



Strategies Employed by HEI's Offering Bachelor of Science in Nursing Programs to Address the Shortage of Qualified Instructors in the Clinical Area in the Province of Albay

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The shortage of qualified clinical instructors has become a critical concern in nursing education, particularly as healthcare systems require competent and practice-ready graduates. Higher Education Institutions (HEIs) offering the Bachelor of Science in Nursing (BSN) program must therefore implement effective strategies to sustain faculty capacity and maintain the quality of clinical instruction. This study aimed to examine the strategies and challenges employed by HEIs offering the BSN program in the Province of Albay in addressing the shortage of qualified clinical instructors. Specifically, it determined the current status of instructors in terms of academic qualifications, professional experience,



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and professional development; assessed institutional strategies in recruitment, retention policy, faculty ranking, faculty development, and innovation through partnerships; examined the level of agreement among HEIs regarding these strategies; identified challenges in recruitment and retention; and proposed a strategic framework to strengthen faculty sustainability. A mixed-methods research design was utilized. Data were collected through a structured survey questionnaire and a semi-structured interview guide involving seventy-three (73) clinical instructors from six private nursing colleges selected through purposive sampling. Data were analyzed using documentary analysis, weighted mean, Kendall's Coefficient of Concordance (W), and thematic analysis. Findings revealed that while HEIs generally meet minimum regulatory requirements, there is uneven implementation of recruitment and retention strategies, weak consensus on development and innovation priorities, and persistent structural challenges such as non-competitive compensation, limited graduate-prepared faculty, and high turnover influenced by migration. The study concluded that although HEIs comply with baseline standards, these systemic constraints continue to affect faculty sustainability. These findings underscore the need for an integrated and context-responsive approach, as reflected in the proposed Faculty Sustainability and Development Strategic Framework, which consolidates recruitment, retention, faculty development, and partnership-driven innovations to strengthen long-term instructional capacity and institutional resilience.

INTRODUCTION

Nursing education worldwide is undergoing significant transformation in response to escalating healthcare demands, demographic transitions, and the increasing complexity of clinical care delivery. The World Health Organization (WHO, 2020) estimates a global shortage of 5.9 million nurses, with the most severe gaps occurring in low- and middle-income countries. While much attention has focused on frontline workforce deficits, a parallel shortage of qualified nursing faculty has emerged as a critical constraint in scaling up nursing education capacity. Many countries report aging academic workforces, insufficient doctoral-prepared educators, limited succession planning, burnout among faculty, and persistent salary disparities between clinical and academic roles (International Council of Nurses [ICN], 2021). These systemic issues limit higher education institutions' (HEIs) ability to expand enrollment and ensure high-quality clinical supervision. The shortage of competent clinical instructors directly affects the preparation of safe and practice-ready graduates,

thereby undermining Sustainable Development Goal (SDG) 4, which calls for qualified teachers and quality education systems, and SDG 3, particularly Target 3.c, which emphasizes strengthening the recruitment, development, and retention of the health workforce (United Nations, 2015). Without sustained investment in faculty sustainability, global efforts to build resilient health systems remain constrained.

In the ASEAN region, comparable challenges have been identified, particularly in relation to faculty shortages, workforce mobility, and the imbalance between educational demand and instructional capacity. Studies in Southeast Asia indicate that nursing education institutions experience persistent difficulties in recruiting and retaining qualified faculty due to migration, limited doctoral-prepared educators, and disparities between academic and clinical compensation (Kunaviktikul et al., 2019). In Vietnam, for instance, nursing education reforms have highlighted constraints in faculty preparation and institutional capacity, which affect the quality of clinical instruction and workforce readiness (Nguyen et al., 2022). Similarly, ASEAN-focused analyses emphasize that strengthening faculty competencies, institutional support systems, and academic–practice linkages are essential to sustaining nursing education quality in the region (Gunawan et al., 2021). These findings demonstrate that the shortage of qualified clinical instructors is a shared regional concern that requires context-specific and system-level responses.

In the Philippines, these global pressures intersect with national regulatory and workforce dynamics. Nursing remains one of the most highly enrolled academic programs; however, the supply of academically prepared and clinically experienced faculty has not proportionately matched enrollment growth. The Commission on Higher Education (CHED) Memorandum Order No. 15, series of 2017 mandates that nursing faculty possess advanced academic credentials, relevant professional experience, and continuous professional development to ensure competency-based and outcomes-based education (Commission on Higher Education [CHED], 2017). While these standards strengthen educational quality and align with SDG 4 objectives, they also narrow the pool of eligible clinical instructors, particularly in regions with limited access to graduate education. Persistent nurse migration further exacerbates the situation, as thousands of experienced Filipino nurses seek employment abroad annually, reducing the number of clinicians available for academic roles (Philippine Overseas Employment Administration [POEA], 2023). Moreover, the lifting of the 10-year moratorium on new nursing programs by CHED—implemented to address the national shortage of

healthcare workers—has led to the expansion of nursing schools that must comply with stringent mandates emphasizing faculty-to-student ratios, quality clinical exposure, and outcomes-based instruction (Yang, 2022). While this policy enhances access to nursing education, it simultaneously intensifies competition for a limited pool of qualified faculty.

At the local level, HEIs offering the Bachelor of Science in Nursing (BSN) program in the Province of Albay operate within these broader global and national contexts. Competition for academically qualified and clinically experienced nursing faculty who serve as clinical instructors has become increasingly evident, particularly across urban and rural institutions. In district hospitals and primary health centers, where nursing faculty supervise students in real clinical environments, faculty availability directly influences student placement capacity and the quality of supervised clinical learning experiences. Institutional leaders face operational challenges in consistently maintaining prescribed faculty-to-student ratios while ensuring compliance with CHED standards. Additionally, limited access to instructors with specialized expertise in intensive care, maternal and child health, and community health nursing may constrain the scope and depth of students' clinical exposure.

Despite the growing body of global and ASEAN literature, there remains limited empirical research that examines how higher education institutions operationalize recruitment, retention, and faculty development strategies within specific local and institutional contexts. Existing studies largely focus on workforce trends and general challenges, with less attention given to the integration of institutional strategies, faculty qualifications, and organizational responses into a coherent framework for sustainability. Furthermore, there is a lack of context-specific evidence from private HEIs in provincial settings, where resource constraints and workforce dynamics may differ significantly from national and urban contexts. Addressing this gap is essential to provide a more comprehensive and contextually grounded understanding of faculty shortages and to inform the development of strategic, evidence-based interventions tailored to local institutional realities.

FRAMEWORK

The study was anchored on three established theoretical frameworks: Human Capital Theory, Institutional Theory, and Lewin's Change Management Theory. Human Capital Theory emphasizes that investments in education, skills, and professional development are essential for enhancing individual productivity and contributing to overall institutional sustainability. It views

human capabilities as valuable assets that, when developed, lead to improved performance and long-term organizational effectiveness. Institutional Theory provides a lens for understanding how higher education institutions shape their structures and practices in response to external pressures, including regulatory requirements, professional standards, and societal expectations. Through this perspective, organizations strive to maintain legitimacy, stability, and alignment with accepted norms within their environment. Complementing these perspectives, Lewin's Change Management Theory highlights that successful organizational transformation requires a systematic and phased process. This involves preparing the organization for change, implementing new practices, and reinforcing these changes to ensure they are sustained over time.

