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Lived Experience of Nurse Educators in the Implementation of the CHED Memorandum Order 15, Series of 2017

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Abstract. This qualitative phenomenological inquiry sought to illuminate the real-world experiences of nurse educators in the implementation of the Commission on Higher Education (CHED) Memorandum Order (CMO) No. 15, series of 2017, which mandates the transition to an Outcomes-Based Education (OBE) framework in all nursing programs across the Philippines. Using purposive sampling, eight nurse educators from a local nursing school in Bacolod City were selected as participants. Data were gathered through in-depth interviews to capture their insights, challenges, and transformative experiences during the implementation process. The study identified four central findings that emerged from the narratives of the participants: (1) Pursuing Excellence in Nursing Education, (2) Recognizing the Valuable Support Received, (3) Transitioning from Competency-Based to Outcomes-Based Education, and (4) Sustaining Nursing Education Through Collaboration. In light of these findings, it is recommended that nursing schools nationwide strengthen institutional mechanisms that promote faculty development, collaboration, and administrative support to ensure the successful and sustainable implementation of OBE.

Keywords. CHED Memorandum Order 15, series of 2017

Introduction

Background of the Study

The fundamental focus of nursing education programs is to produce nursing professionals who are clinically competent and capable of delivering quality and safe patient care. This goal can only be achieved through the competence and dedication of nursing faculty. A balanced experience in both theoretical instruction and clinical practice is an important consideration for nurse educators. Faculty members with extensive clinical and academic experience contribute significantly to producing a nursing workforce that applies theoretical knowledge and clinical skills in real-world healthcare settings (Appiah, 2020).

Globally, there is a growing recognition of the correlation between the quality of nursing education and improved healthcare outcomes. According to the World Health Organization (WHO, 2020a), 91% of countries reported that standards exist for nursing education, yet there is considerable variation in the level and quality of registered nurse

education between regions and countries. Shaffer and Dutka (2013) further emphasize that such variations exist not only between countries but often within a single country, leading to inconsistencies in nursing education quality and outcomes. These disparities are concerning, given the complex demands of healthcare systems that require nurses to make higher-level decisions, demonstrate clinical judgment, and engage in team leadership (Baker et al., 2020). Additionally, the increasing mobility of the nursing workforce, with one in eight nurses practicing outside their country of birth or education, underscores the need for harmonized, high-quality nursing education standards (WHO, 2020b).

In the Philippines, the nursing education program is well-established, with many institutions accredited by national agencies. A study by Appiah (2020) found that the teaching experience of instructors had a significant relationship with the perceived quality of nursing education programs in the country. This finding emphasizes the critical role of experienced nurse educators in maintaining the quality of nursing education. Republic Act 9173, also known as the Philippine Nursing Act of 2002, supports the development of nursing education by promoting professional growth and ensuring quality standards in nursing practice and education (Congress of the Philippines, 2002).

The implementation of the Commission on Higher Education (CHED) Memorandum Order (CMO) No. 15, series of 2017, marks a significant shift in nursing education in the Philippines. It introduces an outcomes-based approach that requires higher education institutions (HEIs) to align their curricula with competency outcomes that reflect the changing demands of healthcare (CHED, 2017). This shift presents challenges for nurse educators who have to adapt their teaching strategies, revise curricula, and integrate evidence-based practices into their instruction (Lapeña-Mondia et al., 2020).

Despite these developments, there is limited research exploring the lived experiences of nurse educators in implementing CMO 15, series of 2017. While existing literature discusses the general challenges faced by nurse educators, such as role strain, workload, and the need for professional development (Mahdieh et al., 2018; Younas et al., 2019), specific studies focusing on the Philippine context and CMO 15 remain scarce. This gap highlights the need for further investigation into the unique experiences and coping mechanisms of Filipino nurse educators during this policy implementation.

Understanding the real experiences of nurse educators in adapting to the new standards is crucial for informing faculty development plans and support systems. Such insights could contribute to the enhancement of teaching strategies, the promotion of professional growth, and the assurance of high-quality nursing education (Clark et al., 2010). This study aimed to address the gap in the literature by exploring the lived experiences of nurse educators during the implementation of CMO 15, series of 2017. It sought to provide a deeper understanding of their challenges, coping strategies, and the support they received, which might inform future policies and programs that enhanced the roles and competencies of nurse educators.

Furthermore, exploring both the challenges and advantages brought about by the implementation of CMO 15 could provide valuable insights into improving teaching strategies, enhancing student outcomes, and refining curricular activities. The findings of this study hope to ultimately contribute to the development of comprehensive faculty development plans and effective support systems that foster the professional growth of nurse educators and ensure the delivery of high-quality nursing education in healthcare settings.

Statement of the Problem

This study aimed to explore the lived experience of nurse educators in the implementation of the CMO 15, series of 2017.

Theoretical Framework

Roy's Adaptational Model is employed as the principal theoretical framework to structure the investigation into the lived experiences of nurse educators during the adoption of CMO 15, series of 2017. This model, rooted in the concept of adaptation as a fundamental aspect of human behavior, offers a lens through which to understand how nurse educators navigate and respond to the challenges and changes introduced by the policy. Roy's model theorized that individuals strived for adaptation through the interplay of four adaptive modes: physiological, self-concept, role function, and interdependence. Applied to the context of CMO 15, series of 2017, the physiological mode encompasses the physical and emotional responses of nurse educators, while the self-concept mode delves into how their identity and perceptions may have been influenced. The role function mode explores the adjustments in their professional roles, and the interdependence mode considers the impact on their relationships within the academic community. Utilizing Roy's Adaptational Model, the study has investigated the interrelation of the adaptive modes to achieve a deeper understanding of the nurse educators' adjustment and experience concerning CMO 15, series of 2017.

Meleis' Theory of Transitions provides a comprehensive framework for understanding the experiences of nurse educators during the implementation of CMO 15, series of 2017. According to Meleis, transitions involve dynamic processes encompassing movement from one state to another, influenced by individual characteristics, transition conditions, transition processes, and transition outcomes. In the context of this study, the implementation of CMO 15, series of 2017 represents a significant transition for nurse educators within educational institutions. Such transition conditions include individual factors, such as the educators' level of experience and expertise, nature of policy changes, and organizational context in which the implementation occurs.

As nurse educators navigate through the transition process, they engage in various cognitive, emotional, and behavioral processes outlined by Meleis, including recognizing the need to adapt to new policies, seeking out information and support to understand the changes, engaging in professional development activities, and integrating the policy changes into their teaching practices. By exploring the nurse educators' experiences during this shift, the study seeks to identify the resulting favorable and unfavorable consequences. Positive outcomes include increased professional growth, enhanced teaching effectiveness, and improved student learning outcomes. However, negative outcomes, such as resistance to change, feelings of uncertainty or stress, and difficulties in adapting to new requirements also emerge.

By applying Meleis' Theory, this study seeks to offer insights into the complex processes underlying transitions in educational settings, providing guidance for policymakers and educational leaders in effectively supporting nurse educators through periods of policy change and implementation. Understanding the experiences of nurse educators within the theoretical framework of Meleis' Theory could illuminate the multifaceted nature of transitions and inform strategies to facilitate successful adaptation and integration of new policies within nursing education institutions.

Conceptual Framework

The research has explored the lived experiences of nurse educators during the adoption of CMO 15, series of 2017, to determine how these experiences could potentially influence on the success of nursing education delivery. By integrating phenomenological and social constructivist perspectives, this framework analyzes the interactions between the educators' personal experiences and their professional challenges and successes in implementing the policy. The insights gained could serve as the foundation for creating tailored faculty development programs that address the specific needs and circumstances of nurse educators, ultimately enhancing the effectiveness of the teaching and learning process.

The conceptual framework for understanding the lived experience of nurse educators during the implementation of CMO 15, series of 2017 integrates key components to provide a comprehensive perspective. At its core is the contextual backdrop of CMO 15, series of 2017, delineating the policy's specific provisions and requirements. Embedded within this context are the individual characteristics of nurse educators, including their professional background, years of experience, and personal attributes.

The framework incorporates the organizational context, encompassing the institutional policies, support structures, and resources available to nurse educators. This layer recognizes the influence of the academic environment on their experiences and responses to CMO 15. The organizational context interacts with the personal characteristics of educators, influencing how they perceive and navigate the policy's implementation.

Central to the framework is the dynamic process of adaptation, drawing on Roy's Adaptational Model. This process considers how nurse educators respond physiologically, emotionally, and professionally to the changes introduced by CMO 15. It takes into account their evolving self-concept, role adjustments, and interdependence within the academic community. Additionally, Benner's Theory of Novice to Expert contributes to the conceptual framework by recognizing the varying levels of expertise among nurse educators. Novices may have grappled with the policy's intricacies, while experts leverage their experience to navigate the changes more adeptly.

Ultimately, this conceptual framework aims to elucidate the multifaceted nature of the lived experience of nurse educators during the implementation of CMO 15, series of 2017, capturing the interplay between policy, individual characteristics, organizational dynamics, and the adaptive processes that shape their professional journey. Understanding the experiences of nurse educators could help students gain insights into the teaching methods, challenges, and best practices in nursing education. This knowledge hopes to enhance the overall learning experience and help students adapt their approach to learning.

