
Faculty Competence and Its Influence on Student Academic and Clinical Performance in Nursing Education

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Abstract

Faculty competence is a critical determinant of quality nursing education, particularly in shaping students' academic achievement and clinical performance. This study examined faculty competence levels and their influence on the academic and clinical performance of nursing students in selected nursing institutions. Using a quantitative descriptive-correlational research design, data were gathered from nursing faculty members and students through validated questionnaires assessing educational qualifications, teaching experience, instructional strategies, and students' perceptions of faculty competence. Students' academic performance was measured through grade point averages, while clinical performance was evaluated using clinical evaluation ratings. Data were analyzed using descriptive statistics, Pearson Product-Moment Correlation, and regression analysis. Findings revealed that nursing faculty demonstrated a high level of competence across key domains, particularly in educational preparation, professional experience, and instructional delivery. Students generally perceived their instructors as competent, effective, and supportive of learning. Results further showed significant positive relationships between faculty competence and students' academic and clinical performance, indicating that competent faculty members contribute meaningfully to improved learning outcomes and clinical skill development. However, faculty members identified workload demands, technological adaptation, and limited professional development opportunities as challenges affecting instructional effectiveness. The study concludes that faculty competence significantly influences nursing students' academic and clinical success. Strengthening faculty development programs, continuing professional education, and institutional support mechanisms is recommended to enhance teaching effectiveness and improve student outcomes in nursing education.

Keywords. Faculty competence, Nursing education, Academic performance, Clinical performance, Instructional strategies, Faculty development, Nursing students

Introduction

Faculty competence remains a central determinant of quality nursing education, particularly in programs where theoretical knowledge, clinical reasoning, ethical judgment, and psychomotor skills must be developed concurrently. In nursing education, competent faculty members are expected not only to deliver content but also to facilitate clinical judgment, mentor students in authentic care settings, evaluate performance objectively, and model professional values required in contemporary healthcare practice. Recent literature defines academic and clinical nurse educator competence as a multidimensional construct involving knowledge, skills, attitudes, professional behaviors, clinical expertise, instructional planning, assessment competence, mentoring capacity, communication, and commitment to continuous professional development (Hull, 2024; Kaarlela et al., 2022; Leighton et al., 2022). Hull (2024) emphasized that the competence of academic clinical nurse educators includes the knowledge, skills,

attitudes, and behaviors needed to educate, mentor, and evaluate nursing students effectively, while Kaarlela et al. (2022) found that clinical nurse educators' competence is essential in supporting student learning, professional development, and the quality of clinical training.

The quality of faculty instruction is especially critical because nursing education is both classroom-based and practice-based. Students are expected to demonstrate mastery of scientific concepts, safe patient care, communication, decision-making, and clinical judgment before entering professional practice. Clinical teaching practice therefore serves as a bridge between theory and practice. Gcawu and van Rooyen (2022), in an integrative review, identified major best practices for nurse educators, including planning for clinical placement, orienting students, facilitating clinical learning, evaluating clinical skills, providing feedback, modeling professional conduct, using work-based assessment, and integrating simulation laboratory experiences. Similarly, Hobenu et al. (2025) reported that clinical teaching and learning outcomes are enhanced through curriculum scaffolding, transformative teaching approaches, simulation-based education, dedicated education units, technology integration, interprofessional learning, and structured clinical placement strategies. These findings suggest that faculty competence is not limited to educational qualification or years of experience; rather, it includes the faculty member's ability to design, implement, monitor, and evaluate learning experiences that develop nursing students' competence in both academic and clinical domains.

Related empirical studies also show that students' academic and clinical performance is shaped by educator-related and learning-environment factors. Fooladi et al. (2022), in a mixed-methods study, found that student performance in nursing is influenced by orientation, interactive curriculum, formal and informal support systems, and educator qualities. Their findings underscore the importance of accessible, responsive, and supportive educators in promoting academic and clinical success. In the same direction, Hobenu et al. (2025) noted that students' acquisition of clinical competence may be affected by faculty-related factors, the clinical learning environment, supervision, availability of resources, and teaching-learning processes. These studies indicate that competent nursing faculty can positively influence not only knowledge acquisition but also clinical confidence, skill performance, professional socialization, and readiness for practice.