Building on these foundational theories, the researcher developed the Faculty Sustainability and Development Theory (FSDT). This integrative framework brings together strategic investment in faculty competencies, institutional responsiveness to regulatory and professional standards, and structured change processes. As a unified approach, the FSDT addresses the shortage of qualified clinical instructors by linking capacity development, organizational alignment, and sustainable transformation. The study employed the Input–Process–Output–Outcome (IPOO) model to operationalize the Faculty Sustainability and Development Theory. Inputs included faculty qualifications, professional experience, professional development, and regulatory requirements. Processes encompassed institutional strategies such as recruitment, retention, faculty development, ranking systems, and partnerships. Outputs reflected institutional agreement on strategies and the identification of persistent challenges. The outcome was the development of a strategic framework aimed at strengthening faculty sustainability in BSN programs. Through this structured progression, the IPOO model translated theoretical foundations into a systematic approach for addressing the shortage of qualified nursing instructors.

OBJECTIVES OF THE STUDY

This study aimed to examine the strategies and challenges employed by higher education institutions (HEIs) offering the Bachelor of Science in Nursing (BSN) program in Albay in addressing the shortage of qualified clinical instructors. Specifically, it sought to (1) determine the current status of qualified instructors in terms of academic qualifications, professional experience, and professional development in accordance with CMO 15, series

of 2017; (2) assess the institutional strategies implemented in recruitment, retention policy, faculty ranking, faculty development, and innovation through partnerships with healthcare institutions; (3) infer the level of agreement among HEIs regarding the ranking of these strategies; (4) identify the challenges encountered in recruiting and retaining qualified clinical instructors; and (5) propose a strategic framework to strengthen institutional responses and promote faculty sustainability.

METHODOLOGY

Research Design

This study employed a mixed-methods research design that integrated quantitative and qualitative approaches to examine the shortage of qualified clinical instructors in higher education institutions offering BSN programs in Albay. The quantitative component applied descriptive and inferential methods to assess faculty qualifications, professional experience, and professional development in compliance with CMO No. 15, series of 2017, evaluate institutional strategies in recruitment, retention, faculty ranking, development, and innovation, and determine the level of agreement among institutions regarding the ranking of these strategies. The qualitative component utilized semi-structured interviews with nursing administrators and clinical instructors to explore the challenges encountered in recruiting and retaining qualified faculty. The integration of both quantitative and qualitative approaches was undertaken to enable methodological complementarity, wherein quantitative data provided measurable trends and patterns, while qualitative insights offered deeper contextual understanding of institutional practices and challenges. This combination allowed for triangulation of findings, enhanced validity, and a more comprehensive analysis of faculty sustainability issues that cannot be fully captured through a single-method approach.

Instrumentation

The study utilized a structured survey questionnaire and a semi-structured interview guide. The survey, administered to clinical instructors, assessed institutional strategies in recruitment, retention, faculty ranking, faculty development, and innovation using a four-point Likert scale. The interview guide, conducted with nursing administrators, explored challenges in recruiting and retaining qualified clinical instructors. Interview data were transcribed and analyzed thematically. Both instruments underwent expert validation to ensure clarity, relevance, and alignment with the study's framework.

Respondents

The study involved six (6) private nursing colleges in the Province of Albay. To ensure confidentiality and ethical compliance, each institution was assigned a unique identifier (PNCO1–PNCO6), representing “Private Nursing College” followed by a sequential number. A total of seventy-three (73) clinical instructors participated in the quantitative phase of the study. These respondents included full-time clinical instructors and part-time instructors with clinical teaching responsibilities. The distribution of participants per institution was as follows: PNCO1 (6), PNCO2 (13), PNCO3 (15), PNCO4 (18), PNCO5 (13), and PNCO6 (8). State universities and private universities were excluded to maintain institutional comparability and to focus specifically on the operational and faculty sustainability context of private college-level higher education institutions.

Sampling Technique

The study employed purposive sampling, a non-probability sampling technique used to select respondents based on their direct involvement and relevant experience in clinical instruction and faculty management. Clinical instructors were chosen for the survey due to their firsthand knowledge of institutional strategies, while nursing administrators served as key informants in the qualitative phase. This approach ensured the inclusion of respondents capable of providing rich, context-specific insights into recruitment, retention, and faculty sustainability challenges. Although purposive sampling does not allow for statistical generalization, it is appropriate for studies seeking in-depth understanding of specific institutional contexts. However, purposive sampling has inherent limitations, including potential selection bias and limited generalizability of findings beyond the specific institutions studied. The results therefore reflect context-bound insights rather than statistically generalizable conclusions, and should be interpreted within the scope of private HEIs in the Province of Albay.

Data Analysis

Data were analyzed using both quantitative and qualitative techniques. Documentary analysis assessed faculty qualifications, professional experience, and professional development in relation to CMO 15, series of 2017. The weighted mean was used to evaluate institutional strategies in recruitment, retention, faculty ranking, development, and innovation, while Kendall's Coefficient of Concordance (W) determined the level of agreement in strategy rankings among institutions. Qualitative interview data were analyzed through

thematic analysis to identify recurring challenges in faculty recruitment and retention. The integration of these methods ensured analytical rigor and triangulation.

Ethical Considerations

This study adhered to established ethical standards in research involving human participants. Prior to data collection, permission was obtained from the respective higher education institutions. Informed consent was secured from all participants, ensuring that their participation was voluntary and based on a clear understanding of the study's purpose. Confidentiality and anonymity were maintained through the use of coded identifiers (PNCO1–PNCO6), and no personally identifiable information was disclosed. Participants were informed of their right to withdraw at any stage without penalty. All data were securely stored and used solely for academic and research purposes.

RESULTS AND DISCUSSION

This section presents, analyzes, and interprets the data collected from the respondents in alignment with the study's objectives. The results are organized according to the variables outlined in the research instrument and are discussed in relation to relevant literature to provide a comprehensive understanding of the institution's level of preparedness.

Current Status of Qualified Instructors Based on CMO 15 Series of 2017 Offering BSN Programs in the Province of Albay

Academic Qualifications

Findings revealed that all instructors met the minimum requirement of a Bachelor of Science in Nursing (BSN) degree as prescribed under CMO No. 15, series of 2017. However, not all faculty members had completed a Master's Degree in Nursing, with some still in progress of graduate studies. While the BSN degree ensured foundational professional competence, limited graduate-level preparation constrained advanced theoretical integration, research utilization, and full compliance with regulatory standards.

Graduate education strengthens educators' competence in integrating evidence-based practice, leadership, and advanced clinical reasoning into instruction. Consistent with international literature, faculty competence and advanced preparation are critical determinants of instructional quality and curriculum rigor (Flott & Linden, 2016; World Health Organization

[WHO], 2020). The presence of graduate-prepared faculty enhances academic depth, research engagement, and alignment with outcomes-based education. The findings therefore underscore the importance of institutional investment in graduate education support, scholarship programs, and structured faculty development pathways to sustain compliance and instructional excellence.

Professional Experience

Results indicated that instructors satisfied the minimum requirement of at least one year of clinical experience in hospital or community settings. This baseline experience enabled instructors to connect theoretical instruction with real-world nursing practice, thereby supporting safe and effective clinical supervision. However, one year represents an entry-level standard. While sufficient for establishing foundational competence, deeper and sustained clinical engagement strengthens instructional credibility and enhances student learning outcomes. These findings imply that institutions should promote continued clinical exposure, mentoring systems, and practice-based updates to ensure instructors maintain current competencies and instructional effectiveness. Evidence demonstrates that the quality of the clinical learning environment and effective supervision significantly influence student competence, satisfaction, and professional readiness (Papastavrou et al., 2010; Saarikoski et al., 2008). Furthermore, structured supervision and the clinical instructor role are central components of positive clinical education experiences (Flott & Linden, 2016).

