.

These qualitative findings provided the basis for a three-month Enhanced Educational and Developmental Program organized around the same six domains. Expert validation showed an overall FVI of 0.98, I-CVI values of 1.00 for all six program components, and S-CVI/UA and S-CVI/Ave values of 1.00. The program was therefore strongly supported by expert judgment as clear, relevant, and well aligned with the needs identified in the qualitative phase. Its educational contribution lies in integrating academic resources, social support, emotional resilience, discipline and professionalism, spiritual development, and responses to practical residence-life challenges within a single dormitory-based framework.

Recommendation

The selected college of nursing and dormitory management may proceed with institutional review and phased implementation of the Enhanced Educational and Developmental Program, accompanied by orientation of faculty, dormitory staff, and student leaders. Implementation should include continuous monitoring and structured feedback from residents, faculty, and administrators so that program activities can be adjusted to changing student needs. Particular attention should be given to resource access, peer mentoring, stress and emotional support, financial concerns, digital connectivity, clear dormitory policies, professional formation, and inclusive spiritual-development activities.

Future research should evaluate the program after implementation using larger samples and measurable student outcomes. Pilot studies may examine feasibility, acceptability, academic indicators, emotional well-being, retention, professional behaviors, and resident satisfaction before and after participation. Replication in other nursing schools, health institutions, and non-health residential educational settings is also recommended to determine which program components remain applicable across different institutional and cultural contexts.

References

- Akhavan, M., Pourghane, P., Alipour, Z., & Naderi, S. H. (2018). Study the relationship between homesickness and depression among dormitory students. 2(2), 17–25. <https://doi.org/10.22088/CJHAA.2.2.17>
- Bauer, R., & Kiger, S. (2018). Nursing living-learning communities and student retention: A qualitative study. *Nursing Education Perspectives*, 38(2), 75–79. <https://doi.org/10.1097/01.NEP.0000000000000093>

- Braim, S., Qadir, N. M., & Ahmed, T. K. (2023). Effect of dormitory living on academic performance of students at University of Sulaimani. *Journal of Zankoy Sulaimani, Part-A Pure and Applied Sciences*.
- Chicca, J., & Shellenbarger, T. (2018). Generation Z: Approaches and teaching-learning practices for nursing professional development practitioners. *Journal for Nurses in Professional Development*, 34(5), 250–256.
<https://doi.org/10.1097/NND.0000000000000478>
- Chunta, K. S., Shellenbarger, T., & Chicca, J. (2021). Generation Z students in the online environment: Strategies for nurse educators. *Nurse Educator*, 46(2), 87–91. <https://doi.org/10.1097/NNE.0000000000000872>
- Cox, A., & Copeland, D. (2024). Nursing student success: A concept analysis. *Nursing Education Perspectives*.
<https://doi.org/10.1097/01.NEP.0000000000001221>
- Creswell, J. W. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.
- Dahl, L. S., Duran, A., Hooten, Z. J., Stipeck, C. J., Youngerman, E., & Mayhew, M. J. (2020). Investigating the influence of residential learning communities on student experiences, 8(1), 6.
- Dias, M. F. A. A., Hatika, G. P., & Maratning, A. (2023). Adaptation of nursing students living in student dormitory. *Jurnal Keperawatan Dirgahayu*, 5(1), 1–8. <https://doi.org/10.2685/3086>
- Etikan, I., Bala, K., Ogunjesa, B., Yuvali, M., & Bakir, I. (2017). Influence of residential setting on student outcome. *Biometrics & Biostatistics International Journal*, 6(4). <https://doi.org/10.15406/BIJ.2017.06.00177>
- Ge, Z. (2023). Mediating role of educational environment in the relationship between workload and generic skills of nursing students in Vietnam. *Frontiers in Education*, 8. <https://doi.org/10.3389/feduc.2023.1155020>
- Huice, M., Yu, H., Tang, Y.-J., Zhang, K., & Luo, M. (2023). Psychological state and subjective environmental perception of college students residing in dormitories during quarantine: A case study. *Buildings*, 13(4), 1065.
<https://doi.org/10.3390/buildings13041065>
- Jacob, A., Seif, S. A., & Munyaw, Y. (2023). Perceptions and experiences of diploma nursing students on clinical learning: A descriptive qualitative study in Tanzania. *BMC Nursing*, 22(1). <https://doi.org/10.1186/s12912-023-01362-1>
- Joslin, J., Thomas, S., Michael, M. E., Thomas, N. L., & Paul, P. (2023). Perception of nursing students towards their academic and clinical learning environment. *Research Journal of Science and Technology*, 15(2), 81–87.
<https://doi.org/10.52711/2349-2988.2023.00014>
- Li, M., Han, Q., Pan, Z., Wang, K., Xie, J., Zheng, B., & Lv, J. (2022). Effectiveness of multidomain dormitory environment and roommate intervention for improving sleep quality of medical college students: A cluster randomized controlled trial in China. *International Journal of Environmental Research and Public Health*, 19(22), 15337.
<https://doi.org/10.3390/ijerph192215337>
- Lin, Y.-N., Lai, P.-H., Chiu, Y.-H. C., Hsieh, H.-H., & Chen, Y.-H. (2016). Experience of dormitory peer mentors: A journey of self-learning and development. *Education 3-13*, 136(4), 437–450.
- Luksamijarulkul, P., Wutthikarn, M., Visudtibhan, P. J., & Vatanasomboon, P. (2019). Indoor air microbial counts in dormitory of nursing students, Bangkok. *Chulalongkorn Medical Journal*, 63(4), Article 6.
<https://doi.org/10.58837/CHULA.CMJ.63.4.5>
- Maria, F. A. A. D., & Maratning, A. (2023). Adaptation of nursing students living in student dormitories. *Jurnal Keperawatan*, 5(1), 57–67. <https://doi.org/10.52841/jkd.v5i1.315>
- Morgan, D. L. (2013). *Integrating qualitative and quantitative methods: A pragmatic approach*. SAGE Publications.
- Polit, D. F., & Beck, C. T. (2006). The content validity index: Are you sure you know what's being reported? *Research in Nursing & Health*, 29(5), 489–497.
- Qing, J. L. (2023). Exploring the potential causes of dormitory relationship in university students in terms of experiences and behaviors. *Lecture Notes in Computer Science*, 151–166. https://doi.org/10.1007/978-3-031-35696-4_12
- Sadaf, M. K., & Subramanian, S. (2024). Enhancing clinical nursing education for Gen Z students through brain-based learning. *Journal of Nursing Education and Practice*. <https://doi.org/10.5430/jnep.v14n7p42>
- Younas, A. (2020). Operationalist and inferentialist pragmatism: Implications for nursing knowledge development and practice. *Nursing Philosophy*. <https://doi.org/10.1111/nup.12323>
- Yusoff, M. S. B. (2019). ABC of content validation and content validity index calculation. *Education in Medicine Journal*, 11(2), 49–54.