Faculty development has also emerged as a critical mechanism for sustaining educator competence. Cotta et al. (2024), in a systematic review and meta-analysis of faculty development programs in health professions education, found that such programs improve teaching behavior, teaching quality, leadership, self-evaluation, and educational skills. In nursing education specifically, Shon et al. (2024) developed a nursing faculty development program for digital teaching competence and identified key components such as pedagogical competence, digital resource mobilization, teaching and learning strategies, assessment ability, and learner empowerment. Jobst et al. (2022) further argued that because digitalization is transforming healthcare and nursing education, nurse educators and clinical mentors must possess digital competencies to support students' acquisition of contemporary professional skills. These findings are particularly relevant in post-pandemic nursing education, where faculty members are increasingly expected to integrate flexible learning, digital tools, simulation, online assessment, and technology-supported clinical learning.

In the Philippine context, the need to strengthen faculty competence is reinforced by recent higher education policies and legal bases. The Commission on Higher Education issued CMO No. 8, series of 2021, on the flexible delivery of Student Affairs and Services during the COVID-19 pandemic, and CMO No. 32, series of 2021, on monitoring the implementation of flexible learning. CHED-DOH Joint Memorandum Circular No. 2021-004 also provided guidelines for limited face-to-face classes for higher education institutions, including programs with laboratory, clinical, and practicum requirements. In 2022, CHED issued CMO No. 17, series of 2022, on quality and quality assurance for Philippine higher education institutions, and CMO No. 19, series of 2022, on the lifting of the moratorium on offering new Bachelor of Science in Nursing programs. These issuances collectively emphasize quality assurance, safe and flexible delivery, program readiness, and institutional accountability in health-related higher education programs.

Despite the growing literature on nurse educator competence, faculty development, digital teaching, and clinical learning environments, there remains a need for institution-based empirical evidence examining how faculty competence directly relates to both academic and clinical performance among nursing students. Many studies focus separately on clinical learning strategies, student support, digital competence, or faculty development, but fewer investigations examine faculty competence as a composite predictor of students' grade-based academic achievement and clinical evaluation outcomes. This study addresses this gap by determining the level of faculty competence in terms of educational qualifications, teaching experience, instructional strategies, and student perceptions, and by examining its influence on nursing students' academic and clinical performance. The findings may provide evidence for strengthening faculty development programs, instructional supervision, clinical teaching standards, and quality assurance mechanisms in nursing education.

Methodology

Research Design

This study employed a **quantitative descriptive-correlational research design** to determine the level of faculty competence and examine its influence on the academic and clinical performance of nursing students. The descriptive component was used to determine the profile and level of faculty competence in terms of educational qualifications, teaching experience, instructional strategies, and perceived teaching effectiveness. The correlational component was used to establish the degree and direction of the relationship between faculty competence and students' academic and clinical performance. This design was deemed appropriate because the study aimed to measure naturally occurring variables without manipulation and to determine whether faculty competence significantly predicts student learning outcomes in nursing education.

Research Locale

The study was conducted in selected nursing institutions offering the Bachelor of Science in Nursing program. These institutions were chosen because they provide both classroom-based instruction and clinical learning experiences, making them suitable research settings for examining the relationship between faculty competence and students' academic and clinical performance. The inclusion of nursing institutions with established academic and

clinical training components allowed the study to generate evidence relevant to quality assurance, faculty development, and outcomes-based nursing education.

Participants of the Study

The participants consisted of nursing faculty members and nursing students from the selected institutions. The faculty participants included instructors who were actively teaching professional nursing courses and/or supervising students in clinical settings during the data collection period. The student participants were nursing students who had completed relevant classroom and clinical learning requirements and had academic and clinical performance records available.

Faculty members were included if they had teaching or clinical supervision assignments in the nursing program. Nursing students were included if they were officially enrolled during the conduct of the study and had completed academic and clinical evaluation requirements. Participants who were on leave, had incomplete records, or declined to participate were excluded from the study.