Professional Development

Findings revealed variability in faculty engagement in research and participation in faculty development programs. Budget constraints, workload pressures, and limited institutional support restricted consistent involvement in scholarly and professional growth activities. These limitations affected instructional innovation, research productivity, and alignment with outcomes-based education standards. The results highlight the necessity of subsidized training programs, research mentoring, workload adjustments, and institutional partnerships to sustain faculty competence and prevent attrition. Strengthening professional development mechanisms is essential for ensuring long-term program sustainability and maintaining the integrity of clinical education. Workload strain and limited development support contribute to burnout and retention challenges within the nursing workforce (Dall'Ora et al., 2020). Moreover, sustained faculty development is essential for maintaining educational quality and strengthening health workforce capacity (WHO,

2020). Without structured investment in professional growth, institutions risk stagnation in teaching practices and reduced academic competitiveness.

Across the three variables—academic qualifications, professional experience, and professional development—the findings demonstrate that while minimum regulatory standards are generally met, sustainability challenges persist in advancing faculty preparation beyond baseline requirements. Consistent with global evidence, strengthening faculty capacity through graduate education, sustained clinical engagement, and institutional development support is essential to ensure quality nursing education and to contribute to broader health workforce sustainability goals (WHO, 2020).

Strategies Employed by HEIs in Addressing the Shortage of Qualified Instructors in the BSN Program

This section examines the institutional strategies implemented by higher education institutions (HEIs) to address the shortage of qualified clinical instructors in the Bachelor of Science in Nursing (BSN) program. To ensure confidentiality and ethical compliance, the six participating private nursing colleges are identified using coded labels (PNCO1–PNCO6). The analysis focuses on key strategic domains, including recruitment, retention policy, faculty ranking, faculty development, and innovation through academic–clinical partnerships. These strategies represent structured organizational responses aimed at strengthening faculty sustainability, maintaining regulatory compliance, and ensuring the continued delivery of quality nursing education.

Recruitment Strategies

Higher Education Institutions address the shortage of BSN instructors by implementing competitive, flexible, and supportive recruitment strategies to attract and retain qualified nursing educators.

Table 1*Utilization of Recruitment Incentives*

Indicators	PNOC1		PNOC2		PNOC3		PNOC4		PNOC5		PNOC6		TWM	
	WM	AI	WM	AI	WM	AI	WM	AI	WM	AI	WM	AI		AI
1.Offering financial assistance for pursuing Master's/ Doctoral degrees	3.31	SA	3.38	SA	3.33	SA	2.50	DA	3.50	SA	1.16	SDA	2.86	A
2.Providing competitive base salaries compared to other HEIs in the region	3.01	A	2.77	A	3.53	SA	2.50	DA	2.38	DA	1.44	SDA	2.61	A
3.Offering competitive benefits packages (e.g., health insurance, etc.)	3.16	A	2.31	DA	3.47	SA	1.67	SDA	3.40	SA	1.16	SDA	2.53	A
4.Emphasizing work-life balance initiatives (e.g., flexible schedules)	3.16	A	3.16	A	3.34	SA	3.00	A	3.50	SA	1.16	SDA	2.89	A
5.Highlighting opportunities for promotion and career advancement	3.16	A	3.08	A	3.54	SA	2.50	DA	2.35	DA	1.50	SDA	2.69	A
6.Providing professional development opportunities (e.g., seminars, workshops)	3.16	A	3.23	A	3.73	SA	3.84	SA	3.40	SA	1.88	DA	3.21	A
7.Offering research opportunities and support	3.00	A	3.30	SA	3.66	SA	2.17	DA	2.88	A	1.89	DA	2.82	A
8.Providing housing allowances or subsidies	3.00	A	2.23	DA	2.47	DA	1.67	SDA	2.76	A	1.94	DA	2.35	DA
9.Offering signing bonuses or other recruitment bonuses	3.01	A	2.39	DA	2.87	A	2.33	DA	2.88	A	2.00	DA	2.58	A

10. Providing housing allowances or subsidies	3.01	A	1.54	SDA	3.13	A	1.16	SDA	2.01	DA	1.83	DA	2.11	DA
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11. Collaborations with clinical sites that include incentives such as shared appointments or clinical practice opportunities to attract practicing nurses into faculty roles.	3.00	A	2.54	A	3.20	A	2.33	DA	3.25	A	2.05	DA	2.73	A
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12. Incentives guaranteeing time allocated for research and scholarship to balance academic and clinical responsibilities.	2.77	A	2.46	DA	3.53	SA	3.00	A	3.00	A	2.00	DA	2.79	A
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AWM	3.06	A	2.69	A	3.32	A	2.39	DA	2.94	A	1.67	SDA	2.68	A
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Legend: 3.26 – 4.00 Strongly Agree (S.A) 1.76 – 2.50 Disagree (DA)
2.51 – 3.25 Agree (A) 1.00 – 1.75 – Strongly Disagree (SDA)

The findings revealed variability in recruitment strategy implementation across institutions. PNCO3 demonstrated the strongest recruitment framework (AWM = 3.32, Agree), indicating relatively well-established financial and professional incentives. PNCO1 (AWM = 3.06, Agree), PNCO2 (AWM = 2.69, Agree), and PNCO5 (AWM = 2.94, Agree) showed moderate implementation, suggesting that recruitment incentives were present but not fully maximized. PNCO4 registered weak implementation (AWM = 2.39, Disagree), while PNCO6 recorded the lowest level (AWM = 1.67, Strongly Disagree), indicating minimal recruitment incentives. Across institutions, financial assistance for graduate education was the most consistently implemented strategy (Agree to Strongly Agree), whereas competitive salaries, housing allowances, and signing bonuses were frequently rated Disagree, reflecting limited financial competitiveness.

The overall moderate adjectival ratings suggest that recruitment strategies exist but remain fragmented and unevenly institutionalized. Institutions that combined graduate study support, professional development, and competitive compensation demonstrated stronger recruitment capacity. Conversely,

weak financial and partnership-based incentives limited the ability of some institutions to compete with clinical practice opportunities. The imbalance between non-financial incentives (e.g., professional growth) and direct financial compensation structures indicates partial alignment with long-term faculty sustainability goals. The findings imply that moderate recruitment frameworks are insufficient to address persistent faculty shortages. Institutions must adopt comprehensive, strategically aligned recruitment systems that integrate competitive compensation, graduate education support, research opportunities, structured career pathways, and strengthened academic-clinical partnerships. Without deliberate reforms, faculty shortages may persist, potentially affecting program stability, instructional quality, and compliance with CMO No. 15, Series of 2017.

Recent studies emphasize that competitive compensation, manageable workload, and supportive work environments are critical factors in recruiting and retaining nursing faculty (Anderson et al., 2024; Boamah et al., 2023). Burnout and work-life imbalance significantly influence faculty turnover intentions, underscoring the need for institutional support systems (Zangaro et al., 2023). Additionally, academic-practice partnerships have been identified as effective strategies for expanding clinical teaching capacity and strengthening recruitment pathways for clinician-educators (Pedregosa et al., 2020; Vosoughi et al., 2022).

Retention Policy

Retention policy refers to the structured institutional mechanisms designed to sustain qualified clinical instructors in the BSN program. Beyond recruitment, effective retention strategies—such as fair evaluation systems, clear promotion pathways, professional development support, and workload management—are essential to maintaining faculty commitment, ensuring instructional continuity, and strengthening long-term program stability.

Table 2.b indicates variability in the implementation of retention policies across institutions. PNC1 (AWM = 3.38) and PNC3 (AWM = 3.36) demonstrated strong and well-institutionalized retention frameworks characterized by fair evaluation, structured feedback, and transparent advancement systems. In contrast, PNC2 (AWM = 2.76), PNC4 (AWM = 2.64), and PNC5 (AWM = 3.01) showed moderate but uneven implementation, reflecting partial integration of retention mechanisms. PNC6 (AWM = 2.36) exhibited weak retention policy institutionalization, suggesting gaps in evaluation fairness, professional development, and recognition systems. Overall, retention effectiveness appears linked to the systematic and consistent

operationalization of support structures rather than mere policy presence.