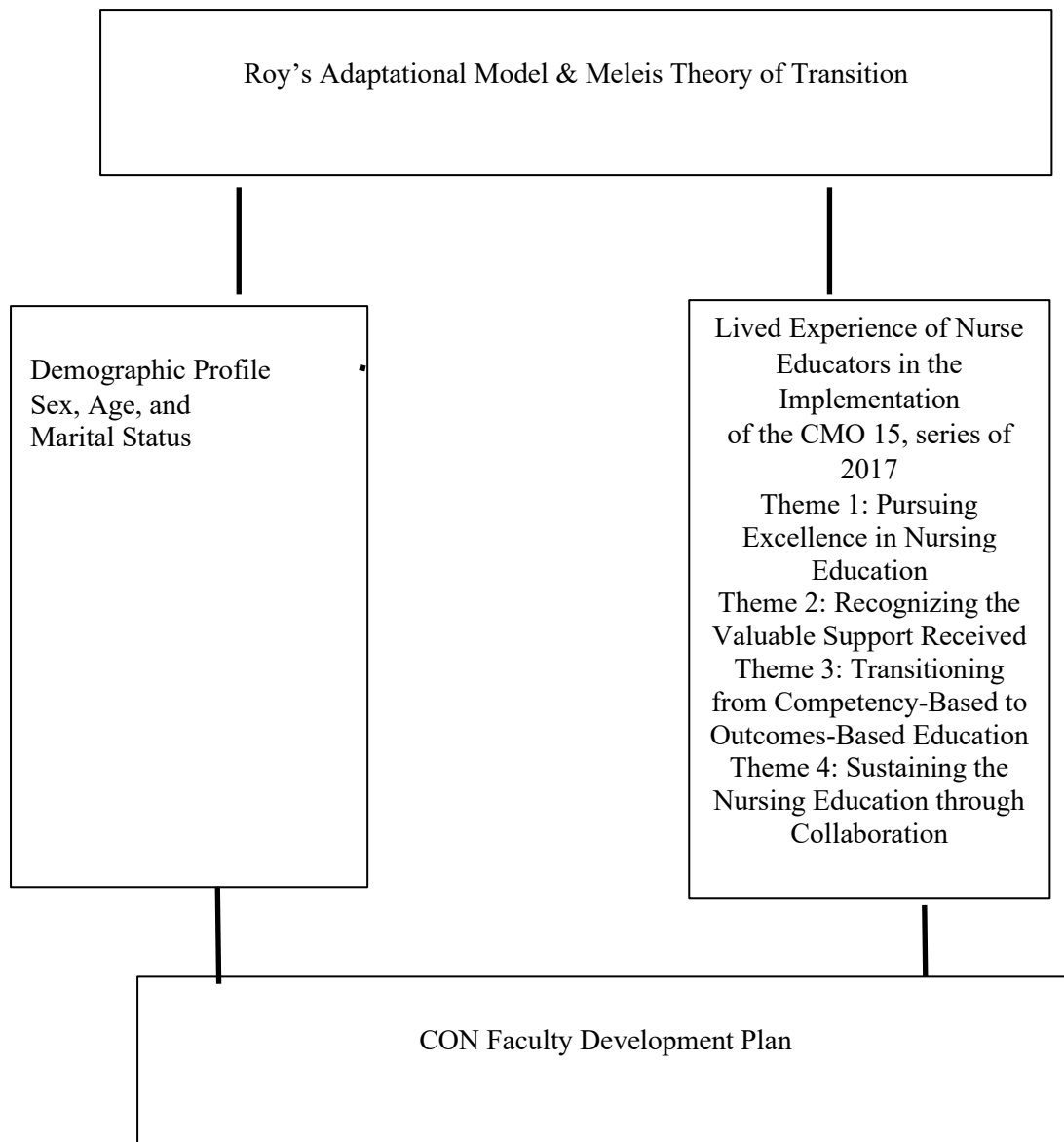


Figure 1. Schematic Diagram of the Conceptual Framework.

The theoretical and conceptual frameworks are appropriate even though the research design is phenomenological and qualitative. The inclusion of these sections complies with both the Institutional Research Format and the College of Nursing Research Format.

Scope and Limitations

A phenomenological methodology was utilized to investigate the real-world experiences of nurse educators concerning the adoption of CMO 15, series of 2017. The research focused on the views, perceptions, challenges, and adaptation methods of eight nurse educators, purposively selected to represent a range of academic levels within the profession. Specifically, the sample included educators from levels 1, 2, 3, and 4, with a distribution of 2, 2, 2, and 2 participants, respectively. All participants were actively employed nurse educators during the data collection period. To ensure a diverse perspective, the study aimed to represent

various levels of academic experience. Participants were selected based on the following criteria: (a.) actively employed as a nurse educator in the Philippines during the data collection; (b.) possessed experience with the implementation of CMO 15, series of 2017 and CMO 14, series of 2009; and (c.) willing to participate in an in-depth, face-to-face interview. The exclusion criteria were: (a.) nurse educators not directly involved in the implementation of CMO 15, series of 2017 and (b.) individuals unwilling or unable to provide informed consent.

The option to discontinue participation was available to all participants at any time, with no sanctions imposed. Upon withdrawal, the participant's collected data would be immediately purged from the study records. Data were gathered through in-depth, face-to-face interviews. To ensure data privacy and protect the identity of the participating institution(s), the specific name of the university or college was not disclosed in the study. Instead, the participating institutions were referred to as 'participating educational institutions' or by a generic identifier. The research focused on the general experiences of nurse educators within the context of CMO 15 implementation, rather than on specific institutional practices.

The study was conducted between March and June 2025. Due to the small sample size of eight nurse educators, the findings of this study, though valuable, are specific to their lived experiences and cannot be readily generalized to the broader population of nurse educators across the Philippines. However, it could provide valuable insights into the phenomenological experiences of educators navigating the implementation of CMO 15, series of 2017.

Significance of the Study

The findings of this study may be significant to the following:

School Administrators. The findings of this study may equip school administrators with a profound understanding of the challenges and successes faced by nurse educators, enabling them to tailor faculty development plans, policies, provide targeted support, and enhance the overall academic environment. Ultimately, the study serves as a strategic tool for administrators to foster a more responsive and empowering educational landscape in alignment with the dynamic demands of the CMO 15 Series of 2017.

College of Nursing Officers. The result of the study may yield essential data on the nurse educators' experience during the implementation of CMO 15, series of 2017 to guide the development of tailored faculty development programs, promoting the growth and proficiency of educators within the institution. Incorporating insights into quality assurance processes could ensure compliance with educational standards, enhancing the College of Nursing's accreditation and reputation. Additionally, the study may include strategic planning, leading to the implementation of supportive policies that prioritize the well-being and professional development of nurse educators, thereby fostering a positive and nurturing educational environment.

Nurse Educators. This study may provide valuable insights for nurse educators to improve the quality of nursing graduates through a more engaging and effective teaching practice, thus enhancing the global competitiveness of Filipino nurses. By demonstrating the benefits of adopting CMO 15, the study may encourage wider acceptance and effective implementation of the OBN framework in Philippine nursing education.

Students. Understanding the experiences of nurse educators may help students gain insights from the teachings, challenges, and best practices in nursing education. This knowledge may enhance their overall learning experience and help them adapt to learning.

Future Researchers. Findings of this study may benefit greatly from this insightful analysis of nurse educators' real-world experiences implementing CMO 15. It offers a starting

point for more research on the long-term effects of CMO 15 or other stakeholders' experiences. Future studies on educators' experiences during policy changes can be modeled after this research design. The results could contribute to a deeper comprehension of nursing education reform and aid in the elaboration of future research issues. In the end, this research adds to the body of knowledge in nursing education, guiding future policy implementation best practices and developing a more robust nursing workforce.

Definition of Terms

The following terms commonly used in this study are defined conceptually and operationally:

Age. Fundamentally, it is a biological measure defining the duration between an organism's birth and death, typically quantified in years. Although it possesses an objective basis, a universally shared count of elapsed years, age is also significantly shaped by subjective interpretations and socially constructed meanings (Sociology Plus, October 14, 2022). In this study, it refers to the age of the participants at the time of the study, ranging from 30 to 59 years old.

Civil Status. Conceptually, the term is defined as the marital status of each individual in relation to the marriage laws or customs of the country, i.e., never married, married, widowed and not married, divorced and not remarried, married but legally separated, or in a de facto union (Canadian Institute of Health Research, 2019). In this study, it refers to faculty members who are either single or married.

Implementation. Conceptually, it is defined as the execution or practice of a plan, method, or any design, idea, model, specification, standard, or policy for doing something. As such, implementation is the action that follows any preliminary thinking or planning (<https://www.techtarget.com>). In this study, it refers to the pursuance of CHED Memorandum Order No. 15, series of 2017, in the HEIs' Nursing Programs.

Lived Experience. It refers to the subjective, firsthand encounters and perceptions of individuals within a particular context or situation. It encompasses the unique perspectives, emotions, challenges, and insights that individuals gain through direct engagement with events, circumstances, or phenomena (Doe & Smith, 2021). Lived experience is often valued for its depth and authenticity, providing rich qualitative data that can illuminate complex phenomena and inform understanding. In the context of this study, it refers to the firsthand encounters, perceptions, and reflections of nurse educators regarding their engagement with the implementation of CHED Memorandum Order 15, series of 2017. This includes the specific challenges, successes, emotions, and insights that nurse educators encounter during their involvement in the implementation process.

Nurse Educator. It refers to an individual who specializes in teaching and educating aspiring nurses and current nursing staff on various aspects of healthcare practice, theory, and skills (Smith & Jones, 2020). Nurse educators play a crucial role in shaping the future of nursing by imparting knowledge, fostering critical thinking skills, and promoting evidence-based practices among nursing students and practitioners. In this study, it refers to faculty members who are employed full-time and possess a minimum of five years of clinical teaching experience at the University of St. La Salle.