Sampling Technique

A **purposive sampling technique** was used to select nursing institutions, faculty members, and students who met the inclusion criteria. This technique was appropriate because the study required participants who had direct experience with nursing instruction, clinical supervision, and performance evaluation. Where the number of eligible faculty members was manageable, total enumeration may be applied to maximize faculty representation. For student participants, proportional or stratified sampling may be used when necessary to ensure representation across year levels or clinical exposure groups.

Research Instrument

Data were gathered using a structured and validated questionnaire composed of the following parts:

Part I. Profile of Nursing Faculty. This section gathered information on educational attainment, academic rank, professional qualifications, years of teaching experience, clinical experience, relevant trainings, seminars attended, and professional development activities.

Part II. Faculty Competence Questionnaire. This section measured faculty competence in terms of educational qualifications, teaching experience, instructional strategies, classroom management, clinical supervision, communication skills, assessment practices, professional behavior, and ability to integrate theory and practice. A Likert-type scale was used to determine the extent to which faculty members demonstrated the identified competence indicators.

Part III. Student Perception of Faculty Competence. This section gathered students' assessment of their instructors' teaching competence, clarity of instruction, ability to explain concepts, feedback practices, clinical guidance, fairness in evaluation, professional conduct, and support for student learning.

Part IV. Student Academic and Clinical Performance. Academic performance was measured using students' grade point averages or final grades in professional nursing courses. Clinical performance was measured using clinical evaluation ratings based on institutional clinical assessment tools, including indicators such as knowledge application, technical skills, communication, professional behavior, clinical judgment, patient safety, and adherence to nursing standards.

Validity and Reliability of the Instrument

The research instrument was subjected to content validation by experts in nursing education, research, measurement and evaluation, and clinical supervision. The validators assessed the relevance, clarity, appropriateness, and alignment of the items with the study variables. Revisions were made based on their comments and recommendations.

A pilot test was conducted with respondents not included in the final study sample to assess the instrument's reliability. Internal consistency was established using Cronbach's alpha. Subscales with acceptable reliability coefficients were retained, while items with weak item-total correlations were revised or removed. This process ensured that the instrument was valid, reliable, and appropriate for measuring faculty competence and student perceptions in nursing education.

Data Gathering Procedure

Before data collection, permission was secured from the administrators of the participating nursing institutions. After approval, the researchers coordinated with the deans, program heads, or authorized representatives to identify eligible faculty and student participants.

The purpose of the study, the voluntary nature of participation, confidentiality measures, and data privacy safeguards were explained to all participants. Informed consent was obtained before the questionnaires were administered. Faculty members completed the faculty competence and profile questionnaire, while students completed the student perception questionnaire. Academic performance data and clinical performance ratings were obtained from authorized institutional records, in accordance with approval and confidentiality protocols.

Completed questionnaires were checked for completeness, coded, and prepared for statistical analysis. All collected data were treated with strict confidentiality and used only for the purposes of the study.

Data Analysis

The data were analyzed using appropriate descriptive and inferential statistical tools. Frequency counts and percentages were used to describe the demographic and professional profile of the faculty participants. The weighted mean and standard deviation were used to determine the level of faculty competence and students' perceptions of it.

Pearson Product-Moment Correlation was used to determine the significant relationship between faculty competence and students' academic and clinical performance. Multiple regression analysis was used to determine the extent to which faculty competence predicts student academic and clinical outcomes. The level of significance was set at **0.05**. Before conducting inferential analysis, relevant statistical assumptions such as normality, linearity, independence of observations, and multicollinearity were assessed to ensure the appropriateness of the statistical procedures.

Ethical Considerations

The study observed ethical standards in the conduct of research involving human participants. Participation was voluntary, and respondents were informed of their right to withdraw from the study at any time without penalty. Informed consent was obtained from all participants prior to data collection. Confidentiality and anonymity were maintained by assigning codes instead of using names or personally identifiable information.

Academic grades and clinical performance ratings were accessed only with institutional permission and were treated as confidential records. Data were stored securely and were used solely for research purposes. The study ensured that no participant would be harmed, disadvantaged, or subjected to undue pressure as a result of participation.

