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Workload of Clinical Instructors in a Highly Urbanized City

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Abstract

This study aimed to determine the level of workload of clinical nursing instructors in schools located in one of the highly urbanized cities in the Central Philippines for the school year 2024–2025. With a descriptive design applied, data were gathered from 192 clinical instructors through a stratified random sampling technique using a researcher-made questionnaire. The workload was measured in academic, clinical, and administrative areas, with results analyzed through frequency counts, percentages, means, and the Mann-Whitney U test for comparative analysis. Findings revealed that respondents tended to be younger, married, with

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a shorter length of service, and mostly part-time faculty. Clinical instructors perceived higher workloads in the three domains. Academic workload was rated the highest; for example, grading and preparation for exams were involved. Clinical workload, meanwhile, was spread evenly as supervision and hospital duties were standardized, while administrative workload concentrated on grade computation and reporting. Comparative analyses revealed significant differences in the execution of academic workload relative to age, civil status, and employment status, whereas clinical workload experienced no difference among demographic variables. Administrative workload, nevertheless, significantly differed in relation to civil status, length of service, and employment status. The findings indicate the existence of demanding and diverse responsibilities for clinical instructors that cause stress and the potential for burnout. These findings serve as a foundation for institutional interventions, including policies redirecting workloads, support from other institutional bodies, and wellness programs to maintain faculty well-being and ensure nursing education's high standard of quality in highly urbanized areas.

Keywords: *Clinical instructors, workload, nursing education, faculty stress, urban health systems*

INTRODUCTION

Nature of the Problem

There is a long strand of intertwined pressures within the health and higher education systems in the country, all of which directly impact the clinical training environment. The national hospital capacity is very low compared to that recommended: about 0.5 hospital beds per 1,000 people (i.e., 0.5 beds/1,000) on average, whereas the DOH says this should be tripled to about 1.5 beds/1,000 to even hope for a little demand accommodation (Philippine Institute for Development Studies [PIDS], 2025; Philippine Star, 2025). These lacunae pile up the services in city hospitals where students undergo clinical training. Alongside these, nurse gaps persist, and nurse burnouts are at a real risk: A-listers are cited as structural reasons for retention and morale sinking: extensive working hours, less manpower, and low pay (Alibudbud, 2023). Even with the number of nurses, the WHO warns that distribution and access inequities will remain, further pitting locals against one another for clinical expertise and supervision.

Considered to be the nursing education regulations in the Philippines, these standards are very demanding with regard to the clinical and supervisory work required and, in effect, largely determine the instructor workload. CMO No. 15, Series of 2017, of the Commission on Higher Education, Induction Policy, Standards, and Guidelines for the BS Nursing Program: Among others, the policy stipulates the number of hours for Related Learning Experience (RLE), the faculty-student ratio for clinical and skills laboratory schedules, and other resources (CHED, 2017). Simultaneously, the Philippine Nursing Act (Republic Act No. 9173) sets forth minimum qualifications for nursing faculty, requiring that they be registered nurses with appropriate clinical experience, thus ensuring that the clinical instructor group is highly qualified and competent (PRC, 2002). Modes by which these regulations pay credit to quality education also place great duties in the hands of clinical instructors for supervision, evaluation, and mentoring, especially as cohorts of students and clinical placements increase in number.

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There are 33 major cities as of mid-2025; being nodes of concentrated hospital infrastructure, patient volume, and higher education establishments, HUCs are apt conditions for dense clinical training ecosystems in which numerous nursing schools compete for few ward slots, clinical cases, preceptors, and space. Although hospital capacity remains low on a nationwide scale, these demand pressures tend to be acute in HUCs. Continuing hospital expansions in major urban centers (e.g., 127-bed city hospital, 248-bed tertiary hospital) demonstrate the increased throughput in clinical training and the greater supervisory demands on clinical instructors (local planning documents). Such dynamics occurring in urban centers make HUCs great areas for clinical instructor workload analysis.