Table 2
Retention Policy

Indicators	PNC1		PNC2		PNC3		PNC4		PNC5		PNC6		TWM	AI
	WM	AI	WM	AI	WM	AI	WM	AI	WM	AI	WM	AI		
1. Fair and objective performance evaluations are conducted.	3.61	SA	2.77	A	3.40	SA	2.83	A	3.25	A	2.50	DA	3.06	A
2. Routine performance reviews provide clear expectations and feedback, enhancing faculty satisfaction and retention.	3.53	SA	2.77	A	3.60	SA	2.33	DA	2.78	A	2.50	DA	2.92	A
3. Collaborative goal-setting to promote growth and faculty engagement	3.53	SA	3.08	A	3.33	SA	3.00	A	3.13	A	2.50	DA	3.10	A
4. Transparent advancement policies and recognition of achievements clarify career paths and support retention.	3.39	SA	3.00	A	3.06	A	2.33	DA	2.88	A	2.50	DA	2.86	A
5. Evaluation of scholarly output and research ensures fair tenure and promotion decisions, supporting retention of ambitious educators.	3.53	SA	2.39	DA	3.06	A	2.17	DA	3.25	A	2.34	DA	2.79	A
6. Recognize clinical supervision, community service, and practice-based contributions, motivating faculty to remain engaged	3.47	SA	2.70	A	3.67	SA	3.00	A	2.00	DA	2.34	DA	2.86	A
7. Faculty undergo peer-review assessments and self-assessments as part of appraisals to encourage reflection and personal development.	3.31	SA	2.61	A	3.27	SA	2.33	DA	3.50	SA	2.40	DA	2.90	A

8. Assessment systems that recognize mentoring and professional development support faculty growth and retention.	3.31	SA	2.93	A	3.06	A	3.00	A	3.13	A	2.22	DA	2.94	A
9. Appraisals aligned to the values and strategic goals of the institution, increasing faculty's sense of purpose and belonging.	3.16	A	3.15	A	3.06	A	3.00	A	3.25	A	2.33	DA	2.99	A
10. Performance criteria and dialogue addressing workload, flexibility, and work-life balance, thereby reducing burnout and improving retention rates.	3.16	A	2.69	A	3.60	SA	3.00	A	2.50	DA	2.33	DA	2.88	A
11. Employing rating scales, confidential reports, and 360° feedback systems to provide a comprehensive evaluation.	3.16	A	2.39	DA	3.53	SA	1.84	DA	3.00	A	2.11	DA	2.67	A
12. Recognition of faculty leadership roles and committee work in appraisal criteria, supporting broader engagement and faculty loyalty.	3.39	SA	2.61	A	3.73	SA	2.83	A	3.50	SA	2.22	DA	3.05	A
AWM	3.38	SA	2.76	A	3.36	SA	2.64	A	3.01	A	2.36	DA	2.92	A

Legend: 3.26 – 4.00 Strongly Agree (S.A) 1.76 – 2.50 Disagree (DA)
2.51 – 3.25 Agree (A) 1.00 – 1.75 – Strongly Disagree (SDA)

The findings imply that higher education institutions must transition from formal policy existence to comprehensive and operationalized retention systems. Transparent evaluation procedures, structured feedback mechanisms, clear promotion pathways, workload balance policies, and recognition of diverse faculty roles are critical to sustaining faculty engagement and long-term commitment. Strengthening these integrated retention structures is essential for institutional stability and the sustainability of nursing education programs.

Recent studies indicate that faculty retention in nursing education is strongly influenced by supportive leadership, fair evaluation systems, and positive organizational climate (Boamah et al., 2018). Workload balance and institutional support are also critical, as excessive demands contribute to

burnout and turnover intentions among nursing faculty (Dall’Ora et al., 2020; Zangaro et al., 2023).

Faculty Ranking

Higher Education Institutions implement structured faculty ranking strategies to strengthen recruitment, development, and retention in the BSN program. These include clear promotion criteria, preference for advanced qualifications, structured evaluation systems, mentorship, professional development opportunities, and recognition of scholarly and clinical contributions to support academic advancement and instructional quality.

Table 3

Faculty Ranking

Indicators	PNC1		PNC2		PNC3		PNC4		PNC5		PNC6		TWM	
	WM	AI	WM	AI	WM	AI	WM	AI	WM	AI	WM	AI		AI
1. Hiring with preference for master’s or doctoral degrees, addressing minimum qualifications for different faculty ranks, especially for assistant, associate, and full professor positions	3.69	SA	3.16	A	3.80	SA	3.00	A	3.25	A	2.62	A	3.25	A
2. Clear and transparent promotion criteria from instructor to professor emphasize teaching, research, and service performance, supported by regular, structured evaluation systems that provide formative feedback to guide faculty progression within the ranking structure.	3.53	SA	2.39	DA	3.34	SA	2.33	DA	3.40	SA	2.50	DA	2.92	A
3. Ongoing training, workshops, and mentorship programs designed to prepare faculty for higher academic ranks, including support for evidence-based pedagogy and research.	3.53	SA	3.00	A	3.34	SA	1.50	SDA	3.00	A	2.39	DA	2.79	A

4. Assigning senior faculty to mentor newly hired instructors, enhancing their readiness for promotion and faculty rank advancement.	3.53	SA	2.61	A	3.60	SA	3.00	A	3.13	A	2.45	DA	3.05	A
5. Promotion policies recognizing publications, conference participation, and grant acquisition, supporting rank progression	3.31	SA	2.61	A	3.33	SA	2.33	DA	3.50	SA	2.33	DA	2.90	A
6. Collaboration with hospitals and other institutions for joint/adjunct faculty appointments, allowing clinical experts to teach while maintaining their clinical role and supporting rank-appropriate positions	3.16	A	3.23	A	3.80	SA	2.50	DA	3.50	SA	2.77	A	3.16	A
7. Reduced workload, job-sharing, and flexible schedules to retain existing faculty, especially those eligible for senior rank	3.31	SA	2.46	DA	3.53	SA	1.50	SDA	3.13	A	2.39	DA	2.72	A
8. Valuing clinical experience in academic promotions and providing competitive salaries aligned with advanced ranks help attract and retain highly qualified instructors by recognizing professional expertise and minimizing migration to more lucrative clinical positions.	3.47	SA	2.61	A	3.73	SA	2.34	DA	3.13	A	2.39	DA	2.95	A
9. Institutional strategies for wellness, burnout reduction, and satisfaction to boost faculty retention and career progression	3.39	SA	2.61	A	3.73	SA	1.50	SDA	3.25	A	2.50	DA	2.92	A

10. Providing avenues for faculty to move into leadership roles, such as department chairs or program directors, as part of career advancement	3.47	SA	2.95	A	3.67	SA	3.83	SA	3.50	SA	2.61	A	3.34	A
11. Creating an organizational culture that encourages scholarly growth, peer support, and socialization, fostering readiness for rank advancement	3.31	SA	3.00	A	3.60	SA	3.17	A	3.50	SA	2.34	DA	3.15	A
12. Financial and logistical support for graduate education, specialist certifications, and conference attendance—preparing faculty for rank-based qualifications	3.31	SA	3.08	A	3.80	SA	3.17	A	3.50	SA	2.11	DA	3.16	A
AWM	3.42	SA	2.81	A	3.61	SA	2.51	A	3.32	SA	2.45	DA	3.02	A
Legend: 3.26 – 4.00 Strongly Agree (S.A) 1.76 – 2.50 Disagree (DA)														
2.51 – 3.25 Agree (A)				1.00 – 1.75 – Strongly Disagree (SDA)										

The results reveal clear institutional differences in the implementation of faculty ranking systems. PNC3 obtained an Average Weighted Mean of 3.61 interpreted as Strongly Agree, indicating a highly structured and consistently implemented ranking framework. Similarly, PNC1 recorded an Average Weighted Mean of 3.42 interpreted as Strongly Agree, and PNC5 achieved 3.32 interpreted as Strongly Agree, both reflecting strong institutional support for transparent promotion criteria, mentoring systems, scholarly recognition, and workload and wellness provisions. In contrast, PNC2 registered an Average Weighted Mean of 2.81 interpreted as Agree, and PNC4 obtained 2.51 interpreted as Agree, indicating moderate but uneven implementation of ranking mechanisms. PNC6 recorded the lowest Average Weighted Mean of 2.45 interpreted as Disagree, reflecting weak structural support for faculty advancement. Overall, institutions with Strongly Agree interpretations demonstrated more systematic and integrated faculty ranking systems, while those with Agree or Disagree interpretations exhibited fragmented or underdeveloped structures that may affect faculty motivation and long-term program stability.

