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Well-Being of Clinical Instructors: Its Dimensions and Implications

Jo Ed C. Noblezada
Riverside College, Philippines
joednoblezada@gmail.com

Renith S. Guanzon
STI West Negros University, Philippines
renithguanzon10@gmail.com

Gamaliel A. Longa
King Abdulaziz Medical City, Riyadh, KSA
gamaliel.longa@gmail.com

Alberto A. Rico
STI West Negros University, Philippines
rico.aa@pnu.edu.ph

Airene I. Dorendo
Riverside College, Philippines
aidorendo@riverside.edu.ph

Lira C. Lacson
Riverside College, Philippines
lclacson@riverside.edu.ph

Nina Fatima B. Medianero
Riverside College, Philippines
timmyboiser06@gmail.com

Allan Rogelio Jr. M. Sobrevilla
Sandy Searles Miller Academy, Clark County School District, Las Vegas, Nevada, USA
arms.asps@gmail.com

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Abstract

This study aimed to determine the level of well-being of clinical instructors in nursing schools in one of the highly urbanized cities in Central Philippines for the school year 2024–2025, focusing on its dimensions and implications. Guided by Seligman's PERMA Theory of Well-Being, the study explored the physical, emotional, and mental dimensions of well-being and their implications for professional performance and institutional engagement. Using a descriptive research design, data were gathered from 192 clinical instructors selected through stratified random sampling. A self-made questionnaire was used to measure well-being

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levels, and data were analyzed using frequency, percentage, mean, and the Mann-Whitney U test. Findings revealed that most respondents were younger, married, had shorter years of service, and were part-time employees. Results indicated that clinical instructors generally had a high level of well-being across all dimensions—physical, emotional, and mental—suggesting that they are capable of managing the demands of both academic and clinical settings. A significant difference was observed only in the physical well-being dimension when grouped according to age, with younger instructors exhibiting higher levels than older ones. No significant differences were found across civil status, length of service, and employment status. The study concludes that while clinical instructors maintain overall positive well-being, institutional interventions are necessary to sustain and enhance it. Integrating wellness programs and supportive policies may foster engagement, motivation, and job satisfaction—factors that ultimately contribute to improved instructional quality and student outcomes.

Keywords*: Clinical instructors, well-being, PERMA Theory, Nursing Education, Faculty Development*

INTRODUCTION

Nature of the Problem

Internationally, educator and instructor well-being has increasingly become a significant research and policy area of concern. They go through high workloads, emotional turmoil, and clashes with competing demands; thus, their mental health and functioning could be undermined (State, O'Sullivan, & Cummings, 2023). Across the broader teaching fraternity, declining well-being has been associated with burnout, attrition, and ultimately the diminished capabilities of students (Dreer et al., 2023). The introduction of interventions geared towards alleviating distress and encouraging positive well-being, e.g., via the PERMA framework, indicates that the concept of well-being extends beyond the absence of pathology (Avola et al., 2025). Such international currents reveal that the well-being of educational and training staff carries importance both for human welfare and for educational standards.

Given that health professions education underlies the instructors who work both in academia and in clinical practice, they serve as mentors, assessors, and role models for the students. In comparison, only a few studies have focused solely on the well-being of clinical instructors. One such instance is the scoping review on health care educators, which discussed the difficulties of supporting students' mental health while managing their emotional load (Psaila et al., 2025). In the nursing field, investigation into nurse educator well-being in Filipino and expatriate settings showed that understanding the well-being levels of nurses could help address burnout, poor job satisfaction, and compassion fatigue (Espiritu et al., 2019). Such findings imply that the level of questioning given to the multifaceted demands faced by clinical instructors must also consider how their well-being occurs and is sustained.

In the country, teachers' well-being could perhaps be influenced by educational reform, health system constraints, and institutional pressures. Teachers in the Philippine context are increasingly being conceptualized as "health workers" because of the care functions that they assume, thus increasing their occupational load (Lasco et al., 2024). Filipino nurse educators, for example, have been found to possess well-being levels deemed "acceptable," but perhaps also vulnerable to burnout and turnover risk (Espiritu et al., 2019). However, a bulk of this attention has gone into focusing on formal or classroom educators,

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neglecting clinical instructors and leaving a void in understanding how clinical teaching environments may uniquely influence well-being in the health professions.