Given evidence that links teacher burnout or supervision quality with student outcomes, an application of a method for recording and analyzing clinical instructors' workload seems extremely pertinent to the HUC setting. Oducado and Amboya (2022) have discovered that, in the Philippine setting, instructor burnout, caring behavior, and satisfaction relate to student academic performance. Furthermore, global literature on nurse educator burnout points to an alarming scenario where educators are stressing themselves out or working too hard to the point where they lose or leave the teaching profession, which in turn weakens the educational capacity (Antig, 2024; "Predictive and Associated Factors of Burnout," 2025). A concentrated empirical study of CI workload within a highly urbanized city stands to provide immediately actionable findings on staff models and scheduling of clinical placements, as well as tune policies (e.g., recommended student-instructor ratios, RLE allocation) that would be advantageous to CHED-regulated programs, higher education institutions, and local health systems.

Current State of Knowledge

The study conducted by Garcia et al. (2024) intended to identify the challenges faced by clinical instructors during the "new normal" (post-pandemic or hybrid settings) and their coping strategies. The authors surveyed clinical instructors to grasp issues such as increased scheduling demands, adjustment to online or blended supervision, inappropriate engagement of students, lack of resources, and heavy administrative work. Instructors' coping strategies were also studied (e.g., peer support, time management, resilience). Findings point out that, other than direct supervision, instructors have extra 'hidden' tasks (coordination, adjustments, communication) that increase their workload and can be lessened with the support of the organization (training, flexibility).

Keeping in view the challenges, another study investigated the perception of workload and stress by clinical instructors and hospital nurses. This comparative study looks into the way clinical instructors and hospital nurses perceive job stress in categories of workload/responsibilities, physical environment, and social relationships and its relation to work attitudes. Findings revealed that clinical instructors perceive moderate stress with regard to workload, responsibilities, and environment but maintain fairly good work attitudes, which point toward resilience or commitment. In contrast, hospital nurses reported higher physical environmental stress, but similar moderate levels for workload and social relationships. Thus, the study further examined that, within its academic setup, instructor roles are not free of stress, and workload is only one among many stressors (Villanueva and Cortes, 2018).

While the study had placed focus on hospital nurses and clinical instructors, the present study opted to limit its scope to clinical instructors, going on to see how the stress level that they undergo will affect their teaching performance. This local study by Mallorca (2024) sought to establish the relationship between work-related stress and clinical instructors' teaching performance in a private university setting. The authors sent out a survey to clinical instructors to assess stress (across physical, psychological, and workload dimensions) and self-rated teaching performance. They discovered a statistically significant negative correlation wherein higher stress was connected to a lower perception of teaching performance. The study

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posits that workload stressors, especially in clinical supervision settings, may affect the effectiveness of the instructor and therefore calls for suitable interventions by the institutions to rebalance workload and provide support for stress management.

Taking a broader perspective, the next study investigates some of the factors that affect the overall professional quality of work life of nurse educators, including clinical instructors. This study by Magbanua and Cuenca (2022), involved surveying nurse educators, including clinical instructors, from several nursing schools in Negros Occidental in order to identify individual and organizational factors that predict the professional quality of work life, or ProQoL—which includes job satisfaction, intention to stay, burnout risk, etc. The practice environment, emotional intelligence, and resilience were variables measured in this survey. Results from regression analysis found that a favorable practice environment, high emotional intelligence, and resilience significantly predicted better ProQoL. This means that workload, resource allocation, and emotional support are all determinants of being retained and feeling well as an educator.

Theoretical Underpinnings

The Job Demand-Control Theory, developed by Robert Karasek in 1979, describes how workload impacts employees' stress and well-being. The main factors to consider are how much workload affects an individual's stress level in terms of job demands like workload, time pressure, and mental requirements. The second aspect is job control, which refers to employees' ability to have a say in their work tasks and processes (Lee et al., 2022).