The findings suggest that faculty ranking systems must be treated as strategic human resource and academic development instruments rather

than administrative procedures. Clear and transparent promotion pathways, structured mentoring programs, recognition of both scholarly output and clinical expertise, workload sustainability measures, and wellness initiatives are essential to strengthening faculty progression and retention. Institutions that fail to institutionalize these components risk faculty dissatisfaction, diminished scholarly productivity, and instability in BSN program quality. Strengthening ranking systems is therefore critical to maintaining instructional excellence, accreditation compliance, and long-term sustainability in nursing education.

Structured mentorship and professional development initiatives support faculty readiness for advancement and long-term stability (McDermid et al., 2020). Additionally, workload balance and institutional wellness strategies are essential to reducing burnout and sustaining faculty career longevity (Dall'Ora et al., 2020). Collectively, the literature underscores that integrated promotion systems, research recognition, mentoring support, and workload sustainability are foundational to maintaining instructional quality and faculty retention in nursing programs.

Faculty Development

Faculty development serves as a strategic institutional mechanism to strengthen the competencies, scholarly capacity, and professional growth of nursing educators. Through structured training, continuing education, mentorship, and research support initiatives, Higher Education Institutions enhance instructional effectiveness, leadership readiness, and long-term faculty sustainability within BSN programs.

Table 4
Faculty Development

Indicators	PNC1		PNC2		PNC3		PNC4		PNC5		PNC6		TWM	AI
	WM	AI	WM	AI	WM	AI	WM	AI	WM	AI	WM	AI		
1. Programs focusing on enhancing faculty competencies in diverse teaching and student assessment methods to improve instructional effectiveness.	3.54	SA	2.61	A	3.66	SA	3.33	SA	3.50	SA	2.38	DA	3.17	A
2. Faculty development initiatives aimed at improving clinical competencies relevant to nursing education, such as simulation training and hands-on clinical procedures.	3.69	SA	2.70	A	3.66	SA	3.33	SA	3.13	A	2.38	DA	3.15	A
3. Training faculty to effectively use information and communication technologies in nursing education is enhanced by structured mentoring programs and collaborative platforms that promote sharing best practices and innovative teaching methods.	3.47	SA	3.23	A	3.60	SA	2.33	DA	3.13	A	2.50	DA	3.04	A
4. Encouragement and funding for faculty to pursue higher degrees, certifications, and continuous learning opportunities.	3.54	SA	3.15	A	3.33	SA	2.83	A	3.00	A	2.28	DA	3.02	A

5. Training faculty in educational management, leadership skills, curriculum development, and academic governance is combined with faculty development focused on integrating the latest clinical guidelines and evidence-based practice into teaching.	3.69	SA 3.08	A	3.66	SA 3.00	A	3.50	SA 2.06	DA 3.17	A
6. Encouragement and support for faculty engagement in educational research and dissemination of knowledge through publications and presentations.	3.61	SA 3.08	A	3.73	SA 2.33	DA	3.25	A 2.45	DA 3.08	A
7. Developing faculty skills in effective communication with learners, colleagues, and clinical partners to foster a collaborative educational environment	3.61	SA 3.08	A	3.66	SA 3.00	A	2.38	DA 2.55	A 3.05	A
8. Implementing mechanisms to assess faculty development outcomes and provide constructive feedback for continuous improvement.	3.39	SA 3.08	A	3.73	SA 2.83	A	2.88	A 2.38	DA 3.05	A
9. Offering workshops focusing on modern pedagogical approaches specific to nursing education.	3.46	SA 2.84	A	3.73	SA 2.33	DA	3.13	A 2.55	A 3.01	A
10. Providing specialized training on teaching psychomotor and clinical skills effectively within nursing curricula.	3.69	SA 3.08	A	3.73	SA 2.00	DA	3.50	SA 2.45	DA 3.08	A

11. Faculty development in integrating the latest clinical guidelines and evidence-based practice into teaching. 3.69 SA 3.08 A 3.73 SA 2.88 A 3.50 SA 2.39 DA 3.21 A

12. Joint monitoring and evaluation mechanisms to assess partnership effectiveness, clinical teaching quality, and faculty development needs. 3.69 SA 2.92 A 3.54 SA 1.66 SDA 2.88 A 2.39 DA 2.85 A

AWM 3.59 SA 2.99 A 3.65 SA 2.65 A 3.15 A 2.40 DA 3.07 A

Legend: 3.26 – 4.00 Strongly Agree (S.A) 1.76 – 2.50 Disagree (DA)

2.51 – 3.25 Agree (A) 1.00 – 1.75 – Strongly Disagree (SDA)

The results demonstrate substantial variation in faculty development implementation across institutions. PNC3 obtained an Average Weighted Mean of 3.65 interpreted as Strongly Agree, while PNC1 also reflected very strong implementation across indicators, indicating comprehensive and well-integrated faculty development systems. These institutions consistently supported instructional enhancement, clinical competency training, ICT integration, research engagement, leadership development, and systematic monitoring mechanisms. PNC5 recorded an Average Weighted Mean of 3.15 interpreted as Agree, and PNC2 obtained 2.99 interpreted as Agree, indicating moderate but functional development systems with selective strengths. In contrast, PNC4 achieved 2.65 interpreted as Agree, reflecting uneven implementation with notable gaps in research support, ICT training, and evaluation mechanisms. PNC6 recorded the lowest Average Weighted Mean of 2.40 interpreted as Disagree, demonstrating weak institutional support for structured faculty development. Overall, institutions with Strongly Agree interpretations exhibited integrated, well-monitored, and strategically funded development programs, while Agree and Disagree interpretations reflected fragmented or underdeveloped systems that may affect instructional preparedness and long-term program sustainability.

The findings suggest that faculty development must be institutionalized as a continuous, competency-based, and strategically monitored system. Strong programs that integrate teaching enhancement, clinical skill development, research engagement, digital capacity building, leadership preparation, and systematic evaluation are essential for sustaining instructional quality and academic credibility. Institutions with weak or inconsistent development

structures risk outdated pedagogical practices, limited research productivity, reduced faculty retention, and challenges in meeting regulatory and accreditation standards in nursing education.

Peer-reviewed studies affirm that structured faculty development programs enhance teaching effectiveness, clinical competence, and long-term faculty sustainability in nursing education (Cotta et al., 2024). Training in digital pedagogy strengthens readiness for online and blended learning environments (Shon et al., 2024). Mentorship and structured transition support promote professional growth and career progression and assessment-focused development improves the quality and validity of evaluation practices (Hensel, 2024). Collectively, the literature underscores that systematic and competency-based faculty development is essential to sustaining instructional quality and program stability.

Innovation

Innovation indicators in partnerships between higher education institutions and healthcare facilities highlight collaborative strategies that strengthen nursing education. These include formalized MOUs, dual clinical-academic roles, shared facilities and resources, healthcare involvement in curriculum design, coordinated student placements, faculty rotation programs, joint research initiatives, pooled funding, adoption of digital and simulation technologies, structured mentoring systems, and integrated monitoring and evaluation mechanisms.