The pressures on clinical instructors, as well as the demands on the hospitals themselves, may intensify there. Urban hospitals must often handle very high patient loads and are chronically understaffed while working with very short time frames to attend to their duties. Unlike their clinical instructors in rural settings, the urban-based clinical instructors somehow function as teachers, with heavy clinical caseloads, administrative chores, and institutional performance targets. That being said, there is minimal knowledge about what well-being means for them in particular or the impacts of instructor retention and clinical teaching quality on student outcomes. A study, therefore, on the well-being of clinical instructors, its dimensions, and implications would be ideal in filling this gap by providing contextually based evidence that can be used in institutional policies, support programs, and sustainable approaches to education.

Current State of Knowledge

Teachers play an essential role in the teaching and learning process regarding physical well-being. Nevertheless, their effectiveness relies on their ability to uphold their health and energy levels. Therefore, a phenomenological investigation was conducted to examine the well-being of teachers in Negros Occidental, Philippines. The information was collected through a detailed interview. The results indicate that teachers were pain-free and not weak, had good sleep, sufficient energy for tasks, and were disease-free. Therefore, health concerns were addressed appropriately. Similarly, teachers demonstrated their habits by keeping track of their weight, medical outcomes, dietary habits, and self-perception. Furthermore, educators expressed that believing one is healthy is essential for being healthy. Therefore, consuming nutritious food, engaging in regular physical activity, and staying hydrated are the primary health habits teachers commonly adopt to improve their health and boost their self-esteem. Overall, educators highlighted the importance of taking into account one's physical well-being and prioritizing activities that contribute to their overall health. However, consistently engaging in healthy habits can help sustain or enhance one's well-being (Perez & Madrigal, 2021). In the study by Padilla et al. (2019), workload exhaustion was associated with nutritional and physical activity behaviors that promote weight gain.

In emotional well-being, emotional intelligence and perceived social support are crucial factors for one's psychological well-being. Nurses face various stressors from not meeting personal needs, caring for patients, heavy workloads, witnessing death, fear of making mistakes, and encountering discrimination. Literature indicates a connection between emotional intelligence and perceived social support with psychological well-being. The research sought to verify if emotional intelligence and perceived social support can predict psychological well-being in nurses in Metro Manila hospitals via multiple regression analysis. The findings indicate strong emotional intelligence and perceived social support among the participants. Additionally, it was discovered that nurses exhibit average psychological well-being. A connection exists between emotional intelligence, perceived social support, and psychological well-being. Finally, the findings indicate that emotional intelligence and perceived social support domains strongly impact nurses' emotional well-being (Entrata & Nicomedes, 2024). Additionally, in the study by Butalid & Divinagracia (2024), teachers are emotionally invested in their jobs. This can create problems sooner. As discussed in the study by Pajado-Jacela et al. (2024), emotional problems can affect performance.

In mental well-being, academic stress occurs when one struggles to cope with academic demands that are beyond one's ability, impacting both their physical and mental well-being. The research sought to

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assess the impact of academic stress on mental health during the COVID-19 crisis. The study collected correlations between the level of academic stress and self-attitude, personal growth, integration, autonomy, perception of reality, and environmental mastery among 212 nursing students at Pamantasan ng Cabuyao. It includes the Student's Academic Stress Scale and 6 Mental Health Criteria. Nursing students were found to be under high levels of stress, with their sense of independence being the most impacted. The results indicated that there is no significant variation between mental well-being and demographic profile. The research findings suggest that the participants experience significant levels of stress and poor mental health. Based on the results regarding academic stress levels, it is suggested that mental health education and support be implemented to enhance the well-being of student nurses (Amil et al., 2021). According to Cao et al. (2022), they added that mental health exerts a positive effect on job satisfaction.

Additionally, in the study of Gerza et al. (2024), results revealed no significant difference in the degree of psychological and physiological well-being; however, well-being should be prioritized by striking a balance between empathy and flexibility to adapt to each unique requirement.

Theoretical Underpinnings

The current research is based on the work of Martin Seligman, particularly his PERMA Theory of Well-Being, which was introduced in 2011, the theory makes the point that there are five elements of flourishing, and those are Positive Emotions, Engagement, Relationships, Meaning, and Accomplishment. These five elements represent aspects of well-being that are measurable and cultivable, and which Seligman calls, for lack of better words, an individual's sense of fulfillment and resilience. He also intimates that the flourishing of these five dimensions is universal and that people will not only survive but also be successful in both personal and professional lives, thus providing a multi-faceted view of one's well-being that excludes merely having no stress or burnout.