The interplay of job demands and job control determines job stress levels. The theory categorizes jobs into four primary groups according to the varying levels of these dimensions. High levels of strain characterize high-stress jobs, while low-stress jobs have a workload that is easier to handle. Active jobs are demanding but provide enough control to effectively manage tasks. Passive roles can lead to feelings of being stagnant or bored. This indicates that job stress primarily occurs when there are high job demands but low job control (Karasek, 1979).

On the other hand, high-pressure jobs can become more manageable by giving employees greater control over their tasks, allowing them to handle difficulties with ease. This means that enhancing job control can help protect against the detrimental impacts of high demands and improve employees' health and well-being (Mulder, 2017). Work-related stress has impacted the design of jobs, organizational policies, and strategies aimed at enhancing employee wellness.

Occupations that are in high demand necessitate substantial exertion and are linked to heightened stress levels when they are overwhelming or ongoing. Having high job control means having the freedom to make decisions and utilize skills to oversee work. Limited job control indicates restricted authority to make decisions and decreased chances to utilize one's abilities (Gameiro et al., 2020).

Objectives of the Study

This study aimed to determine the level of workload of clinical instructors in nursing schools in one of the highly urbanized cities in the Central Philippines for the school year 2024-2025. Specifically, this study sought to answer the following specific questions: What is the profile of the respondents in terms of age, civil status, length of service, and employment status? What is the level of workload for clinical instructors in the areas of academic, clinical, and administrative? And is there a significant difference in the level of workload of clinical instructors when grouped and compared according to the aforementioned variables?

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METHODS

This section presents the research design, data-gathering procedure, other instrumentation, and statistical tools. It also discusses the parameters, especially the statistical tools, the respondents, and the study's locality.

Research Design

This study utilized the descriptive research design, which determines the level of workload of clinical instructors in nursing schools in one of the highly urbanized cities in the Central Philippines during the school year 2024-2025. Descriptive research aims to accurately and systematically describe a population, situation, or phenomenon. It can answer what, where, when, and how questions, but not why questions. Descriptive research is an appropriate choice when the research aim is to identify characteristics, frequencies, trends, and categories. It is useful when little is known about the topic or problem. Before you can research why something happens, you need to understand how, when, and where it happens (McCombes, 2019). This research design is suited for the study, which aimed to describe, explain, and validate findings in order to achieve good results for the data or information.

Study Respondents

A total of one hundred ninety-two (192) clinical instructors from a population of three hundred eighty (380) are the respondents of the study. These respondents are clinical instructors in nursing schools in a highly urbanized city in the central Philippines. The Cochran formula was used to find the sample size. To get the percentage, the respondents coming from each school are divided by the total number of respondents and multiplied by the sample size. Since the number of respondents is quite manageable, stratified random sampling was utilized. Stratified sampling is a method of dividing a larger population into distinct subgroups, or strata, and then selecting samples from each stratum using random sampling. This approach ensures that all subgroups are adequately represented in the final sample (Bisht, 2024).

Instrument

The researchers used a self-made questionnaire as a data-collection instrument. This enabled the researchers to adequately gather the needed information to complete the study and ensure reliability. The questionnaire was divided into two parts, wherein the first part pertains to the demographic profile of participants, such as age, civil status, length of service, and employment status. Part 2 contains the questionnaire proper consisting of 5 items on each area of academic, clinical, and administrative of workload. Each item was rated on a scale of 1 to 5, using a 5-point Likert scale rating, with 5 as always, 4 as often, 3 as sometimes, 2 as rarely, and 1 as almost never.

Data Gathering and Procedure

After administering the validity and reliability, upon approval from the research office or the dean of the different colleges of nursing, the questionnaires were administered to target respondents. The questionnaires were gathered, recorded, and analyzed. The data gathered from the responses of the

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respondents was tallied and tabulated using the appropriate statistical tools. The encoded data was processed using the SPSS.