Table 5
Innovations

Indicators	PNC1		PNC2		PNC3		PNC4		PNC5		PNC6		TWM AI	
	WM	AI	WM	AI	WM	AI	WM	AI	WM	AI	WM	AI		
1. Development of Memoranda of Understanding (MOUs) between HEIs and healthcare institutions to define roles, responsibilities, and shared goals.	3.53	SA	3.53	SA	3.40	SA	2.50	DA	3.38	SA	2.56	A	3.15	A
2. Creation of dual roles for clinical nurses to serve as faculty members, combining academic appointments with clinical practice positions.	3.53	SA	3.31	SA	3.60	SA	2.50	DA	2.88	A	2.39	DA	3.04	A

3. Sharing of clinical facilities, laboratories, simulation centers, and teaching materials between HEIs and healthcare partners.	3.39	SA	3.08	A	3.73	SA	2.34	DA	3.00	A	2.16	DA	2.95	A
4. Inclusion of healthcare institution input in designing curricula to align academic content with current clinical practice.	3.39	SA	3.00	A	3.26	SA	3.33	SA	3.00	A	2.22	DA	3.03	A
5. Rotation or exchange programs where clinical staff serve temporarily as faculty and faculty spend time in clinical practice to maintain skill	3.39	SA	3.07	A	3.13	A	2.33	DA	3.00	A	2.33	DA	2.88	A
6. Coordinated support for student clinical placements, internships, and smooth transition to employment at partner healthcare facilities.	3.53	SA	3.23	A	3.20	A	2.17	DA	3.50	SA	2.45	DA	3.01	A
7. Pooling funds and resources to support faculty positions, scholarships, and clinical training infrastructure development.	3.69	SA	2.62	A	3.26	SA	3.33	SA	3.50	SA	2.39	DA	3.13	A
8. Partnership-driven research projects involving faculty and clinical staff aimed at improving patient care and educational outcomes.	3.69	SA	2.84	A	3.60	SA	2.33	DA	3.63	SA	2.61	A	3.12	A
9. Collaborations focusing on adopting digital health and simulation technologies in education and practice settings	3.61	SA	3.00	A	3.20	A	3.00	A	3.50	SA	2.45	DA	3.13	A
10. Development of inter-institutional mentoring and support systems for novice and experienced faculty.	3.84	SA	2.85	A	3.08	A	3.00	A	3.63	SA	2.56	A	3.16	A

11. Developing joint evaluation mechanisms that monitor the effectiveness of clinical education and faculty development efforts, promoting iterative improvement of partnership outcomes.	3.84	SA	2.69	A	3.33	SA	2.83	A	3.13	A	2.27	DA	3.02	A
12. Partnering on research initiatives that integrate academic and clinical perspectives to improve patient care and nursing education outcomes.	4.00	SA	2.70	A	3.00	A	2.33	DA	3.50	SA	2.27	DA	2.97	A
AWM	3.62	SA	2.99	A	3.32	SA	2.67	A	3.30	SA	2.39	DA	3.05	A
Legend: 3.26 – 4.00 Strongly Agree (S.A) 1.76 – 2.50 Disagree (DA)														
2.51 – 3.25 Agree (A)					1.00 – 1.75 – Strongly Disagree (SDA)									

The findings show clear variation in innovation practices across institutions. PNC1, PNC3, and PNC5 obtained Average Weighted Means interpreted as Strongly Agree, indicating well-structured and institutionalized academic–clinical partnerships characterized by formal agreements, dual roles, shared resources, joint research, and systematic evaluation. PNC2 and PNC4 recorded Average Weighted Means interpreted as Agree, reflecting moderate but uneven implementation of collaborative strategies. PNC6, interpreted as Disagree, demonstrated weak integration of innovation mechanisms, limited clinical collaboration, and insufficient monitoring systems. Overall, stronger institutionalization of partnerships corresponded with more sustainable and practice-aligned nursing education frameworks.

Innovation in nursing education is increasingly driven by strengthened academic–clinical partnerships, integration of simulation technologies, and collaborative program design. Evidence shows that structured partnerships between higher education institutions and healthcare facilities enhance curriculum relevance, improve clinical competence, and support workforce readiness (Bvumbwe & Mtshali, 2018). Additionally, the adoption of simulation-based learning and digital innovations has been found to improve clinical skills acquisition, critical thinking, and student preparedness for real-world practice (Cant & Cooper, 2017). These innovations demonstrate that coordinated institutional strategies and technological integration are essential in advancing the quality and sustainability of nursing education.

Significant Agreement on the Ranks of Strategies Employed by HEIs in Addressing the Shortage of Qualified Instructors

This table presents the results of Kendall's Coefficient of Concordance (W), which was used to determine the level of agreement among six respondent groups in ranking various recruitment-related strategies according to priority. The analysis assesses the consistency of their rankings and identifies whether there is significant consensus across groups.

The results show strong agreement among the six groups on *Faculty Ranking* ($\chi^2 = 27.06$), indicating that institutional reputation is widely recognized as the primary recruitment strategy. In contrast, the near-zero Coefficient of Concordance for *Faculty Development* and *Innovation* ($W \approx 0.01$; $\chi^2 = 0.66$) reflects almost no agreement, suggesting significant strategic misalignment. While external prestige is prioritized, internal development strategies lack shared commitment.

Table 6

Significance of Agreement on the Ranks of the Strategies Employed by HEIs to Address the Shortage of Qualified Instructors in the BSN Program

INDICATOR	RECRUITMENT	RETENTION	FACULTY	FACULTY	INNOVATION
		POLICY	RANKING	DEVELOPMENT	
Summation of Squared Deviation from the Mean Difference	1,448.50	768.40	2,088	646.23	774.94
Number of Groups	6	6	6	6	6
Number of Activities	12	12	12	12	12
Coefficient of Concordance	0.29	0.15	0.41	0.01	0.01
Computed Chi-Square	18.55	9.83	27.06	0.66	0.66
Degree of Freedom	11	11	11	11	11
Tabular χ^2 Value	19.675	19.675	19.675	19.675	19.675
0.05	21.920				
0.025	24.725				
0.01	26.757				
0.005					

Significance of Agreement	Not Significant (p>0.05)	Not Significant (p>0.05)	Highly Significant (p<0.005)	Not Significant (P > 0.05)	Not Significant (p>0.05)
Decision on H ¹	Accept H ₀ (No agreement)	Accept H ₀ (No agreement)	Reject H ₀ (Significant agreement)	Accept H ₀ (No agreement)	Accept H ₀ (No agreement)

Research further shows that organizational systems and leadership structures must support workforce development to reduce institutional strain and enhance sustainability (Schaufeli, 2021). The extreme disagreement among stakeholder groups also reflects weak consensus in decision-making. Effective organizational functioning requires alignment and shared priorities (Cropanzano & Mitchell, 2005). Without consensus, resource allocation may become fragmented, undermining strategic planning and institutional coherence. Therefore, leadership must use these findings to facilitate structured alignment processes and ensure that internal capacity-building strategies receive coordinated support alongside reputation-focused initiatives.

Challenges Encountered by HEIs in Recruiting and Retaining Qualified Instructors in the Clinical Area

The findings from the focus group discussion with representatives from six private nursing colleges in Albay (PNCO1–PNCO6) revealed that institutions encountered multiple, interconnected challenges in recruiting qualified clinical instructors.

Non-competitive Compensation and Benefits

Across all participating institutions, financial competition emerged as the most dominant challenge in recruiting qualified clinical instructors. Participants consistently emphasized that private HEIs operate with modest budgets, making it difficult to offer salary packages comparable to those of hospitals and state universities.