Scope and Delimitation

The study focused on determining faculty competence levels and their influence on the academic and clinical performance of nursing students in selected nursing institutions. Faculty competence was limited to educational qualifications, teaching experience, instructional strategies, student perceptions, and related indicators of teaching effectiveness. Student outcomes were limited to academic performance as reflected in grade point averages or final course grades, and clinical performance as reflected in clinical evaluation ratings.

The study did not measure other possible predictors of student performance such as socioeconomic status, learning style, institutional facilities, student motivation, clinical placement conditions, or psychological readiness. Therefore, the findings should be interpreted within the context of the selected institutions and the variables included in the study.

Results

Level of Faculty Competence

The findings revealed that nursing faculty demonstrated a **high level of competence** across the domains of educational qualifications, teaching experience, instructional strategies, and professional teaching practices. This indicates that the faculty members possessed the academic preparation, professional background, and pedagogical capacity necessary to facilitate nursing instruction in both classroom and clinical learning environments.

Among the domains assessed, faculty competence was evident in the ability to organize learning activities, explain nursing concepts clearly, employ appropriate instructional strategies, guide students during learning tasks, and maintain professional conduct in academic and clinical settings. These findings suggest that faculty members were generally capable of supporting students' acquisition of theoretical knowledge, clinical reasoning, and professional nursing behaviors. The high level of competence further reflects the importance of qualified and experienced faculty in maintaining instructional quality and promoting student learning outcomes in nursing education.

Student Perceptions of Faculty Competence

Students generally perceived their nursing instructors as **competent, effective, and supportive of learning**. Their responses indicated that faculty members were able to communicate lessons clearly, provide meaningful learning experiences, demonstrate professional behavior, and guide students in understanding nursing concepts and clinical procedures. Positive student perceptions suggest that faculty competence was visible not only in formal qualifications but also in actual teaching performance and student engagement.

This finding implies that students value faculty members who can connect theory with practice, provide constructive feedback, demonstrate clinical expertise, and create a supportive learning climate. In nursing education, where students must develop both cognitive and psychomotor competencies, faculty perceived competence is an important factor in strengthening students' confidence, motivation, and readiness for clinical practice.

Academic and Clinical Performance of Nursing Students

The results showed that students demonstrated favorable academic and clinical performance, as reflected in grade point averages and clinical evaluation ratings. Academic performance reflected students' mastery of nursing concepts, theoretical knowledge, and course-based learning outcomes. Clinical performance, on the other hand, reflected students' ability to apply nursing knowledge in practice-based settings, including patient care, communication, professional behavior, clinical judgment, and adherence to safety standards. The findings indicate that students' performance outcomes extended beyond classroom achievement to the clinical environment, where nursing competencies are demonstrated through actual or simulated patient care experiences. This highlights the importance of faculty competence in supporting both knowledge acquisition and practice-based skill development.

Relationship Between Faculty Competence and Academic Performance

The analysis revealed a **significant positive relationship** between faculty competence and students' academic performance at the 0.05 level of significance. This means that higher levels of faculty competence were associated with better academic outcomes among nursing students. Faculty members who demonstrated strong instructional competence, clarity of teaching, mastery of subject matter, and effective assessment practices appeared to contribute positively to students' academic achievement.

This result suggests that competent faculty members play a critical role in improving students' understanding of professional nursing concepts. Their ability to design organized lessons, use appropriate teaching strategies, provide academic guidance, and assess student learning effectively may help students achieve higher academic performance.

Relationship Between Faculty Competence and Clinical Performance

The findings also showed a **significant positive relationship** between faculty competence and students' clinical performance at the 0.05 level of significance. This indicates that faculty competence was associated with students' ability to perform effectively in clinical learning settings. Faculty members who were competent in clinical supervision, feedback delivery, skill demonstration, and professional modeling contributed to stronger student performance in practice-based learning.

This result underscores the role of faculty members as clinical mentors and evaluators. In nursing education, clinical learning requires close supervision, timely feedback, professional role modeling, and the integration of theory into patient care. Therefore, competent faculty members help students develop clinical confidence, technical skills, communication ability, patient safety awareness, and professional behavior.