Sex. It refers to the biological designation of an individual, determined by a specific set of physical and physiological factors. These defining components include chromosomal configuration, gene expression patterns, circulating hormone levels, and the resulting

reproductive anatomy (male or female) (<https://cihr-irsc.gc.ca>, n.d.). In this study, the same meaning is employed, referring to either male or female nurse educators.

Tenure. Job tenure refers to the length of employment (Ng & Feldman, 2013). In this study, this term refers to the measure of a nursing faculty member's years of experience, defined as the total number of years they have worked in the nursing field, including clinical, teaching, or administrative roles within healthcare or academic sectors. This measure encompasses the time spent actively engaged in nursing-related activities or positions.

Review of Related Literature

This section presents an extensive discussion of key concepts and studies pertinent to the present investigation.

Demographic Profile of Nurse Educators

The purpose of this study was to investigate the relationship between gender and marginalization in nursing academia. Men continued to be significantly underrepresented in nursing academia because they experienced numerous barriers to their integration and success in the profession. A descriptive cross-sectional design was implemented in this pilot study to investigate differences in perceived marginalization between male and female faculty teaching in Commission on Collegiate Nursing Education-accredited colleges. Marginality was measured using the Englund Marginality Index (EMI). Male nursing faculty participants reported higher scores on the EMI ($M = 43.6$, $SD = 9.9$) than female faculty ($M = 37.2$, $SD = 9.6$), $t(1428) = 6.0$, $p < .001$. As the nursing faculty shortage continued to increase, leaders in nursing education had to steer their efforts toward attracting a more robust and diverse faculty population (Englund et al., 2023).

Nurse Educators' Years of Experience

Many nurse educators are reluctant toward technology changes and viewed it as a burden. An emerging crisis factor among nursing colleges was the average age of faculty members being older than 51 years. The purpose of this study was to describe nurse faculty preferences about the use of technologies and to examine relationships between their preferences and years of experience. One hundred eighteen faculty members from a midwestern US nursing college participated in national studies on faculty technology use across two years. The results indicated negative relationships between years of faculty experience and attitudes toward the value of obtaining increased skills for technology integration within the curriculum. Newer faculty members were more likely than experienced faculty to have positive attitudes toward increased technology use and adoption.

Providing faculty with opportunities to foster innovative integration of technology was encouraged. Future research was needed to explore links between faculty experience, age, and attitudes toward technology adoption (Journal of Nursing Educators, 2017). When novice nurse educators crossed over into the academic threshold, they entered into a state of culture shock. The tenets of teaching, research, and service combined with the expectations of mastering clinical and academic competencies overwhelmed new nurse educators. A successful synergistic mentor-mentee relationship was essential for a positive transition to the educator role. This lighthearted adventure of Alice entering Wonderland University was intended to provide a humorous simile for both new nurse educators and tenured faculty. It was also the intent of the authors to let new nurse educators know that they were not alone in their frustration during the acclimation process to the multitude of role changes they were expected to master (McFadden et al., 2017).

Transitioning from Clinical Practice to Academia

Approximately, 37% of tenured or tenure-track nursing faculty in universities had a terminal degree at the master's level. Often, these faculty members entered an academic culture devoid of the socialization that their doctoral-level colleagues had experienced in graduate school. Embedded in the doctoral culture was an awareness of the rigorous path to promotion and tenure, both of which were necessary for retention at the university. Achievement of rank and tenure relied on standards quite different from promotion in clinical or practice settings. The authors offered an informative and reflective framework for new faculty. It introduced novice educators to the values of the university and role transition, suggested methods for success, and contained personal reflections of the first year on the tenure track (Clark et al., 2010).

Quality of Nursing Education Program in the Philippines

The subject of continuous improvement in the quality of nursing education programs is an extremely sensitive issue worldwide, particularly in the Philippines where a high number of trained registered nurses are exported to both developed and developing countries. The assessment of the quality of nursing education programs is usually measured using pass rates in licensure examinations by several government organizations. However, few studies had indicated that various categories of faculty members viewed the quality of nursing programs differently. This study probed further and determined whether the quality of nursing education programs differed according to the profile of faculty members in Philippine colleges of higher education (Appiah, 2020).

A cross-sectional survey design was employed in this study. One hundred eighty-five faculty members from 15 higher education institutions were selected using purposive-census sampling. The study was conducted from January 1 to June 30, 2017. Data were collected using close-ended structured questionnaires developed based on the study objectives. Frequencies and percentages were used to analyze the profile of faculty members, while weighted means from a four-point Likert scale were used to interpret the extent of perceived quality of the nursing education program (Appiah, 2020). The majority of faculty members had 1–5 years of clinical experience (39%) and 6–10 years of teaching experience (46%). Faculty members strongly agreed, with a grand weighted mean of 3.84 out of 4.00, that the nursing education program in the Philippines is of good quality and comparable to programs in universities worldwide. Teaching experience showed significant relationships with several aspects of program quality, including mission/vision/goals/objectives ($p = 0.008$), curriculum and instruction ($p = 0.038$), administration of the nursing program ($p = 0.025$), faculty development programs ($p = 0.003$), physical structure and equipment ($p = 0.016$), student services ($p = 0.017$), admission of students ($p = 0.010$), and quality assurance systems ($p = 0.009$) (Appiah, 2020). Faculty members strongly perceived the nursing education program to be of good quality in this study. Teaching experience of instructors showed a significant relationship with the quality of the nursing education program in all the quality assessment indicators. However, clinical experience and job category of faculty members indicated that the quality of nursing education programs was the same throughout all higher educational institutions. The study implied that teaching experience of faculty members was a strong predictor of the quality of nursing education program and that employing faculty experienced in teaching was substantial for the continuous improvement of nursing education program (Appiah, 2020).

Stress Levels and Coping Strategies of Nurse Educators

Nursing students face significant stress in their clinical learning environment and used coping strategies to alleviate such stresses. However, little empirical evidence exists about the evolution of such stresses and coping strategies across study years. The aim of this study was to explore changes in stress levels and coping strategies among nursing students in the clinical learning environment. Nursing students (N = 131) were followed during their first and second study years. Descriptive statistics and paired sample t-tests were used to measure changes in the variables within the same cohort. Nurse students perceived more stress in their second clinical practice compared to the first, with mean scores of 1.03 and 1.66, respectively. Stress from lack of professional knowledge and skills remained the main stress factor, while transference was the main coping strategy across the two study years. Nursing educators were encouraged to support nursing students in developing effective coping strategies for clinical stressors, especially stressors such as lack of professional knowledge and skills, and to prepare their students mentally for clinical placement (Bhurtun, 2020).

Job Satisfaction and Factors Affecting Satisfaction Among Nurse Educators

The study sought to answer the following two questions: Were nurse educators satisfied with their job? What were the factors affecting job satisfaction in nurse educators? Nurse educators' job satisfaction played a significant role in the efficiency and performance of nursing schools. Identifying the factors affecting job satisfaction in nurse educators was essential to improving their quality of work and ultimately training efficient students and nurses. The systematic review searched databases including PubMed, Medline, Cochrane Library, Scopus, Web of Science, Science Direct, ProQuest, Google Scholar, and SID for articles published up to April 24, 2018, using keywords including Nurse Teachers, Nurse Faculty, Academic Nurses, Nurse Educators, Dis/Satisfaction, Work, Career, Professional, Practice, and Job. Of the total 971 articles extracted, only 74 remained for the final analysis after the qualitative assessment. The articles included in the analysis investigated the relationship between job satisfaction and its contributing factors rather than providing an accurate report on job satisfaction. Nonetheless, a number of the articles reported fairly to very favorable levels of job satisfaction. The factors affecting nurse educators' job satisfaction were categorized into six levels, including personal, organizational, managerial, academic, professional, and economic levels (Mahdiah et al., 2018).

Although job satisfaction was reported relatively well among nurse educators, this condition depended on several indices. The lack of positive steps toward job satisfaction in nurse educators led to destructive behaviors and turnover intentions. Meanwhile, it was the satisfied educators who trained competent nurses (Mahdiah et al., 2018).

The need for registered nurses in the United States has continued to grow. To meet this need for increased numbers of nurses, recruitment and retention of qualified nurse educators become a priority. In addition, the factors associated with nursing faculties' intent to stay emerge as important considerations for administrators. The concepts of job satisfaction and intent to stay become vital to recruiting and retaining nursing faculty. In the past decade, few empirical studies were conducted on a national scale to address job satisfaction and intent to stay in academia. The purpose of this retrospective study was to analyze variables of relationships with nurse faculty job satisfaction and intent to stay from data collected throughout the United States. The Collaborative on Academic Careers in Higher Education (COACHE) survey was employed for the purposes of this study. Over 1,350 nurse educators were included in the survey. The findings supported a variety of modifiable variables viewed as important by nursing faculty.

The strongest relationship was found to be institutional leadership. The implications informed academic administrators seeking to retain nursing faculty (Peggy et al., 2017).