PNCO5 explicitly identified salary limitations as the institution’s “single greatest challenge,” noting that its compensation structure discourages highly qualified applicants:

PNCO5: “Our salary scale is simply not as competitive. This creates a direct barrier when we are trying to attract nurses who meet the high qualifications required for a clinical instructor, which ideally includes a Master of Arts in Nursing (MAN) and significant clinical experience.” “When we have an

opening, we find that our top candidates are often fielding multiple offers... but ultimately accepted positions at other institutions in the region that could offer a 20–30% higher starting salary.”

PNCO3: *“The low compensation package offered to clinical instructors often does not reflect the level of expertise, responsibility, and workload required in the role.”*

PNCO6: *“Some of the instructors leave because of the comparison in the salary so we need to be also competitive of our rates. But of course, I find it difficult sometimes because we need the approval from the admin.” “Instructors usually cite higher salaries, hazard pay, and better benefits offered by hospitals or larger institutions as the main reasons for leaving.”*

PNCO1: *“Despite their initial commitment, the more competitive compensation elsewhere became difficult to resist.”*

Non-competitive salary structures serve as a key structural barrier to recruiting qualified clinical instructors. Compensation is often misaligned with the advanced academic and clinical qualifications required, making academic roles less attractive than higher-paying clinical positions. This limits both the quantity and quality of applicants. The implications include difficulty meeting regulatory standards, increased reliance on part-time or less-qualified faculty, and potential declines in instructional quality and program stability. Over time, salary gaps may contribute to faculty shortages and turnover. Research consistently shows that nursing faculty earn significantly less than clinical nurses despite holding advanced qualifications, discouraging experienced professionals from entering academia (Pang et al., 2026). Salary dissatisfaction also contributes to financial strain and retention challenges among nurse educators (Malin et al., 2024). Moreover, compensation concerns are linked to lower job satisfaction and increased turnover risk, further intensifying faculty shortages in nursing education (Boamah et al., 2023).

Gap Between Clinical Expertise and Academic Qualifications

Another critical challenge identified was the scarcity of applicants who meet regulatory requirements set by CHED and the Professional Regulation Commission (PRC), particularly the requirement for a master's degree in nursing and active clinical experience. For instance, PNCO6 explained that while many nurses in the locality are clinically competent, they often lack the

academic credentials necessary for teaching positions

PNCO6: *“Many nurses in our area are competent and experienced in practice, but they often lack the academic credentials or teaching background needed for higher education.”*

The findings highlight a structural gap in nursing education: strong clinical expertise alone does not meet the academic and pedagogical qualifications required for clinical instructors. While many nurses possess extensive hands-on experience, the lack of advanced degrees and formal teaching preparation limits their eligibility for academic roles. This mismatch creates recruitment challenges and increases reliance on a small pool of academically qualified faculty. The reduced institutional flexibility in addressing faculty shortages and increased workload pressures on existing instructors. Without structured pathways to help clinically competent nurses obtain academic credentials and teaching competencies, nursing programs may continue to struggle with staffing stability and instructional quality.

Novice nurse educators frequently lack formal pedagogical preparation despite extensive clinical backgrounds, which affects their teaching confidence and performance (Laari et al., 2021). Integrative reviews further identify lack of academic preparation and unclear role expectations as barriers to successful role transition (Fritz, 2018). Moreover, clinicians moving into educator positions describe ongoing identity adjustments and the need for targeted instructional development, reinforcing that clinical competence must be complemented by academic qualifications and teaching preparation (Barken & Robstad, 2024).

Faculty Workload Strain on Clinical Instruction Quality

Faculty workload strain emerges when limited instructional manpower places excessive demands on existing educators, particularly in clinical teaching environments where close supervision and consistent guidance are essential for effective learning.

PNCO4: “This imbalance places a strain on the existing faculty and affects the institution’s ability to maintain quality supervision and instruction in the clinical setting.”

An imbalance in faculty availability increases the workload of existing instructors, limiting their ability to provide individualized guidance, timely feedback, and effective clinical supervision. Excessive teaching and supervisory demands may lead to fatigue, reduced instructional quality,

and diminished consistency in clinical education. The findings imply that persistent faculty workload strain due to staffing imbalances poses a serious threat to instructional quality and program sustainability in nursing education. Without adequate staffing and workload management strategies, institutions risk increased faculty burnout, higher turnover, and compromised clinical supervision. Strengthening workforce planning and providing structured institutional support are therefore essential to maintain teaching effectiveness and long-term program stability.

Heavy faculty workload resulting from staffing shortages negatively affects instructional quality and faculty well-being. Increased demands are associated with reduced professional quality of life and higher turnover intentions among nurse educators (Boamah et al., 2023). Similarly, workload pressures and structural challenges within academic institutions have been identified as significant factors influencing faculty retention and program stability, as they affect job satisfaction and intent to remain in academic roles (Candela et al., 2015). These findings underscore the critical need for effective workforce planning and institutional support to sustain the quality and stability of nursing education programs.

High Turnover and Retention Challenge

Institutions experience persistent turnover among clinical instructors due to compensation disparities, external opportunities, and structural limitations.

PNCO3: *“These combined factors contribute to the high turnover of clinical instructors and pose ongoing challenges for institutions seeking to retain qualified faculty.”*

PNCO4: *“This puts us in a difficult situation, as it is challenging to find a sudden replacement at this stage.”*

PNCO2: *“This process takes time and resources, which can temporarily affect the availability of qualified instructors.”*

High turnover among clinical instructors reflects a systemic institutional issue driven by compensation gaps, external job opportunities, and structural limitations. Frequent resignations disrupt instructional continuity, increase workload for remaining faculty, and create temporary supervision gaps that affect program stability. Persistent turnover threatens the sustainability and quality of clinical education. Institutions must strengthen retention strategies through competitive compensation, supportive policies, and long-term workforce planning to maintain faculty stability and instructional continuity.

High turnover among nursing faculty is strongly influenced by workload strain, job stress, and limited institutional support, which increase turnover intentions and disrupt program stability (Al Sabei et al., 2020; Aldhafeeri et al., 2024). Burnout further contributes to faculty attrition by reducing job satisfaction and engagement, highlighting the need for supportive work environments and effective retention strategies (Hosseini et al., 2022; Zangaro et al., 2023).

Limited Pool of Qualified Clinical Instructors

Strict academic, clinical, and hospital requirements significantly narrow the pool of eligible clinical instructors, complicating recruitment efforts.

PNCO4: *“Many of the younger applicants are either still completing their master’s degree or have not yet begun their graduate studies... this limitation significantly narrows the pool of qualified candidates.”*

PNCO3: *“Finding qualified instructors who meet these criteria is challenging, as not all applicants possess the necessary specialization or certifications required by the hospitals.”*

PNCO1: *“These professionals already possess the required clinical expertise and experience, which allows them to immediately supervise students in specialized areas.”*

Strict academic, clinical, and hospital requirements significantly narrow the pool of eligible clinical instructors. Many early-career nurses are still completing graduate degrees, while others lack the specialized certifications required by partner hospitals, limiting recruitment to a small group of highly qualified professionals. Although these standards ensure instructional quality and patient safety, they make recruitment more competitive and time-consuming and increase institutional dependence on a limited workforce. This constrained pool has important implications. Vacant positions may delay clinical placements and increase workload among existing faculty, heightening burnout risk. Institutions may therefore need to invest in faculty development, graduate education support, and flexible qualification pathways in partnership with clinical agencies to expand eligibility while maintaining standards.