Data Analysis and Statistical Treatment

Objectives 1 and 2 employed a descriptive analytical scheme, using frequency counts and percentages as statistical tools to assess the profile of respondents, means to assess the level of workload of clinical instructors across the three areas, and the level of workload of clinical instructors when grouped according to the grouping variables. Objective 3 utilized a comparative analytical scheme, applying the Mann-Whitney U test to determine significant differences in the levels of workload of clinical instructors when grouped and compared according to the aforementioned variables.

Ethical Consideration

By guaranteeing the confidentiality of the respondents' answers and upholding their anonymity during the whole research process, the study made a concerted effort to reduce the possibility of harm to its target respondents in accordance with Republic Act 10173, also known as the Data Privacy Act of 2012. The researchers also requested their free and informed consent up front.

RESULTS AND DISCUSSION

This section presents, analyzes, and interprets the data gathered to carry out the predetermined objectives of this study.

Profile of Respondents

Table 1

Profile of Respondents

Variables	Categories	Frequency	Percentage
Age	Younger (below 43 years old)	107	55.73
	Older (43 years old and above)	85	44.27
Civil Status	Single	70	36.46
	Married	122	63.54
Length of Service	Shorter (less than 6 years)	143	74.48
	Longer (6 years or more)	49	25.52
Employment Status	Full-Time	77	40.10
	Part-Time	115	59.90
	Total	192	100

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Table 1 presents the findings for the first objective of this study. There were one hundred seven, or 55.73 percent, of the 192 respondents who belonged to the younger age group (below 43 years old), while eighty-five, or 44.27 percent, belonged to the older age group (43 years old and above). Frequency distribution percentages were used to categorize younger and older respondents. More "younger" respondents participated in the study than "older" respondents. There were seventy (70) single respondents, or 36.46 percent, and one hundred twenty-two (122) married respondents, or 63.54 percent, which means that more married participants participated in the study. For length of service, the majority of the respondents had shorter job tenures (less than 6 years), with one hundred forty-three (143) respondents at 74.48 percent, while 25.52 percent, or forty-nine (49) respondents, had longer job tenures (6 years or more). As for employment status, there were seventy-seven respondents (77) or 40.10 percent, who had permanent full-time status, and the majority of one hundred fifteen (115) or 59.90 percent, of the respondents were part-time faculty. This implies that more respondents who participated were younger, married, shorter in tenure, and part-time clinical instructors.

Level of Workload of Clinical Instructors

Table 2

Level of Academic Workload of Clinical Instructors

Items	Mean	Interpretation
As a clinical instructor in a nursing school, I :		
1. Have long hours of lectures.	3.73	High Level
2. Teach more than one concept in lectures.	3.28	Moderate Level
3. Administer quizzes, activities, and exams to students.	4.54	Very High Level
4. Create presentations for lectures.	4.13	High Level
5. Take time to check students' quizzes and output.	4.56	Very High Level
Overall Mean	**4.05**	**High Level**

There were five issues presented in the area of academics. Table 2 presents that academic workload varies at a certain level, with an overall mean score of 4.05, interpreted as "high level."" However, notable results revealed that the highest mean score of 4.56, interpreted as "very high level," is issue 5, "take time to check students' quizzes and output."

While the lowest mean score, 3.28, interpreted as "moderate level," is issue 2, "teach more than one concept." Nursing educators should be highly competent in delivering lessons during lectures and evaluating students' performance. The same discourse was found in the study by Satoh et al. (2020), which

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stated that academic nurse educators should be highly competent in teaching and evaluating students' performance.

With the growing number of nursing students, there is an equal number of quizzes and evaluations that the clinical instructors should process as a way to assess students' learning. In support, according to El-Hashash (2022), the administration of quizzes improved student learning outcomes. However, most clinical instructors employ a more traditional type of assessment through pen and paper, which makes it a time-consuming task, especially when handling multiple classroom sections. This is corroborated in the study of Mohanraj et al. (2024), which states that traditional types of assessment are less flexible and are often more time-consuming. Still, they offer a controlled environment that discourages cheating and allows for direct observation by teachers.