Teaching Strategies for Nurse Educators

The study aimed to explore and describe the best available literature on evidence-based teaching strategies used by nurse educators. Evidence-based teaching strategies in nursing education were fundamental to promoting an in-depth understanding of information. Although some teaching strategies for nurse educators were identified, no integrative literature review had summarized the best teaching strategies for nurse educators. Sixteen studies were included, encompassing eight teaching strategies (e-learning, concept mapping, Internet-based learning, web-based learning, gaming, problem-based learning, case studies, and evidence-based learning). Of these, three strategies (concept mapping, Internet-based learning, and evidence-based learning) significantly increased student knowledge. All teaching strategies increased knowledge to some extent, indicating that faculty should use a variety of teaching methods. However, more research was needed to compare the impact and optimal use of different teaching strategies (Cecile et al., 2017). This paper examined the use of case studies as teaching strategies to promote critical thinking. Critical thinking and case studies were defined as teaching methods. The benefits and limitations of case studies were also discussed. The literature review investigated studies that indicated how case studies facilitated and promoted active learning, helped clinical problem solving, and encouraged the development of critical thinking skills. Using case studies in teaching assisted nurse educators in promoting active learning; it helped in developing critical thinking skills, which were extremely important for nurses and other health care professionals (Inna, 2010).

Barriers to course content engagement and student learning in nursing education abound. Some of these barriers include content overload, classroom time constraints, and large student numbers. One way to overcome these issues is the implementation of active learning strategies in the classroom. Despite the positive learning outcomes associated with active learning strategies described in the education literature, traditional passive learning strategies continue to be used by nurse educators in the classroom. This article details the results of a pilot study using an active teaching strategy—an online discussion board—designed to improve the learning engagement of beginning nursing students enrolled in their first face-to-face nursing course. The results of the semester-long pilot study indicated a favorable student response to the active teaching strategy and improved overall success in the course by the students who participated fully in the online discussions (Kandi, 2014).

Benefits and Challenges of Clinical Nurse Educator Roles

Nurses successfully apply high quality of care in maintaining their competencies. The quality of nursing care is dynamic, and competency needs to be adapted. Besides, the presence of clinical nurse educators (CNEs) is able to strengthen nurses' knowledge and skills in the clinical setting. This study aimed to explore the benefits and challenges of CNEs. A qualitative exploratory design was used. Data were collected by focus group discussion with eight CNEs at Sanglah General Hospital Bali. Content analysis was used for analyzing the data. The findings suggested certain advantages for the hospital, such as continuing professional education and becoming a role model, greater incentive to learn, as well as personal rewards such as increased self-confidence, being appreciated, and trust. A lack of support from management related to educational preparation for this function, the ambiguous role, the necessity to continue giving direct care, and the CNE ratio with the number of nurses being unequal were some of the

challenges that arose. CNEs served a critical role in the clinical context. They helped nurses with ongoing education and competency maintenance. While numerous excellent outcomes developed for hospitals and CNEs personally, many of them confronted several obstacles in fulfilling their work properly (Nuryani et al., 2022).

Clinical teaching is an important component of clinical education. In nursing, clinical teaching is ensured by clinical nurse educators (CNEs). This study aimed at describing the major challenges faced by CNEs in Cameroon. In a qualitative study, supplemented with quantitative methods, CNEs were enrolled from three health districts to represent their frequency in Cameroon's health delivery system. A total of 56 CNEs participated in the study, of whom 58.9% acknowledged always facing challenges in clinical teaching and supervision. The major challenges identified were lack of opportunities to update knowledge and skills, students' lack of preparedness, and CNEs not being prepared for clinical teaching. CNEs attributed these challenges largely to the lack of incentives and poor health policies. CNEs in Cameroon indeed faced major challenges which were of diverse origins and could adversely affect teaching in clinical settings (Eta et al., 2011).

Nurse educators are required to equip students with adequate theoretical and practical knowledge to provide effective nursing care. Limited studies have explored educators' challenges while teaching students. Existing studies are limited because of small sample sizes, overreliance on qualitative approaches, and unreliable instruments that had not been tested. The study aimed to explore nurse educators' perspectives about their clinical and academic teaching, develop a questionnaire to determine educators' challenges, and develop a comprehensive understanding of educators' challenges (Younas et al., 2019).

Semi-structured interviews and surveys were used for data collection, and expert consultations were conducted for questionnaire development. Thematic analysis was applied for qualitative data, descriptive analysis for quantitative data, and joint display tables were used for mixed methods integration. Educators experienced workload and time constraints and struggled to effectively teach students due to inadequate student-educator ratios, underdeveloped curricula, inadequate resources, insufficient clinical teaching settings for skills and simulation labs, limited professional development opportunities, lack of autonomous decision-making, lack of educational, management, and research support from regulatory bodies, and lack of educational research (Younas et al., 2019).

Nurse educators' issues and challenges are persistent and require support from regulatory bodies and educational authorities. There is a need to develop policies to improve teaching and learning conditions for educators, provide them with opportunities to enhance their own learning, and opportunities to collaborate with other educators in order to better prepare student nurses (Younas et al., 2019). Nursing clinical education is an important part of education in nursing in which students obtain the necessary skills to care for patients. The aim of this study was to investigate the challenges of clinical education from the viewpoint of nursing educators and students. In this cross-sectional study, the required information was collected in the form of a census from nursing educators and students. Based on the census method, the research samples consisted of 163 nursing educators and students. The data collection tool was a researcher-made questionnaire. Data were analyzed using descriptive statistics and an independent t-test. The findings showed that, in the view of students, factors such as incongruity between educator's expertise and internship, lack of qualified educators, students' disinclination to study, lack of cooperation of health professionals, students' unawareness of their strengths and weaknesses, and lack of skilled clinical educators in the educational planning section were considered challenges (Hakin, 2023). According to the current challenges,

identifying and then modifying clinical education challenges led to achieving the educational goals and consequently, educating skillful personnel and supplying high-quality care services (Hakin, 2023).

A descriptive study was conducted to determine the difficulties that nurse instructors experienced in clinical education. The sample comprised 199 nurse academicians. A socio-demographic data collection form and survey on the difficulties that nurse instructors experienced in clinical education were used for data collection in an electronic environment. It was determined that the difficulties nurse instructors experienced included having a heavy workload (41.7%); providing clinical practice areas (30.29%); having an excessive number of students (64.8%); being able to implement the nursing care plan (25.6%); a poor physical environment in clinics; and difficulties with healthcare team members (29.7%). It was concluded that nurse instructors experienced some difficulties in clinical education and believed that these difficulties negatively affected teaching (Hakin, 2023).

Synthesis

A great deal of research on the continuous improvement in the quality of nursing education programs is an extremely sensitive issue worldwide, particularly in the Philippines where a high number of trained registered nurses are exported to both developed and developing countries. The assessment of the quality of nursing education programs is usually measured using pass rates in licensure examinations by several government organizations. However, few studies have indicated that various categories of faculty members view the quality of nursing programs differently. Many studies on nurse educators are continuously being probed further to determine whether the quality of nursing education programs differs according to the profile of faculty members. However, most studies are foreign and only few in the Philippines' colleges of higher education. Aware of the fact that there is a dearth of local literature, it is in great hope that the result of this study could be used as a resource to understand the lived experiences of nurse educators during the implementation of the CMO 15, series of 2017. It is hoped that this research would fill the data gaps.

Methods

Research Design

This research adopted a phenomenological qualitative design, delving into the depth of human experiences within the specified context. The chosen approach aimed to uncover and understand the underlying phenomena related to the subject matter. Phenomenological qualitative research is defined as a research approach that focuses on understanding and exploring individuals' lived experiences of a particular phenomenon. Rooted in philosophy, phenomenology seeks to uncover the essence of human experiences and how individuals make sense of the world around them. In qualitative research, phenomenology goes beyond merely describing observable behaviors; it delves into the subjective and personal meanings that individuals attach to their experiences (Trymata, 2023). In this qualitative study, Colaizzi's (1978) descriptive phenomenological approach was used to explore the lived experiences of nurse educators in implementing the CHED Memorandum Order No. 15, series of 2017. Colaizzi's method is appropriate as it provides a structured process for analyzing qualitative data, ensuring that the essence of participants' experiences is accurately captured. This approach involves a systematic seven-step process, including reading and re-reading transcripts, extracting significant statements, formulating meanings, clustering themes, developing an

exhaustive description, identifying the fundamental structure, and validating findings with participants (Colaizzi, 1978).

The primary method of data collection employed in this study was in-depth interview, allowing for a rich exploration of the participants' perspectives and insights. Through open-ended and probing questions, this qualitative approach sought to capture the nuanced aspects of individuals' experiences, providing a comprehensive understanding of the phenomena under investigation. Interviews are primarily done in qualitative research and occur when researchers ask one or more participants general, open-ended questions and record their answers.

Participants

To be eligible for participation in this study, participants had to meet specific inclusion criteria. The following were required: (1) Participants should either hold a full-time faculty position or serve as part-time within the College of Nursing in one of the universities in Negros Occidental. Additionally, two participants had to possess a minimum of five years of cumulative clinical teaching experience. The researchers welcomed participants of (3) any sex, aged between 30 and 59 years, regardless of their marital status, whether single or married. Participants had to have a (4) current teaching assignment in the Related-Learning-Experience (RLE), involving either Skills Laboratory (SL) or Clinical Exposure (CE). Moreover, (5) participants had to have been hired between 2010 and the present year. Above all, (6) participants had to express a willingness to actively engage in and contribute to the research study.

Certain criteria were established to exclude participants from this study. Those who (1) currently held administrative functions were deemed ineligible. (2) Retired-rehired Nurse Educators were also excluded from consideration. Additionally, participants with (3) less than five years of experience in academia were not included in the study, as a minimum level of teaching experience was deemed essential. Furthermore, (4) those whose teaching assignments solely involved pure NCM (Nursing Care Management) lectures were not eligible for participation in this research endeavor. These exclusion criteria ensured that the participants aligned with the specific parameters necessary for the research objectives. A total of eight participants were selected, with two participants representing each academic level (Level 1, Level 2, Level 3, and Level 4).