Strict graduate degree and certification requirements significantly limit the pool of eligible clinical instructors. National workforce analyses

confirm that master's degree requirements and credential standards restrict program expansion and faculty recruitment (National Academies of Sciences, Engineering, and Medicine, 2021). Empirical studies further show that limited numbers of nurses meet the required academic qualifications, creating persistent recruitment challenges (Fang & Bednash, 2017). Additionally, the complexity of academic role expectations discourages clinically experienced nurses from transitioning into educator roles (McDermid et al., 2020).

Faculty Shortages Affecting Educational Quality

Insufficient staffing places strain on existing faculty and threatens the quality of clinical supervision and instruction.

PNC04: *"This imbalance places a strain on the existing faculty and affects the institution's ability to maintain quality supervision and instruction in the clinical setting."*

Insufficient numbers of clinical instructors increase workload demands on existing faculty, disrupt optimal student-instructor ratios, and limit individualized supervision during clinical rotations. Sustained understaffing contributes to fatigue, reduced teaching effectiveness, and compromised clinical learning quality. Faculty shortages threaten student competence, instructional standards, and program sustainability. Increased workload may accelerate burnout and turnover, perpetuating staffing instability. Institutions must prioritize timely hiring, workload redistribution, and faculty well-being initiatives to maintain educational quality.

Faculty shortages in nursing education place substantial strain on existing instructors and compromise the quality of clinical supervision. Evidence shows that academic nursing faculty experience significant levels of burnout, particularly emotional exhaustion and disengagement, which threaten workforce stability and instructional effectiveness (Zangaro et al., 2023). Clinical learning research further demonstrates that inadequate supervision and heavy workload conditions negatively affect students' clinical experiences, skill development, and overall learning outcomes (Kaphagawani & Useh, 2018). More recent findings confirm that clinical education challenges, including limited instructor availability and supervisory constraints, reduce the effectiveness of hands-on learning environments (Essfadi et al., 2024).

International Migration and Brain Drain

Clinical instructors leave academic institutions after gaining experience

due to lucrative international employment opportunities, positioning local institutions as temporary training grounds.

PNC05: “A very common reason is international migration, especially for young clinical instructors... We essentially serve as a training ground, only to lose them to the US, the UK, or the Middle East.”

PNC02 : “We often hire talented young nurses, mentor them, and support them as they complete their graduate studies. However, as soon as they gain the experience required, they become prime candidates for high-paying nursing jobs abroad.”

International migration significantly contributes to the loss of trained clinical instructors, particularly early-career educators who leave for better compensation and working conditions abroad. Institutions invest substantial time and resources in mentoring and developing faculty, only to experience repeated turnover once instructors gain sufficient qualifications and experience. This cycle weakens faculty stability and disrupts long-term workforce planning. The continuous outflow of skilled instructors increases recruitment and training costs, disrupts mentorship continuity, and limits the development of an experienced faculty base. Strengthening retention strategies—through competitive compensation, career progression pathways, and policy-level support—is essential to mitigate the long-term effects of brain drain on nursing education.

International migration continues to significantly affect nursing workforce stability in source countries. Economic disparities and better employment conditions abroad remain primary drivers of nurse migration, contributing to workforce depletion and instability in local health and education systems (Efendi et al., 2018). Global analyses further demonstrate that nurse migration exacerbates domestic shortages and undermines national workforce planning capacity (Buchan et al., 2015). Additionally, systematic reviews confirm that sustained out-migration weakens healthcare systems and intensifies staffing challenges in low- and middle-income countries, including impacts on training institutions (Drennan & Ross, 2019).

Lack of Recognition and Professional Appreciation

This theme reflects clinical instructors' feelings of being undervalued due to the absence of formal or informal recognition for their mentoring and contributions, leading to frustration and intentions to leave for more

appreciative institutions.

***PNCO3:** “Several long-serving clinical instructors expressed frustration that their guidance and mentoring during demanding clinical rotations went unacknowledged, with no awards or verbal appreciation, leading some to consider resigning for institutions where their contributions would be recognized.”*

The absence of formal and informal recognition diminishes morale and emotional commitment among long-serving clinical instructors. When mentoring and supervisory efforts go unacknowledged, faculty may feel undervalued, leading to disengagement and increased intentions to resign. Lack of recognition weakens faculty retention and institutional loyalty, particularly among experienced instructors whose expertise is difficult to replace. Establishing structured recognition programs and strengthening organizational support can enhance morale, engagement, and long-term retention.

Recognition and organizational support play a critical role in sustaining faculty engagement and retention. Evidence shows that supportive work environments and acknowledgment of employees’ contributions significantly influence job satisfaction and reduce turnover intentions among nursing professionals (Al Sabei et al., 2022). Similarly, job satisfaction, perceived organizational support, and reduced burnout are strong predictors of retention among nursing faculty, highlighting the importance of valuing instructors’ efforts (Boamah et al., 2023).

Proposed a Strategic Framework to strengthen strategies and address challenges on the Shortage of Qualified Instructors in Albay.

The study developed the **Faculty Sustainability and Development Strategic Framework (FSD-SF)** for BSN programs in Albay to address the persistent shortage of qualified clinical instructors and ensure long-term faculty sustainability and instructional quality. Anchored on the Faculty Sustainability and Development Theory (FSDT), the framework views faculty as strategic institutional assets requiring continuous investment, structured support, and professional development. The framework considers external and regulatory influences such as CHED and PRC standards, workforce demands, and international migration trends. A central SWOT analysis integrates internal strengths and weaknesses with external opportunities and threats to ensure context-responsive strategies. Operationally, the framework is

structured around eight interrelated pillars: capacity optimization, sustainable recruitment and pipeline development, retention strategies, career progression pathways, continuous development and mentorship, recognition systems, innovation through partnerships, and corrective interventions. Together, these pillars provide a coherent and sustainable roadmap for strengthening recruitment, enhancing retention, and maintaining a stable and competent clinical teaching workforce in Albay.

CONCLUSION

Private HEIs offering BSN programs in Albay generally employ clinical instructors who meet CHED CMO 15 s.2017 minimum requirements; however, compliance is achieved under constrained conditions marked by uneven distribution of qualified faculty, limited specialization coverage, heavy workloads, and vulnerability to attrition. Institutions implement various strategies—including alumni-based recruitment, part-time appointments, workload adjustments, faculty ranking systems, development programs, and academic–clinical partnerships—demonstrating commitment to sustaining instructional quality, though effectiveness is limited by financial, structural, and external pressures. Persistent challenges such as non-competitive compensation, limited graduate-prepared instructors, high workload demands, and international migration confirm that the shortage is systemic rather than temporary. HEIs should strengthen compensation, expand graduate education support, institutionalize faculty development and mentoring, optimize workload distribution, and enhance academic–clinical partnerships. The proposed Faculty Sustainability and Development Strategic Framework (FSD–SF) serves as a practical guide for integrating these strategies into coordinated institutional action. This study contributes beyond the local context by offering a scalable framework applicable to similarly resource-constrained nursing education systems facing faculty shortages.

TRANSLATIONAL IMPLICATIONS

The findings of this study have important implications for policy development and institutional practice in nursing education. Regulatory bodies such as CHED may utilize the results to strengthen faculty development support systems, enhance compensation policies, and promote flexible qualification and career pathways for clinical instructors to address workforce shortages. At the institutional level, HEIs can translate these findings

into practice by implementing structured faculty development programs, mentorship systems, graduate education support, and improved workload management. Strengthening academic–clinical partnerships through joint appointments, shared training programs, and collaborative initiatives can further expand the pool of qualified instructors and improve clinical teaching capacity.

The proposed Faculty Sustainability and Development Strategic Framework (FSD–SF) provides a practical mechanism for translating these strategies into coordinated institutional action, guiding recruitment, retention, and continuous faculty development efforts. These translational strategies offer a scalable approach for nursing education reform in similar resource-constrained settings, supporting faculty sustainability, improving instructional quality, and contributing to broader health workforce development.

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