In academic institutions, most specifically among educators and healthcare workers, the PERMA approach is a very helpful tool for evaluating and improving the well-being of people in those settings. Positive feelings help people to be motivated and optimistic during their work; engagement is the sign of commitment to teaching and mentoring; relationships provide collegial support and a feeling of belonging; meaning makes professional identity the same as purpose; accomplishment acknowledges one’s progress, gaining skills, and differentiating from students and the institution. More recent research has been done in which the PERMA scaffolding is used for educators, and the results have shown that understanding and improving teaching satisfaction, resilience, and overall psychological wellness can work very well with this theory (Butler & Kern, 2016; Norrish et al., 2013).

This theory is very suitable for the present research on the well-being of clinical instructors since it includes both the psychological and professional aspects of their function. Clinical instructors are the ones who, by far, mostly have to perform well and keep their cool in stressful and ever-changing, high-pressure environments, where being emotionally balanced, engaged with students, having a good relationship with colleagues, and feeling one has a purpose are the factors that directly affect one's performance and well-being. In the case of the PERMA model, it is utilized here to help systematically identify the dimensions that have the greatest impact on the instructors' overall flourishing and to examine the institutional practices that either support or hinder such dimensions. Thus, the framework gives a scientific and holistic basis for the analysis of the dimensions and implications of the well-being of clinical instructors.

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Objectives of the Study

This study aimed to determine the level of well-being 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 well-being for clinical instructors in the areas of physical, emtional, and mental, its dimensions and implications? And is there a significant difference in the level of well-being of clinical instructors when grouped and compared according to the aforementioned variables?

METHODOLOGY

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 well-being 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 aims 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 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

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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 physical, emtional, and mental well-being. 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 tests, upon approval from the research office or the dean of the different colleges of nursing, the questionnaires were administered to the target respondents. The questionnaires were gathered, recorded, and analyzed. The data gathered from the responses of the respondents was tallied and tabulated using the appropriate statistical tools. The encoded data was processed using 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 well-being of clinical instructors across the three areas. Objective 3 utilized a comparative analytical scheme, applying the Mann-Whitney U test to determine significant differences in the levels of well-being 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

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	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

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 Well-Being of Clinical Instructors

Table 2

Level of Physical Well-being of Clinical Instructors

Items	Mean	Interpretation
As a clinical instructor in a nursing school, I :		
1. Have normal and stable blood pressure.	4.15	High Level
2. Have normal and stable glucose levels.	4.26	High Level
3. Have normal and stable body weight and BMI.	3.65	High Level
4. Have normal urinary frequency and consistency.	4.32	High Level

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5. Have normal bowel movement.	4.46	High Level
Overall Mean	**4.17**	**High Level**

The result shows in Table 2 that physical dimension of well-being yielded an overall mean score of 4.17 interpreted as “high level” with issue 5 "have normal bowel movement" with a mean score of 4.46 interpreted as "high level" ranked as the highest, and issue 3 "have normal and stable BMI" as the lowest with a mean score of 3.65 interpreted as "high level." With a high level of physical well-being, the findings imply that many clinical instructors may experience positive signs of physiological health, such as regular bowel function; however, managing body weight and maintaining a stable BMI remains challenging. This may be influenced by clinical instructors' lifestyle management, including factors such as diet, eating what is available, increased coffee consumption, less physical activity, and moderate stress levels that could reduce or gain weight. According to Kim (2020), diet, Cox (2017), exercise or physical activity, and Kumar et al. (2022), stress, all agree that it affects weight.

Nursing educators as advocates of health should practice and live what they are teaching to maintain, improve, or alleviate their physical health. According to Kox et al. (2020), interventions are needed to maintain physical health and well-being.

Table 3

Level of Emotional Well-being of Clinical Instructors

Items	Mean	Interpretation
As a clinical instructor in a nursing school, I :		
1. Share my concerns and apprehensions.	4.13	High Level
2. Seek support if feeling overwhelmed.	4.09	High Level
3. Take it as part of my work when students are difficult to handle.	4.31	High Level
4. Do not become irate in return demonstrations.	3.99	High Level
5. Convert negative feelings to positive.	4.23	High Level
Overall Mean	**4.15**	**High Level**

Table 3 shows a "high level" of emotional well-being with an overall mean score of 4.15. The highest rank is in Issue 5 "covert negative feelings to positive" with a mean score of 4.23, interpreted as "high level," and issue 4 "do not become irate in return demonstrations" has the lowest rank with a mean score of 3.99, also interpreted as "high level." Nursing educators, having multiple job descriptions and a variety of student behaviors, adapted well to the environment to conceal or burst out their emotions. Just

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like in the study of Butalid & Divinagracia (2024), it was mentioned that teachers are emotionally invested in their job.