Instrument

The instrument employed in this study was an interview guide carefully crafted to facilitate in-depth exploration and understanding of the participants' experiences. Designed with precision, the interview guide served as a structured framework, outlining a series of open-ended questions to be posed during the interviews. These questions were strategically crafted to elicit rich, detailed responses, allowing participants to express their perspectives, insights, and nuances related to the research topic.

The research questionnaire encompassed two distinct sections to comprehensively gather essential information. The first segment was dedicated to demographic profile questions, seeking to establish a comprehensive understanding of the participants. These inquiries delved into various aspects, such as age, sex, and marital status. This initial section laid the groundwork for contextualizing the subsequent insights gained from the study. The second part of the questionnaire comprised the overarching question, "Can you tell me about your experiences as a nurse educator during the implementation of the CMO 15, series of 2017?" Additionally, probe questions were strategically designed to delve into the details of the participants'

experiences. These open-ended inquiries aimed to uncover the depth of the participants' perspectives, encouraging them to elaborate on specific aspects related to the research focus.

Data Gathering Procedure

Data collection commenced following the approval of the research protocol by the Institutional Research Ethics Review Committee (RERC). In addition to obtaining RERC clearance and the Technical Panel Certificate for the proposal, a formal request for approval to conduct the study was submitted to the Vice Chancellor for Academic Affairs (VCAA). Upon approval, the VCAA endorsed the researchers to the Chairpersons of Levels 1, 2, 3, and 4 for the selection of the participants. After this, the Level Chairpersons provided the list of faculty that served as the basis for the researchers in the selection of the qualified participants. Then, the researchers proceeded to schedule appointments with participants to conduct face-to-face interviews.

Interviews were not conducted by research team members who held officer positions. The interviewer was from a different year level than that of the participant. To further strengthen the trustworthiness of the study, the researcher practiced reflexivity, critically reflecting on potential biases and their influence on the research process. In addition, a structured interview guide, developed based on Colaizzi's (1978) phenomenological approach, was used to maintain consistency across all interviews. The interviewer followed a neutral, non-directive approach to avoid leading questions or unintended influence. The interview process took place in a designated private room, ensuring ample lighting and minimal noise disturbance. Before commencing the interview, the researchers respectfully requested the participants' permission by obtaining informed consent, including the voice recording of the session proceedings using a recording device. The duration of the interview was estimated to be between 30 and 45 minutes, allowing sufficient time for comprehensive data collection.

Health protocols were strictly adhered throughout the interview, with researchers wearing masks and maintaining physical distance to ensure the safety and well-being of all involved parties. Participants received assurance that all data collected during the interview would be treated with utmost confidentiality. Following the interview, the recordings were transcribed verbatim, and thematic analysis was conducted to identify patterns and themes within the data. From these themes, conclusions were drawn to address the research objectives and contribute to the overall understanding of the topic under investigation.

Data Analysis

In this study, Colaizzi's (1978) descriptive phenomenological approach was utilized to analyze the qualitative data. This method ensured a structured and rigorous process in capturing the essence of the participants' lived experiences. Colaizzi's approach is widely used in the social sciences and medical fields for interpreting qualitative data, as it enables researchers to identify significant information and organize it into themes or categories (Rakusen, 2017). Data analysis followed Colaizzi's seven-step process to ensure a comprehensive understanding of the phenomenon. First, the researcher familiarized themselves with the data by reading and re-reading the transcribed interviews to gain an overall understanding of the participants' experiences. Through this process, the researcher interpreted the underlying meanings conveyed by the participants. Second, significant statements related to the phenomenon were identified and extracted from the transcripts, focusing on the most critical components of the study. Third, the researcher formulated meanings by interpreting each significant statement in the context of the participants' perspectives. Fourth, a cluster of

themes was developed by grouping similar meanings, highlighting recurring themes or patterns across multiple interviews. Fifth, an exhaustive description was compiled, integrating participants' ideas and opinions into a comprehensive and analytical narrative. Sixth, the fundamental structure of the lived experiences was identified by distilling the essence of each theme. Finally, member checking (validation) was conducted, where the results were returned to the participants for review to ensure accuracy and completeness, preventing any oversight by the researcher. By employing Colaizzi's method, this study guaranteed rigor, depth, and credibility in qualitative data analysis, ultimately capturing the true essence of nurse educators' experiences in policy implementation.

Moreover, ensuring trustworthiness in qualitative research was essential, as outlined by Lincoln and Guba (1985). Trustworthiness encompasses the concept of dependability, which pertains to the consistency and stability of the research findings over time and across different contexts. To ensure dependability in the study, rigorous methodological procedures were employed and clearly documented. This included providing a detailed description of the research design, data collection methods, and analysis techniques. Furthermore, maintaining an audit trail of decisions made throughout the research process enabled transparency and facilitated the replication of the study by other researchers. By adhering to these principles of trustworthiness, this study on the lived experience of nurse educators during the implementation of the CHED Memorandum Order 15, series of 2017 produced findings that were both credible and dependable, thereby contributing valuable insights into the field of nursing education.

Ethical Considerations

The researchers obtained informed consent from the participants; it was essential to provide participants with comprehensive information about the study and allow them the autonomy to decide whether or not to participate, without any form of coercion. This included detailing the purpose, procedures, potential risks, and benefits of the study clearly and understandably. Participants were also informed about their right to withdraw from the study at any time without penalty. To show appreciation for their time and contribution, participants were provided with light snacks after the interview and a simple token of appreciation upon completion.

This study involved minimal risk to the participants. The participants, who were nurse educators, were not considered part of the vulnerable populations as defined by national and international ethical guidelines. The research focused on their professional experiences related to the implementation of the CHED Memorandum Order 15, series of 2017, and did not delve into sensitive personal information. There was no anticipated physical, psychological, social, or legal risks. However, in the unlikely event that discomfort arose during the interviews, appropriate support was provided.

Data privacy was observed at all times. Measures were implemented to maintain confidentiality and anonymity throughout the study. This involved assigning pseudonyms to participants to dissociate their identities from the collected data. All forms and data with individual identifiers were securely stored in locked cabinets, and any unnecessary data was disposed of using methods such as shredding or deleting databases after a period of two years following the completion of the study. Moreover, only the researchers, the College of Nursing, and the USLS administration had access to the collected data, ensuring strict confidentiality and ethical handling.

While there was no direct material or financial benefit for participating in this study, participants found value in the opportunity to reflect on their experiences during the

implementation of CMO 15 Series of 2017. This reflective process fostered increased self-awareness, promoted professional growth, and provided personal insight into their adaptation strategies as nurse educators. The findings of this study aimed to inform faculty development plans and institutional support mechanisms, which could ultimately benefit the participants through improved work environments and enhanced professional opportunities. Their valuable input would contribute to shaping future policies and practices in nursing education, thereby positively impacting their profession.

Additionally, given the nature of the topic which had a level of sensitivity, it was not necessary to engage in extensive psychosocial processing or debriefing of participants. However, ethical considerations dictated that participants were still provided with sufficient support and information throughout the study, and any concerns or questions they had were addressed promptly and professionally. To further ensure the well-being of participants and maintain a high standard of ethical conduct, an external research interviewer was engaged. This individual, who was trained in conducting interviews with sensitivity and professionalism, handled participant interactions with care and respect. Their involvement provided an additional layer of support and expertise, helping to mitigate potential risks and ensure the ethical integrity of the study. If participants experienced emotional distress during or after the interview, a licensed guidance counselor was available to provide support and assistance, ensuring their well-being throughout the research process.

Results and discussion

This section presents textual content analysis, significant statements, themes, sub-themes, along with their discussions associated with the objectives of the study.

Socio-demographic Profile of the Participants

The first participant was "Red." She was a 49-year-old female, married, and a Master's degree holder in Nursing (MN). She was currently assigned to the Lecture and Pediatric Unit of her institution. Employed as a permanent faculty and staff member, she continued to demonstrate her dedication to teaching and pediatric care in her daily responsibilities.

The second participant was "Yellow." He was a 56-year-old male, married, and held a Master's degree in Nursing (MN). He was permanently employed and currently assigned to the Lecture and Pediatric Unit. His extensive experience brought both wisdom and warmth to his work with students and young patients.

The third participant was "Green." She was a 52-year-old female, married, and held a Master's degree in Nursing with a doctorate (MAN). She was a permanent employee and was currently assigned to both the Lecture and Operating Room units. Her dual roles exemplified her adaptability and broad clinical-teaching competence.

The fourth participant was "Orange." She was a 50-year-old female, married, and a Master of Nursing (MN) degree holder. She was permanently employed and assigned to the Lecture and Delivery Room. Her experience in maternal care enriched her ability to educate and mentor future nurses.

The fifth participant was "Purple." She was a 48-year-old female, married, and held a Master of Nursing (MN) degree. She was permanently employed and assigned to the Lecture and Delivery Room. Her compassion and professionalism were evident in both her clinical practice and instructional role.

The sixth participant was "White." She was a 54-year-old female, married, and a Master's degree holder in Nursing (MN). She was assigned to the Lecture, OB, Obstetrics Ward,

and Operating Room. As a permanent employee, she combined her clinical expertise and teaching ability to serve her students and patients effectively.