Table 3

Level of Clinical Workload of Clinical Instructors

Items	Mean	Interpretation
As a clinical instructor in a nursing school, I :		
1. Render at least 8 hours of hospital duty per shift.	4.08	High Level
2. Evaluate the return demonstrations of students.	4.42	High Level
3. Evaluate student performance in the clinical area.	4.18	High Level
4. Closely monitor student procedures in clinical duties.	4.20	High Level
5. Schedule student-patient assignment.	4.40	High Level
Overall Mean	**4.26**	**High Level**

Table 3 shows a result that issues in the clinical area all revealed a "high level" of clinical workload, with an overall mean score of 4.26, interpreted also as a "high level." Issue 2 “evaluate return demonstrations of students," with a mean score of 4.42 interpreted as "high level," yielded the highest mean score. Although interpreted as "high level," Issue 1, which requires at least 8 hours of hospital duty per shift, had the lowest mean score of 4.08. It is imperative that clinical instructors' main work is to educate nursing students in a clinical setting to develop competence and bridge the theory-practice gap. The best way is through a return demonstration of clinical procedures. According to Gcawu & van Rooyen (2022), nurse educators are important in the development of the clinical competence of undergraduate nursing students by equipping them to face the challenges of the complex and dynamic healthcare delivery system.

Clinical workload comprises clinical hospital duty and other clinical-related learning experiences, like return demonstrations, where the clinical instructor constantly engages to equip nursing students with competence in certain hospital-related procedures. As agreed, according to Msosa et al. (2022), return demonstrations contribute effectively to learning and help students build a strong foundation of clinical competence.

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Table 4

Level of Administrative Workload of Clinical Instructors

Items	Mean	Interpretation
As a clinical instructor in a nursing school, I :		
1. Allot specific times for student consultations.	4.19	High Level
2. Allot specific times for parent consultations.	3.54	High Level
3. Compute and submit my student grades on time.	4.52	Very High Level
4. Participate in the enrollment process.	3.51	High Level
5. Accept committee assignments.	3.76	High Level
Overall Mean	**3.90**	**High Level**

Results in Table 4, in administrative workload, revealed an overall mean score of 3.90, interpreted as a "high level." Issue 3 “compute and submit my student grades on time," has the highest mean score of 4.52 interpreted as a "very high level." Issue 4 "participate in the enrollment process," yielded the lowest mean of 3.51 interpreted as a "high level."

Nursing educators not only juggle academic and clinical work but also multitask in the administrative aspect. Due to pressure to meet deadlines, clinical instructors spent most of their time on grade computation and submission. This is supported by the study of Villamor et al. (2024), which suggests that time pressure in meeting deadlines contributes to a high level of workload and can potentially cause burnout. Additionally, the study by Songcayawon (2024) discussed that school heads have excellent administrative skills, but educators were never mentioned as having expertise in this area.

Comparative Analyses of the Level of Workload of Clinical Instructors

Table 5

Difference in the Level of Academic Workload of Clinical Instructors When Grouped and Compared According to Variables

Variable	Category	N	Mean Rank	Mann-Whitney U	*p*-value	*Sig. level*	Interpretation
Age	Younger	107	110.54	3045.500	0.000	0.05	Significant
	Older	85	78.83				

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Civil Status	Single	70	107.28	3515.500	0.041	Significant
	Married	122	90.32			
Length of Service	Shorter	143	93.62	3091.500	0.217	Not Significant
	Longer	49	104.91			
Employment Status	Full-Time	77	114.42	3048.000	0.000	Significant
	Part-Time	115	84.50			

In Table 5, the results showed a *p*-value of 0.00 for the level of workload in the area of academics when the group was divided according to age, which is interpreted as "significant." Therefore, the hypothesis that there is no significant difference in the academic workload of clinical instructors when grouped and compared according to age is rejected.