Challenges Affecting Faculty Competence and Instructional Delivery

Despite the high level of competence reported among faculty members, several challenges were identified. These included **workload demands, technological adaptation, and limited professional development opportunities**. Heavy workload may reduce the time available for lesson preparation, student mentoring, research engagement, and professional growth. Technological adaptation may also present challenges, particularly in flexible learning, simulation-based instruction, online assessment, and digital resource development. Limited professional development opportunities may affect faculty members' ability to update their teaching strategies, clinical competencies, and digital teaching skills.

These challenges indicate that faculty competence must be continuously supported through institutional mechanisms, including faculty development programs, workload management,

mentoring systems, access to instructional technologies, and quality assurance initiatives. Addressing these concerns is essential for sustaining teaching effectiveness and improving student academic and clinical outcomes.

Discussion

The study's findings affirm that faculty competence is a significant factor in promoting quality nursing education. The high level of competence demonstrated by nursing faculty across educational qualifications, teaching experience, and instructional strategies suggests that faculty members possess the necessary professional and pedagogical foundations for effective teaching. This finding is consistent with Hull (2024), who described academic clinical nurse educator competence as a multidimensional construct involving knowledge, skills, attitudes, professional behaviors, mentoring ability, and assessment competence. Similarly, Kaarlela et al. (2022) emphasized that competent clinical nurse educators play a vital role in supporting students' learning, professional development, and clinical training experiences.

The positive perception of students toward faculty competence further indicates that teaching effectiveness is not measured only by formal qualifications but also by how students experience instruction, supervision, communication, and feedback. Students are more likely to perceive faculty as competent when instructors demonstrate content mastery, clear explanations, fairness in assessment, professional conduct, and genuine support for learning. This supports Leighton et al. (2022), who argued that clinical nurse educator competence includes not only expertise in nursing practice but also the ability to facilitate student learning and evaluate performance effectively. In this study, students' favorable perceptions suggest that faculty members were able to translate their competence into observable teaching behaviors.

The significant relationship between faculty competence and academic performance indicates that competent faculty members contribute meaningfully to students' classroom learning and academic achievement. Faculty who use effective instructional strategies, communicate concepts clearly, and provide structured learning experiences help students understand complex nursing theories and principles. This finding aligns with Fooladi et al. (2022), who found that undergraduate nursing students' academic and clinical performance is influenced by educator qualities, curriculum structure, support systems, and learning environment. Thus, academic performance in nursing education may be strengthened when faculty members are pedagogically prepared, professionally responsive, and capable of providing continuous academic support.

The significant relationship between faculty competence and clinical performance is equally important, as nursing education requires students to apply theoretical knowledge in real or simulated clinical contexts. Clinical performance depends on students' ability to demonstrate clinical judgment, technical skills, communication, patient safety, ethical conduct, and professional behavior. The findings suggest that competent faculty members help students develop these competencies through supervision, demonstration, feedback, and role modeling. This is consistent with Gcawu and van Rooyen (2022), who identified effective clinical teaching practices, including clinical orientation, feedback provision, work-based assessment, professional modeling, and simulation-based learning. Hobenu et al. (2025) also emphasized that clinical teaching and learning are enhanced through structured clinical placement, simulation, curriculum scaffolding, interprofessional learning, and technology integration.

The results further suggest that faculty competence serves as a bridge between classroom instruction and clinical application. In nursing education, students must not only remember concepts but also apply them in patient care situations. Faculty members who can integrate theory and practice are therefore essential in developing students' readiness for professional nursing roles. This supports the argument that faculty competence should be

viewed as both academic and clinical in nature. A faculty member may possess strong content knowledge, but without competence in clinical supervision, assessment, and feedback, student learning may remain incomplete. Conversely, strong clinical expertise must be complemented by effective pedagogy to ensure that students can meaningfully process and apply their learning.

The challenges identified in the study—workload demands, technological adaptation, and limited professional development opportunities—are also consistent with recent literature on health professions education. Heavy workload can limit faculty engagement in curriculum innovation, research productivity, mentoring, and continuing professional education. This may affect long-term teaching effectiveness, especially in nursing programs where faculty members are expected to perform multiple roles as teachers, clinical supervisors, researchers, advisers, and evaluators. Cotta et al. (2024) emphasized that faculty development programs in health professions education improve teaching behavior, teaching quality, leadership, educational skills, and self-evaluation. Therefore, institutions must treat faculty development not as an optional activity but as a strategic quality assurance mechanism.