The seventh participant was "Blue." She was a 56-year-old female, married, and a Master of Nursing (MN) degree holder. She was permanently employed and currently assigned to the Delivery Room. Her calm demeanor and experience in maternal care continued to influence the delivery of quality nursing education and practice.

The eighth participant was "Pink." She was a 52-year-old female, married, and held a Master of Nursing (MN) degree. She was a permanent employee assigned to the Delivery Room and Hemodialysis Unit. Her ability to handle critical care cases and provide instruction in complex clinical settings highlighted her professionalism and competence.

Table 1

Sociodemographic Profile of the Participants

Name	Age (in years)	Sex	Educational Attainment	Marital Status	Area of Assignment	Employment Status
"Red"	49	Female	MN	Married	Lecture, Pedia Unit	Permanent
"Yellow"	56	Male	MN	Married	Lecture, Pedia Unit	Permanent
"Green"	52	Female	MAN	Married	Lecture, Operating Room	Permanent
"Orange"	50	Female	MN	Married	Lecture, Delivery Room	Permanent
"Purple"	48	Female	MN	Married	Lecture, Delivery Room	Permanent
"White"	54	Female	MN	Married	Lecture, OB, Obstetrics Ward, Operating Room	Permanent
"Blue"	56	Female	MN	Married	Delivery Room	Permanent
"Pink"	52	Female	MN	Married	Delivery Room, Hemodialysis Unit	Permanent

Theme 1: Pursuing Excellence in Nursing Education

Table 2 presents the implementation of the CHED Memorandum Order 15, series of 2017 (CMO 15), marking a significant paradigm shift in nursing education, compelling nurse educators to navigate a complex landscape of changes. As participants in this transition, many educators initially found the adaptation process quite challenging, particularly when compared to the previous CMO 14. This new mandate necessitates a fundamental rethinking of teaching methodologies, curriculum design, and student assessment, moving away from traditional, teacher-centered approaches towards a more interactive, outcome-based, and student-focused model. This shift demands considerable effort in revising learning guides, designing new practical assessments, and ensuring that students are actively engaged with the material beyond rote memorization.

Furthermore, the stricter qualification requirements for faculty under CMO 15, demanding extensive clinical experience and master's degrees, also create a scarcity of qualified instructors, further exacerbating workload issues and presenting a substantial challenge for institutions in maintaining adequate staffing; thus, significant increases in workload and time commitment, often leading to extended hours and a strain on work-life balance have been noted. As verbalized by Pp3 Green female 52 years old, Lecturer and Operating Room CI: "Personally speaking, I think it is not just our school who's having difficulty looking for qualified clinical instructors, because, since we are very strict with these qualifications." For Pp8 (Pink female 52 years old lecturer/Hemodialysis unit CI), "we also faced some challenges like lack of faculty probably because of the standard set by the institution as to the qualification of the faculty, thereby increasing our workload just to meet the demands of our students that has also increased in number."

Table 2

Significant Statements of Theme 1: Pursuing Excellence in Nursing Education

Theme	Sub-themes	Significant Statements
Theme 1: Pursuing Excellence in Nursing Education	1a Adjusting to the High Standards Requirements of the CMO 15	<p>Pp7 (Blue female 56y.o lecture/Delivery room unit) Statements:</p> <p>Ss22: "Another is lack of qualified faculty, we need more faculty due to increasing number of nursing students but new CMO requires faculty with 3 hrs hospital experience so the administrator comply strictly, there are some applicants but lack hospital experience. That's why the workload increased due to limited qualified faculty and also requires a Masteral degree in Nursing not unlike before 1 year hospital experience can be a faculty already and even if you have not finished master's degree in nursing, you can teach na in the college of nursing."</p> <p>Pp7 (Blue female 56y.o lecture/Delivery room unit) Statements:</p>

Ss22: "Another is lack of qualified faculty, we need more faculty due to increasing number of nursing students but new CMO requires faculty with 3 hrs hospital experience so the administrator comply strictly, there are some applicants but lack hospital experience. That's why the workload increased due to limited qualified faculty and also requires a Masteral degree in Nursing not unlike before 1 year hospital experience can be a faculty already and even if you have not finished master's degree in nursing, you can teach na in the college of nursing."

Pp2 (Yellow male 56y.o
Lecture/Pediatric unit) Statements:

Ss8: "Yes, I would say very much because I had some colleagues before that are really very good but yet they have to be replaced because of no 3 years' experience in the hospital and masters. Yes, I think that's kind of a deterrent for other applicants..." (The new requirements pose a challenge for hiring).

Pp3 (Green female 52y.o
Lecture/Operating Room unit)
Statements:

Ss11: "Personally speaking, I think it is not just our school who's having difficulty looking for qualified clinical instructors, because, since we are very strict with these qualifications..."

Pp8 (Pink female 52y.o lecture/
Hemodialysis unit) Statements:

Ss26: "We also faced some challenges like lack of faculty probably because of the standard set by the institution as to the qualification of the faculty, thereby increasing our workload just to meet the demands of our students that has also increased in number."

Ss28: "Although the impact of increasing workload also affects

**1b: Realigning the Curriculum
for Outcome-Based Education**

my wellbeing, adjusting to new task, handling so many patients and increased workload due to lack of qualified faculty, we have almost no free week except for exam week and school activities although we are also compensated." before 1 year hospital experience can be a faculty already and even if you have not finished master's degree in nursing, you can teach na in the college of nursing."

Pp8 (Pink female 52y.o lecture/ Hemodialysis unit) Statements:

Ss25: "Moving to a outcome-based approach was also challenging because it meant we had to rethink our teaching methods, update the curriculum, and make sure students were meeting the new standards."

Pp4 (Orange female 50y.o Lecture/ Delivery room unit) Statements

Ss12: "...while it aligned with OBE, I noticed that it lacks specific guidelines for a more transformative OBE leading to a partial achievement of OBE objectives."

Ss13: "...one of the challenges that we have, it did not give us the step-by-step approach which would tell us that OBE would be easy to use, knowing that we are used to the traditional way of teaching, I think that's one of the limitations that we had before."

Pp5 (Purple female 48y.o Lecture/ Delivery room unit) Statements:

Ss16: "...it took some time to get used to the new order and it's really a transition from the ones that we were... but because of the CMO 15, we have transitioned to a more student orientation or student-based type of teaching"

Pp6 (White female 54y.o lecture/ Operating room unit) Statements:

Ss17: "The challenges that I have encountered during this time is,

before the one that you are going to prepare is just a quiz and a specific assignment that you can give wherein the students, in front of you can clarify the questions or the instructions... but right now, you have to see to it that your instruction should be clear and concise because you can give the task even if you are not presently present in front of them..."

Pp7 (Blue female 56y.o lecture/Delivery room unit) Statements:

Ss18: "The implementation of CMO 15 was a big adjustment. We had to revise our teaching methods, update the curriculum, and ensure that students met the new competency-based requirements. It was challenging at first, but it also improved how we prepared students for real-world nursing practice."

Ss19: "The workload has increased as we had to make numerous adjustments to our teaching methods. Revising learning guides became a major task since we needed to adapt the content to fit the more interactive, outcome-based approach."

Ss20: "Creating new assessments to evaluate students' skills and knowledge in a practical, hands-on way required a lot of planning and creativity. We had to design tests and activities that aligned with the updated competency standards, which took considerable time and effort."

Pp8 (Pink female 52y.o lecture/Hemodialysis unit) Statements:

Ss24: "Beneficial yet challenging, okay. So maybe if you are asking an output that is in relation with our clinical exposure, we have to see to it that the thing that we are teaching in the classroom is not just a theory without an alignment when it comes to the application in our practice in the clinical exposure..."

Ss25: "The implementation of CMO 15 was a big adjustment. We had to revise our teaching methods, update the curriculum, and ensure that students met the new competency-based requirements."

Theme 2: Recognizing the Valuable Support Received

Table 3 illustrates the implementation of the CHED Memorandum Order 15 (CMO 15) in nursing education that was significantly bolstered by the comprehensive administrative support received by nurse educators. Across various accounts, participants consistently highlighted the proactive role of their institutions in facilitating this transition. This support manifested in crucial areas such as providing essential training sessions, offering helpful resources, and guiding educators in revising learning guides to align with the new outcome-based education (OBE) approach. The administration's commitment to faculty development was evident through workshops, seminars (including DSP and PSDP), and the provision of learning materials, all designed to equip teachers with the necessary skills and confidence to adapt to the evolving pedagogical landscape.

Furthermore, this administrative backing extended to practical, real-time assistance, particularly during the challenging period of the COVID-19 pandemic. Institutions were highly supportive, offering IT personnel to address technical concerns, introducing methods to mitigate cheating in online assessments, and investing in resources like simulation laboratories and medical equipment. The continuous nature of this support was further strengthened through regular meetings, orientations, and re-trainings conducted by the CON administrators. This consistent and multi-leveled administrative support was instrumental in making the complex shift to CMO 15, and the subsequent adaptation to online and blended learning, a smoother and more manageable experience for nurse educators. As stated by Pp8 (Pink female 52 years old, lecturer and Hemodialysis unit CI), "I'm grateful to La Salle for the support because transition to OBE was became smoother. They had invested in faculty development, resources like simulation labs, purchase medical equipment and well-trained instructors. Besides they're sending us to conferences or workshops to help us align our teaching practices with the new OBE system." Furthermore, Pp6 (White female 54 years old lecturer/Operating room unit CI) mentioned, "So far, trainings, yes they have provided us with that and at the same time my mentor is, yes, my direct supervisor is really giving me time, like for example, if we are going to ask for some meeting with her or clarifications schedule, or appointment, she is really there." And lastly, Pp6 (White female 54 years old lecturer/Operating room unit CI) expressed, "...my officers, or my supervisor, or my mentor may be just give me the correct guide, correct direction that, in the implementation, they are there supporting me very open. The moment that I ask question, the moment that I need their explanation, they are present."