The job performance of younger and older clinical instructors differs. The same result was found in the study of Karanika-Murray et al. (2022), which found that job performance varies by age. Younger faculty receive more lecture tasks as they still have the drive, passion, and strength to deliver the lecture on concepts. At the same time, older respondents, tagged as "veterans," have longer teaching experience, and they may already be exhausted from delivering the same concepts in lectures. It collaborates with Saloviita & Pakarinen (2021), who state that older teachers are often more exhausted than younger ones.

Regarding civil status, the results showed a *p*-value of 0.04, interpreted as “significant.” Since the *p*-value is less than 0.05, the hypothesis that there is no significant difference in the level of academic workload of clinical instructors when grouped and compared according to civil status is rejected.

With multiple responsibilities and time commitments to family, married individuals have less academic workload by getting lecture slots available for their convenience. Single respondents have fewer personal obligations, allowing more time and flexibility to handle academic tasks. According to Alvarez (2023), it is agreed that married individuals assume shared responsibilities in all areas of life, while single individuals have the opportunity to explore personal interests and dedicate themselves to personal and professional growth.

The *p*-value of 0.21 for length of service is interpreted as "not significant," thereby resulting in failure to reject the hypothesis that there is no significant difference in the level of academic workload of clinical instructors when grouped and compared according to the length of service. This means that both shorter and longer lengths of service have the same academic workload, regardless of tenure, as clinical instructors need to give lectures to provide theoretical foundations to future nurses.

A significant difference was found in the level of academic workload when respondents were grouped according to employment status. The *p*-value of 0.00 indicates strong evidence against the null hypothesis, thereby rejecting it.

Full-time clinical instructors are required to do academic lectures, unlike part-time clinical instructors, who are hired to cater to the needs of the growing population of nursing students; therefore, they are tasked with clinical duties instead to meet the required clinical supervision of nursing students. With a nursing career as an on-demand job, there is a scarcity of qualified full-time nursing educators to fill the gap. Nursing schools are hiring part-time clinical instructors to fill the shortage. According to Antig et al. (2024), it is agreed that nursing schools hired part-time nursing educators to fill the substantial gap.

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Table 6

Difference in the Level of Clinical Workload of Clinical Instructors when grouped and compared according to variables

Variable	Category	N	Mean Rank	Mann-Whitney U	*p*-value	*Sig. level*	Interpretation
Age	Younger	107	97.24	4468.000	0.828	0.05	Not Significant
	Older	85	95.56				
Civil Status	Single	70	88.06	3679.000	0.095		Not Significant
	Married	122	101.34				
Length of Service	Shorter	143	94.96	3283.000	0.492		Not Significant
	Longer	49	101.00				
Employment Status	Full-Time	77	101.36	4053.000	0.299		Not Significant
	Part-Time	115	93.24				

Table 6 showed no significant differences in the level of clinical workload when grouped according to age, civil status, length of service, and employment status. The *p*-value of 0.82 for age is interpreted as "not significant," failing to reject the hypothesis that states there is no significant difference in the level of clinical workload of respondents when grouped according to age. Therefore, younger or older individuals have the same level of clinical workload.

When groups were grouped according to civil status, the result showed a *p*-value of 0.09, interpreted as “not significant.” Since the *p*-value is less than 0.05, it failed to reject the hypothesis that states there is no significant difference in the level of clinical workload of respondents when grouped according to civil status. Being single or married does not differ in clinical workload, as they both receive the same number of clinical tasks.

The result also showed a *p*-value of 0.49 when grouped according to length of service, interpreted as "not significant." Therefore, it failed to reject the hypothesis that there is no significant difference in respondents' clinical workload level when grouped according to length of service. It does not matter whether shorter or longer; they have the same clinical workload.

As for the employment status, a *p*-value of 0.29 interpreted as “not significant” failed to reject the hypothesis that there is no significant difference in the level of clinical workload of respondents when grouped according to employment status. Both part-time and full-time employees have the same level of clinical workload. This collaborates with Engracial et al. (2016), employment status does not differ significantly between regular and part-time employees' workloads.