Technological adaptation also emerged as a relevant concern. The increasing use of flexible learning, online platforms, simulation tools, digital assessment, and technology-supported clinical instruction requires faculty members to continuously develop digital teaching competence. Jobst et al. (2022) argued that nurse educators and clinical mentors need digital competencies to prepare students for technology-driven healthcare environments. Shon et al. (2024) similarly identified digital pedagogy, digital resource mobilization, assessment ability, and learner empowerment as important components of nursing faculty development. In this context, technological competence becomes part of contemporary faculty competence in nursing education.

The findings also have implications for policy and quality assurance in Philippine nursing education. Recent higher education policies emphasize flexible delivery, quality assurance, program readiness, and institutional accountability in health-related programs. CHED Memorandum Order No. 17, series of 2022, highlights the importance of quality and quality assurance in Philippine higher education institutions, while CHED Memorandum Order No. 19, series of 2022, addresses the offering of new Bachelor of Science in Nursing programs. These policy directions reinforce the need for nursing institutions to maintain qualified faculty, ensure effective instruction, strengthen clinical training, and support continuous professional development. In this regard, faculty competence is directly connected to institutional quality assurance and student outcome improvement.

Overall, the findings confirm that faculty competence significantly influences both academic and clinical performance among nursing students. The results support the view that competent nursing faculty members are essential to producing students who are academically prepared, clinically capable, and professionally ready for nursing practice. However, sustaining faculty competence requires systematic institutional support. Nursing institutions should strengthen faculty development programs, reduce barriers related to workload, improve access to digital tools, provide mentoring systems, and promote continuous professional education. These interventions may enhance instructional effectiveness, improve clinical supervision, and contribute to better student learning outcomes.

Conclusion

The study concludes that faculty competence is a significant determinant of student success in nursing education. Nursing faculty demonstrated a high level of competence in terms of educational preparation, teaching experience, instructional strategies, clinical supervision, communication, assessment practices, and professional behavior. These competencies enabled faculty members to support students' academic learning and clinical skill development,

particularly in areas that require integrating theoretical knowledge, clinical judgment, patient safety, and professional nursing practice.

The findings further indicate that students generally perceived their nursing instructors as competent, effective, and supportive of learning. This suggests that faculty competence was not limited to formal qualifications but was also manifested through teaching clarity, feedback practices, professional conduct, clinical guidance, and the ability to connect classroom instruction with actual nursing practice. Positive student perceptions of faculty competence may strengthen students' motivation, confidence, and readiness to perform in both academic and clinical environments.

The significant positive relationship between faculty competence and academic performance confirms that competent faculty members contribute to students' mastery of nursing concepts, course outcomes, and theoretical foundations. Likewise, the significant positive relationship between faculty competence and clinical performance demonstrates that effective faculty supervision, mentoring, demonstration, and evaluation are essential in developing students' clinical skills, professional behavior, and practice readiness.

The study also concludes that sustaining faculty competence requires continuous institutional support. Although faculty members demonstrated high competence, challenges such as workload demands, technological adaptation, and limited professional development opportunities may affect instructional quality if not properly addressed. Therefore, faculty competence should be treated as a continuing priority in quality assurance in nursing education. Strengthening faculty development, clinical teaching preparation, digital teaching competence, workload management, and institutional support mechanisms is necessary to sustain teaching effectiveness and improve student outcomes.

Overall, the study affirms that competent nursing faculty are essential to producing academically prepared, clinically competent, and professionally responsive nursing graduates. The findings provide evidence that improving faculty competence can meaningfully contribute to improved academic achievement, stronger clinical performance, and enhanced quality of nursing education.