Table 3

Significant Statements of Theme 2: Recognizing the Valuable Support Received

Theme	Sub-themes	Significant Statements
Theme 2: Recognizing the Valuable Support Received	2a: Receiving Support through Training and Resources	Pp4 (Orange female 50y.o Lecture/Delivery room unit) Statements: Ss6: "Okay, I remember when CMO 15 was introduced and we started to make use of that in nursing, we were encouraged to

attend series of seminars, we invited the college, the school invited experts on OBE..."

Pp6 (White female 54y.o lecture/ Operating room unit) Statements:

Ss10: "So far, trainings, yes they have provided us with that and at the same time my mentor is, yes, my direct supervisor is really giving me time, like for example, if we are going to ask for some meeting with her or clarifications schedule, or appointment, she is really there."

Pp7 (Blue female 56y.o lecture/ Delivery room unit) Statements:

Ss12: "They made sure we were prepared by offering workshops, we also have seminars attended, the DSP and PSDP, and learning materials to help us adjust to the new teaching methods. This support made it easier for us to develop interactive lessons and use new strategies effectively."

Pp8 (Pink female 52y.o lecture/ Hemodialysis unit) Statements:

Ss13: "I'm grateful to La Salle for the support because transition to OBE was became smoother. They had invested in faculty development, resources like simulation labs, purchase medical equipment and well-trained instructors. Besides they're sending us to conferences or workshops to help us align our teaching practices with the new OBE system."

Ss14: "We also received support from the administrations by conducting seminars and ongoing trainings, some attended the convention in relation to curriculum development as support to the faculty."

Pp1 (Red female 49y.o Lecture/Pediatric unit) Statements:

Ss1: "Okay the administration actually is very supportive with regard to technology, they provide also training especially for newly hired faculties even us before when

Sub-theme 2b: Empowering Faculty through Institutional Support

we started using the LMS, they have been very supportive and we also have IT people that can help us in case in anything if we have concerns we could just call them up and they are very willing to help us..."

Pp6 (White female 54y.o lecture/ Operating room unit) Statements:

Ss9: "...my officers, or my supervisor, or my mentor may be just give me the correct guide, correct direction that, in the implementation, they are there supporting me very open. The moment that I ask question, the moment that I need their explanation, they are present."

Theme 3: Transitioning from Competency-Based to Outcomes-Based Education

The implementation of the CHED Memorandum Order 15 (CMO 15) in nursing education has heralded a profound shift in pedagogical approaches, moving from a predominantly knowledge-based and teacher-centric model to one that prioritizes performance and student-focused learning. Under the previous CMO 14, the emphasis was largely on theoretical understanding, with student assessment primarily relying on written quizzes and examinations. Educators, as noted by participants, were accustomed to a system where learning tasks were less prominent, and the teacher served as the primary authority figure. This traditional approach, while foundational, often meant that the practical application of nursing skills was not as rigorously evaluated, with a greater focus on what students "knew" rather than what they "could do."

With the advent of CMO 15, a significant evolution in assessment strategies has taken place. Clinical instructors are now actively encouraged to assess students based on their demonstrated skills and performance in clinical settings, utilizing comprehensive checklists and engaging learning tasks. This change necessitates a more interactive and student-centered teaching methodology, where students are empowered with greater freedom in their learning, actively participating through case studies, simulations, and problem-based learning. The shift also demands that instructors ensure their teaching is clear and concise, even in their absence, and that all learning tasks are directly aligned with practical application. This transformation aims to better prepare nursing graduates for the real-world demands of healthcare by fostering critical thinking, practical skills, and a more dynamic learning experience. Based on the narrative of Pp7 (Blue female 56 years old, lecturer/Delivery room unit CI), "We transitioned from traditional lecture-based teaching to a more interactive, student-centered approach and also more on demonstrations developing their skills."

Table 4

Significant Statements of Theme 3: Transitioning from Competency-Based to Outcomes-Based Education

Theme	Sub Themes	Significant Statements
Theme 3: Transitioning from Competency-Based to Outcomes-Based Education	3a: Shifting from Teacher Authority to Learner Autonomy	<p>Pp1 (Red female 49y.o Lecture/Pediatric unit) Statements: Ss1: I think before, it was not really given importance but the learners look up to their teachers a somebody who is in authority during the CMO 14..."</p> <p>Ss2: "...but now with the CMO 15, maybe plus of their generation, they have more freedom when it comes to their learning, they don't depend on their teachers alone, they use the internet and of course some of them are still using books but they are I guess, closer to their teachers in a sense that they approach their teachers more, or they find their teachers more approachable with the CMO 15 compared to the CMO 14..."</p>
	3b: Moving from Knowledge Recall to Skills Performance	<p>Pp2 (Yellow male 56y.o Lecture/Pediatric unit) Statements:</p> <p>Ss4: "...I can remember that yes, we are really focused on the knowledge, examinations, tests, so not really much on demonstrations even though with the checklist, we are still focused on what the students know and not really much on what they can do. I think that's it.</p> <p>Pp3 (Green female 52y.o Lecture/Operating Room unit) Statements: Ss5: "CMO 14, mostly the assessment being done with the student— for their academic and their skills assessment is mostly written assessment so the skills that nurses should acquire is based on written quizzes and exam, for CMO 14." Ss6: "CMO 15, clinical instructors are encouraged to assess their students based on the skills that they have learned, based on their performance with the use of the</p>

difference checklists, based on the skills that they have learned and CMO also encourages clinical instructors to be available always for their students."

Pp6 (White female 54y.o lecture/
Operating room unit) Statements:

Ss7: "...because before this we are used to the typical and the old man kind of evaluating our students... but right now, you have to see to it that your instruction should be clear and concise because you can give the task even if you are not presently present in front of them..."

Pp7 (Blue female 56y.o lecture/
Delivery room unit) Statements:

Ss10: "I was able to experience the old curriculum which is CMO 14 and was privileged to go back to L Salle wherein we already used the CMO 15. At first I have difficulty identifying the difference between the 2 CMOs. And realizing that CMO 15 has longer number of hrs and more on practical learnings."

Ss11: "We transitioned from traditional lecture-based teaching to a more interactive, student-centered approach and also more on demonstrations developing their skills."

Pp8 (Pink female 52y.o lecture/
Hemodialysis unit) Statements:

Ss15: "Moving to a outcome-based approach was also challenging because it meant we had to rethink our teaching methods, update the curriculum, and make sure students were meeting the new standards. Creating hands-on activities and practical exercises instead of just giving lectures. The new curriculum and teaching methods helped students become better prepared for real-world healthcare work."

Theme 4: Sustaining the Nursing Education Through Collaboration

Through the years, the College of Nursing has been very religious in following the mandates of the Commission of Higher Education despite the challenges and difficulties associated with it. The strong teamwork and cooperation of each faculty member is very evident, which led to a smooth transition to OBE. Two participants shared that Pp5 (Purple female 48 years old lecturer/Delivery room unit CI) even though the CMO 15 is quite challenging but with everyone helping and guiding each other we were able to slowly understand, implement, and adapt the strategies aligned to the OBE. Teamwork is indeed very essential. Also, Pp 2 (Yellow male 56 years old lecture/Pediatric CI) added, “We work as a team in order for us to follow the standards of CMO 15. We experienced a big adjustment at first yet later on we have managed it smoothly.”

The implementation of the CHED Memorandum Order 15 (CMO 15), series of 2017 presented a significant shift in nursing education, prompting institutions to develop and deploy various strategies to support their faculty in adapting to the new requirements. A primary focus of these institutional efforts was to facilitate the transition to outcome-based education (OBE) and integrate new technologies. This involved proactive measures such as encouraging faculty to attend a series of seminars, inviting OBE experts to provide guidance, and conducting extensive trainings on the use of Learning Management Systems (LMS) like Canvas. These initial strategies aimed to equip educators with the foundational knowledge and technical skills necessary to navigate the complexities of the updated curriculum and embrace more student-centered teaching methodologies.

Beyond initial training, institutions have continued to evolve their strategic support, particularly in response to unforeseen challenges, such as the COVID-19 pandemic. During this period, institutional strategies included providing concrete tools and methods to manage online learning, such as introducing apps for student monitoring during exams and encouraging the creation of instructional videos and learning tasks for remote assessment. Continuous professional development remained a cornerstone, with regular meetings, orientations, and re-trainings on online platforms and interactive teaching techniques. Furthermore, institutions fostered an environment of collaboration among faculty, encouraging the sharing of ideas and strategies to collectively enhance learning activities and ensure that educators were well-equipped to deliver effective instruction under the evolving demands of CMO 15.

Table 5
Significant Statements of Theme 4: Sustaining Nursing Education Through Collaboration

Theme	Sub-theme	Significant Statements
Theme 4: Sustaining Nursing Education through Collaboration	4a: Fostering Teamwork to Navigate Curricular Reforms	<p>Pp7 (Blue female 56y.o lecture/Delivery room unit) Statements:</p> <p>Ss13: "This support made it easier for us to develop interactive lessons and use new strategies effectively. To overcome these difficulties, teamwork became essential. We collaborated with our colleagues, sharing ideas and strategies that worked."</p> <p>Ss14: "To make sure we successfully integrated CMO 15 into our teaching and curriculum,</p>

we focused on working closely with other faculty... We also made it a point to continue training ourselves. We attended workshops and joined seminars, to stay updated on the best ways to implement the competency-based approach."