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Regardless of age, civil status, length of service, and employment status, clinical instructors have the same level of clinical workload. As the job description, clinical duties are an obligation of a clinical instructor to guide and facilitate the learning of nursing students to be competent in clinical practice. According to Melrose (2019), clinical instructors teach in clinical areas to share their hands-on knowledge and skills with student nurses.

Table 7

Difference in the Level of Administrative Workload of Clinical Instructors When Grouped and Compared According to Variables

Variable	Category	N	Mean Rank	Mann-Whitney U	*p*-value	*Sig. level*	Interpretation
Age	Younger	107	103.31	3818.500	0.055	0.05	Not Significant
	Older	85	87.92				
Civil Status	Single	70	84.48	3428.500	0.022		Significant
	Married	122	103.40				
Length of Service	Shorter	143	88.37	2341.000	0.001		Significant
	Longer	49	120.22				
Employment Status	Full-Time	77	129.08	1918.500	0.000		Significant
	Part-Time	115	74.68				

The result in Table 7 yielded a *p*-value of 0.055, interpreted as "not significant"; therefore, it failed to reject the hypothesis that states there is no significant difference in the level of administrative workload of respondents when grouped according to age.

Age does not differ in administrative workload; whether young or old, they receive the same amount of administrative work.

As for civil status, a significant difference was found with a *p*-value of 0.02, which indicates rejection of the hypothesis. Therefore, there is a significant difference in the administrative workload of respondents when grouped according to civil status.

Married or single individuals are excessively focused on their administrative tasks, trying to meet deadlines and the pressure to meet expectations. Married respondents with a high amount of administrative tasks are tightly fixed in family roles, while single respondents are not. However, they have ample time for personal interests, become workaholics, and get married to their work. According to Mici & Smith (2024), they agree that high expectations from the workplace, such as tight deadlines, contribute to a workaholic nature.

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A significant difference was also found in length of service with a *p*-value of 0.00, therefore, the hypothesis. With that, there is a significant difference in the level of administrative workload of respondents when grouped according to length of service.

School administration places more workload trust on the length of service to perform administrative tasks like committee assignments, as they have been long enough to know and familiarize themselves with the ways and means of the office, and they will do what is expected. On the contrary, employees show an increase in trust during the initial years after joining an organization, but it then declines afterward (Aggarwal, 2023).

The table also shows a significant difference in the level of administrative workload among respondents when grouped according to employment status, with a *p*-value of 0.00, thus rejecting the null hypothesis.

Full-time and part-time employees differ in the number of administrative tasks, as full-time clinical instructors receive high volume of administrative tasks and have a wide range of responsibilities, spending excessive time on paperwork, which leaves them with insufficient energy and time to focus on other matters, putting them at risk of exhaustion. According to Boeskens & Nusche (2021), nursing instructors face various challenges regarding heavy administrative tasks. Also, Kameda (2025) discussed that teachers face substantial pressures from administrative tasks, which overshadow their primary role as educators. An intervention plan should be implemented to support the professional growth and well-being of faculty members, ensuring that administrative responsibilities are balanced with their primary role as educators (Viduya, Guanzon et al., 2025).

Conclusion

Several key conclusions may be drawn concerning the workload of clinical instructors in nursing schools in a highly urbanized city in the central Philippines in 2024–2025 based on the targeted objectives and results of this study.

First of all, the majority of the respondents were younger, married, and had shorter lengths of service, with a large number being part-time clinical instructors. This profile sheds light on the growing reliance on younger and part-time faculty members to meet the increasing demands of nursing education, especially in urban areas where the college population of nursing students has been on the rise. The presence of mostly part-time faculty members implies that institutions might be employing them on a contractual basis to keep up with the growing student population due to the shortage of qualified full-time instructors.