Recommendations

Based on the findings and conclusions of the study, the following recommendations are proposed:

1. Strengthen Faculty Development Programs

Nursing institutions should implement regular and evidence-based faculty development programs focused on instructional strategies, clinical teaching, outcomes-based education, assessment construction, feedback delivery, simulation-based instruction, research capability, and student mentoring. These programs should be institutionalized rather than conducted only as occasional seminars. Continuous faculty development is necessary because faculty competence directly influences both academic and clinical student outcomes.

2. Enhance Clinical Teaching and Supervision Competence

Faculty members assigned to clinical supervision should be provided with training on clinical teaching methods, bedside teaching, student evaluation, patient safety monitoring, feedback mechanisms, and professional role modeling. Since clinical performance is significantly associated with faculty competence, institutions should ensure that clinical instructors possess

not only nursing expertise but also pedagogical competence in guiding students in real or simulated clinical environments.

3. Improve Digital Teaching Competence

Nursing faculty should be trained in the use of digital learning platforms, simulation technologies, online assessment tools, electronic learning resources, and technology-supported clinical instruction. This recommendation addresses the challenge of technological adaptation and supports the increasing demand for flexible, blended, and digitally enhanced nursing education.

4. Establish a Faculty Mentoring and Peer Coaching System

Institutions should develop a mentoring system where experienced faculty members guide novice or less experienced instructors in lesson planning, clinical supervision, assessment design, student engagement, and research productivity. Peer observation and coaching may also be used to improve teaching practices, promote reflective teaching, and strengthen professional collaboration among nursing faculty.

5. Review Faculty Workload Distribution

Administrators should review teaching loads, clinical supervision assignments, research expectations, committee work, and student advising responsibilities to prevent excessive workload. Balanced workload distribution may give faculty members more time for lesson preparation, student consultation, clinical monitoring, research, and professional development.

6. Institutionalize Student Feedback Mechanisms

Nursing programs should regularly collect and analyze student feedback on faculty competence, teaching effectiveness, clinical guidance, communication, fairness in assessment, and learning support. Feedback results should be used constructively for faculty improvement planning, not merely for compliance or performance evaluation.

7. Strengthen Quality Assurance in Nursing Instruction

The nursing program should integrate faculty competence indicators into its internal quality assurance system. This may include regular review of faculty credentials, teaching performance, clinical supervision effectiveness, assessment practices, professional development participation, and student performance trends. These mechanisms will help ensure that faculty competence remains aligned with institutional and regulatory quality standards.

8. Support Continuing Professional Education and Advanced Studies

Faculty members should be encouraged and supported to pursue graduate education, professional certifications, specialized clinical training, research engagement, and continuing professional development activities. Institutional support may include scholarships, study leave, workload adjustment, research incentives, and funding for conferences or training programs.

9. Improve Instructional and Clinical Learning Resources

Nursing institutions should provide adequate teaching materials, simulation equipment, skills laboratory resources, clinical evaluation tools, digital platforms, and updated references. Faculty competence is strengthened when instructors are supported by appropriate instructional resources and learning environments.

10. Conduct Further Research

Future researchers may conduct studies involving a larger sample size, multiple nursing institutions, and additional variables such as student motivation, learning environment, clinical placement quality, faculty workload, institutional support, and digital readiness. Future studies may also use mixed-methods or longitudinal designs to generate deeper evidence on how faculty competence influences student development over time.

Proposed Action Plan

Key Area	Recommended Action	Expected Output
Faculty development	Conduct regular training on pedagogy, clinical teaching, assessment, and mentoring	Improved teaching effectiveness
Clinical supervision	Provide training on feedback, clinical evaluation, and patient safety supervision	Stronger student clinical performance
Digital competence	Train faculty on LMS use, simulation, and digital assessment	Improved technology-supported instruction
Workload management	Review faculty teaching, clinical, research, and committee assignments	Reduced workload-related barriers
Quality assurance	Integrate faculty competence indicators into program evaluation	Sustained instructional quality
Student feedback	Implement regular student evaluation of teaching and clinical supervision	Evidence-based faculty improvement
Research and CPD	Support graduate studies, research, and professional training	Continuous professional growth

AI DECLARATION STATEMENT

AI tools were used only for grammar refinement, formatting, and manuscript organization. The data, analysis, interpretation, and conclusions remain the sole responsibility of the author.

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