Pp5 (Purple female 48y.o lecture/Delivery room unit) Statements:

SS21 Even though the CMO 15 is quite challenging but with everyone helping and guiding each other we were able to slowly understand, implement, and adapt the strategies aligned to the OBE. Teamwork is indeed very essential.

Pp 2 (Yellow male 56y.o lecture/Pediatric) Statement:

SS28 We work as a team in order for us to follow the standards of CMO 15. We experienced a big adjustment at first yet later on we have managed it smoothly.

Simulacrum of Lived Experiences of Nurse Educators in the Implementation of the CMO 15 Series of 2017

The Commission on Higher Education (CHED) Memorandum Order No. 15, series of 2017 (CMO 15, S. 2017) marked a pivotal moment for nursing education in the Philippines, mandating a fundamental "shift from competency-based standards to outcomes-based education" (OBE). This transition is akin to a car shifting from a familiar, perhaps less dynamic, "Park" or "Neutral" gear to "Drive," where the focus moves from merely having components (competencies) to actively moving forward and achieving specific destinations (learning outcomes). Clinical Instructors (CIs) found themselves at the forefront of this significant pedagogical shift, navigating a new educational landscape that demanded profound adaptations in their teaching methodologies and assessment strategies. Their lived experiences reveal a complex journey, much like a driver adjusting to varied road conditions and the nuances of a new transmission.

One of the primary challenges faced was the implementation of the high standards in the faculty requirements stipulated in CMO 15. The guidelines for OBE implementation often "remained ambiguous that training and support to develop and capacitate the faculty has been perceived as very significant. For CIs, this was like driving a car with an unclear roadmap and insufficient fuel, forcing them to rely heavily on their intuition and resilience. The sudden shift to online Related Learning Experiences (RLE) during the COVID-19 pandemic further compounded these difficulties, exposing "technical inadequacies, resource limitations, and external constraints such as poor internet connectivity". To overcome these obstacles, CIs had

to "engage low gear," signifying the intense effort and precise control required in difficult situations, and actively engage in "manual shifting" of their pedagogical approaches.

The theme of recognizing the valuable support received emerged as critical for CIs to sustain their momentum. The effective realization of CMO 15's goals is heavily dependent on sustained institutional investment and policy enforcement beyond the initial mandate. This "maintenance" for the educational vehicle includes enhancing digital infrastructure, revising the nursing curriculum to incorporate technology-driven pedagogies, and strengthening faculty training, digital literacy, and resource accessibility. The "unwavering commitment of the academic leaders to oxidize towards stronger administrative support" is crucial for harmonizing curricula and maximizing resources for comprehensive training. Without this consistent support, CIs are left to navigate complex terrains with limited resources, risking stalling the progress towards desired outcomes. Just like shifting gears in a car, teamwork allows us to move smoothly through the challenges of change. When one gear engages, the others respond, helping us accelerate with shared strength, adapt with precision, and move forward with purpose. Together, we shift from uncertainty to progress, driving toward a future of excellence in nursing education.

In terms of Transitioning from Knowledge-Based to Performance-Focused Assessment, CIs had to fundamentally rethink how student performance was measured. This involved moving away from traditional assessment methods to more innovative, outcome-focused evaluations. They widely adopted the use of rubrics for objective and transparent grading, employed authentic assessment activities, and combined various assessment tools like written examinations and logbooks to monitor student progress. This is akin to a car's advanced diagnostic system, which doesn't just check if parts are present (knowledge) but continuously monitors and evaluates the vehicle's actual performance (outcomes) in real-time.

Finally, Exploring Strategies for CMO 15 Series 2017 highlights the proactive adaptations made by CIs. They embraced student-centered approaches, utilizing diverse teaching methods such as brainstorming, role-playing, gamification, hands-on applications, and collaborative learning to promote student engagement and skill development. The integration of technology, including simulation and virtual learning, became crucial for enhancing the effectiveness of OBE and improving students' clinical skills and critical thinking. These strategies represent the "adaptive shift algorithms" and "manual mode enhancements" of the educational vehicle, allowing CIs to optimize performance for varied "road conditions" and ensure the continuous "Drive" towards producing highly competent and globally competitive Filipino nursing graduates. The journey under CMO 15 is an ongoing process of adaptation, requiring CIs to continuously adjust their "gears" to meet evolving educational demands and ensure the successful preparation of future nurses.



Figure 2. Simulacrum of Lived Experiences of Nurse Educators in the Implementation of the CMO 15, Series of 2017.

Conclusion

The findings of this study illustrate the dynamic journey of nursing education as it undergoes significant transformation in response to regulatory, pedagogical, and institutional demands. Four thematic insights emerged: pursuing excellence in nursing education, recognizing the valuable support received, transitioning from competency-based to outcomes-based education, and sustaining nursing education through collaboration. These themes highlight both the challenges and the triumphs experienced by academic staff as they strive to uphold the standards of quality nursing education.

In navigating the demands of CMO No. 15, faculty demonstrated resilience and adaptability in aligning the curriculum with outcome-based education (OBE). This adjustment required not only curricular restructuring but also a redefinition of teaching roles and assessment methods. The transition from a teacher-centered to a learner-centered paradigm marked a shift in academic culture—empowering students to take ownership of their learning and moving the focus from mere knowledge recall to demonstrable performance of essential nursing skills.

Support emerged as a pivotal enabler in this transformation. Faculty recognized the critical role of training, resource provision, and institutional empowerment in facilitating the adoption of OBE principles. Institutional support not only provided tools and direction but also cultivated confidence and competence among educators to embrace change and implement reforms effectively.

Furthermore, collaboration was identified as an essential strategy in sustaining nursing education amidst ongoing reforms. Teamwork allowed faculty members to navigate the complexity of change, offering a space for shared understanding, mutual support, and collective problem-solving. Through collaboration, the process of curricular reform became more inclusive, cohesive, and sustainable.

Ultimately, this study affirms that the pursuit of excellence in nursing education is not a solitary endeavor but a collective commitment nurtured by institutional backing, shared vision, and meaningful relationships. The narratives of the participants reflect a spirit of gratitude for the opportunities to grow professionally and to contribute to the transformation of nursing education. As in the words of Marcel Proust, “Let us be grateful to the people who make us happy; they are the charming gardeners who make our souls blossom.” Indeed, the faculty’s acknowledgment of the support they received and the connections they built underscores the vital role of gratitude and collaboration in shaping a responsive and resilient nursing education system.

Based on the findings and conclusions drawn from the study, the following recommendations were made:

The findings of this study may equip school administrators with a deeper understanding of the challenges and successes encountered by nurse educators in adapting to CMO No. 15, series of 2017. With insights into the process of realigning curricula, adjusting to high academic standards, and fostering collaboration among faculty, administrators are encouraged to develop strategic faculty development programs that are aligned with the goals of outcome-based education. Policies and initiatives should prioritize not only academic excellence but also institutional support systems that promote innovation, wellness, and empowerment within the teaching community. In doing so, administrators help create an academic culture that is both adaptive and resilient in the face of educational reforms.

For the College of Nursing (CON) officers, the results of this study provide essential data that reflect the lived experiences of faculty members during the implementation of CMO No. 15. These insights may guide the development of targeted, responsive, and evidence-based faculty development programs. Furthermore, CON officers are in a pivotal position to embed these findings into their quality assurance mechanisms, helping ensure consistent adherence to national standards and maintaining institutional accreditation. Incorporating faculty experiences into strategic planning efforts will also help design supportive policies that safeguard the well-being, growth, and professional advancement of nurse educators—thus cultivating a nurturing and high-performing academic environment.

Among nurse educators, this study serves as a mirror to reflect and refine current teaching practices. With greater awareness of the value of transitioning from teacher authority to learner autonomy and from knowledge recall to skills performance, educators are encouraged to actively adopt learner-centered strategies that enhance student outcomes. Faculty members should engage in continuous learning, collaborate with peers, and explore innovations in teaching and assessment to support the goals of outcome-based education. Embracing these practices will not only contribute to the quality of instruction but will also strengthen the global competitiveness of Filipino nursing graduates.

For students, an understanding of the shifts taking place in nursing education offers an opportunity to adapt more effectively to the evolving expectations of their academic journey. By recognizing the challenges and best practices shared by their educators, students may become more open to active and independent learning. This awareness can lead to greater engagement, deeper appreciation for the teaching-learning process, and enhanced preparation

for clinical practice. As students become more involved in their learning, they also become co-creators of meaningful educational experiences.

Lastly, future researchers may build on the outcomes of this study as a basis for further exploration of educational policy implementation, specifically in the context of nursing. The study provides a framework that can inform future investigations on the long-term effects of CMO No. 15, as well as the perspectives of other stakeholders such as administrators, students, and clinical partners. Additional studies may also compare implementation practices across institutions, providing valuable insights into consistency, adaptability, and sustainability. Ultimately, this research contributes to the growing body of knowledge in nursing education and may guide best practices in policy implementation and educational reform.

The results of this study may serve as a valuable resource for institutional planning, faculty development, and policy enhancement. Its findings reinforce the importance of the strict compliance with CMO No. 15, series of 2017 and the effective implementation of Outcomes-Based Education as a national standard for all nursing schools in the Philippines

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