Second, the clinical instructors experience high workloads in all three areas: academic, clinical, and administrative. For academic-related activities, workloads were reported as generally high: preparing lectures, administering assessments, checking outputs, etc., all of which require a lot of time and effort. The clinical workload was also heavy as instructors had to commit a good time to supervising hospital duties, assessing return demonstrations, and monitoring student performance. In administrative work, this includes computing grades, attending meetings, and handling committee assignments, among others. These results highlight the multi-dimensional role of clinical instructors who are expected to perform well in teaching, clinical supervision, and administrative functions all at once, thus leading to time pressure and stress.

Third, comparative analyses showed that academic workload differences leveled by age, civil status, and employment status categories were found to be statistically significant. Younger and single academic individuals are perceived to have a greater academic workload than their respective counterparts

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who are in the older and married category, possibly because of an actual difference in personal commitments and available free time for teaching. Full-time instructors, on the other hand, perceive greater academic workloads than part-time faculty because there are more lecture-oriented tasks they have to do apart from clinical supervision. There were no differences found in the clinical workload among all the considered demographic variables, which means that clinical duties are equitably shared regardless of age, marital status, length of service, or employment type. So, this means that clinical duties are standardized and must be performed by every clinical instructor.

Lastly, administrative workload was affected by all three of the variables considered: marital status, length of service, and mode of appointment. Married persons with longer service and full-time faculty bear heavier administrative loads. Thus, it seems that based on seniority level and mode of appointment, administrative duties are given to those with seniority and those who are full-time instructors, who are usually given leadership responsibilities and organizational commitments. The implications from these conclusions point to the equitable distribution of administrative duties in order to prevent burnout and maintain work-life balance. Thus, it emerges that clinical instructors in highly urbanized cities have all the makings of a heavy and varying workload that calls for institutional support, policy review, and workload management in the best interests of their welfare as well as the furtherance of quality nursing education.

Recommendations

Based on the study's results and conclusions, recommendations are made to curb the heavy work burdens on clinical teachers in nursing schools located in a highly urbanized area. These recommendations are meant toward the promotion of faculty well-being and improve teaching and learning outcomes in the interest of sustainability in nursing education.

Management of academic workload should be given priority by administrators of schools. With more nursing students being admitted, institutions must search for ways to enable a fair balance in the proportion of teaching loads assigned to both full-time and part-time faculty. Such methods may include hiring full-time instructors with suitable qualification levels, preventing faculty members from taking on too many subjects or sections, and allowing the use of some technological tools to lessen the preparation time for lectures and grading processes. Schools may also want to implement automated systems for grading and test administration to reduce repetitive and mechanical academic tasks.

Second, because the clinical load is high, there should be strong collaboration between nursing schools and hospital partners in coming up with organized clinical schedules to maintain the recommended CHED faculty-to-student ratio. Allowing some instructors to be overburdened by student supervision will diminish hands-on training and also lead among the instructors. The clinical instructors may also undergo training and workshops so that they will be informed of the best clinical teaching practices and be strengthened in guiding the students in the hospitals.

Third, administrative tasks must be rationalized and streamlined to prevent overwhelming clinical instructors. Administrative skill-building tasks like committee work, reports, grades, and others must be well spread out with special concern for full-time faculty. The application of digital platforms for record-keeping, communication, and reporting will serve considerably to lessen handwork and allow the instructors more time to devote to teaching and mentoring. This should be supported by management establishing clear policies on administrative tasks and support staff for these tasks.

Lastly, for the well-being of clinical instructors to be maintained, policies, intervention plans, and institutional supports must be put in place. Schools should come up with workload policies that coincide with CHED standards and are based on evidence-based practices. Periodic evaluation of workload distribution and faculty feedback mechanisms should be institutionalized to ensure that faculty concerns are being addressed on time. Furthermore, wellness programs, counseling services, and stress management workshops must be made available for clinical instructors in the interest of promoting mental health and work-life balance. Should these measures be put into effect, a supportive and efficient environment can be created for clinical instructors to thrive in their many roles while maintaining professional satisfaction and well-being.

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