It is evident during return demonstrations where clinical instructors become irritable when students forgot the next step of the procedure or the student doesn't know the rationale of the steps, as the clinical instructors wanted the best for them, if they can handle emotional patients in the actual area, besides, there is a long queue of students waiting for their turn. According to Sabog et al. (2016), it is agreed that clinical instructors should not expect more of what the student can do and should know how to handle and manage their anger issues. If the clinical instructor transfers the anger onto the student by getting mad at the latter, the student tends to lose focus and unknowingly commit mistakes. This is also supported by the study of Pajado-Jacela et al. (2024), which states that emotionally driven tasks could highly affect performance.

Instead, this negative atmosphere can be turned into a more productive opportunity by teaching back to the student, providing a more compassionate approach. After all, nursing is caring indeed. So, despite a high level of workload, they still have a high level of emotional health. On the contrary, it corroborates the result of the study of Fasyni et al. (2020) that workload has a positive and significant effect on emotional exhaustion.

Table 4

Level of Mental Well-being of Clinical Instructors

Items	Mean	Interpretation
As a clinical instructor in a nursing school, I :		
1. Give my full attention to the student during recitation.	4.63	Very High Level
2. Pray when I get overwhelmed with my work.	4.48	High Level
3. Keep an open mind when dealing with conflict.	4.56	Very High Level
4. Use defense mechanisms in every situation.	3.79	High Level
5. Feel anxious about handling new students.	3.08	Moderate Level
Overall Mean	**4.11**	**High Level**

The results shown in Table 4 that mental well-being varies to a certain level, with an average score of 4.11, interpreted as "high level." issue 1, "give my full attention to the student during recitation," ranked as the highest with a mean score of 4.63, interpreted as "very high level." Issue 5, "feel anxious about handling new students," yielded the lowest mean score of 3.08, interpreted as "moderate level." The future nurses will soon handle life; clinical instructors must be mentally fit to manage diverse situations. It is inevitable to feel anxious when handling new students, whether in lectures or clinical rotations, which is already a programmed event. In the study by Cruz Araújo et al. (2022), it is agreed that anxiety is identified in programmed events, such as the beginning of clinical activities.

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It is a part of the constant process of adjustment and assessment during academic and clinical transitions regarding how to manage and which teaching strategies are effective for the group. In the study by Afriani & Elsanti (2025), it is reported that the constant transition from common ground to a new environment leads to inevitable anxiety.

Despite this, it is evident from the results that clinical instructors have a high level of mental well-being. On the contrary, it corroborates the results of the study by Jomuad et al. (2021), where 58% of the respondents reported poor mental health due to work-related issues. While this study found that clinical instructors possess a high level of mental well-being, it also reinforces the findings of Noblezada et al. (2025), which highlight that clinical instructors continue to carry substantial workloads—suggesting that despite heavy work responsibilities, they are still able to maintain positive mental health indicators.

Comparative Analyses of the Level of Well-being of Clinical Instructors

Table 5

Difference in the Level of Physical Well-being 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	105.81	3551.000	0.009	0.05	Significant
	Older	85	84.78				
Civil Status	Single	70	94.52	4131.500	0.707		Not Significant
	Married	122	97.64				
Length of Service	Shorter	143	97.44	3368.500	0.686		Not Significant
	Longer	49	93.74				
Employment Status	Full-Time	77	91.06	4008.500	0.264		Not Significant
	Part-Time	115	100.14				

A significant result in Table 5 shows a *p*-value of 0.00 when grouped according to age, which indicates that there is a significant difference in the level of physical well-being of the respondents when grouped according to age. Thus, rejecting the null hypothesis. A significant result suggests that the physical health of younger and older clinical instructors differs from each other. Younger clinical instructors are perceived to be in good health, while older clinical instructors experience a decline in physical well-being

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due to the natural process of aging. According to the study by Flint & Tadi (2023), aging involves physiologic changes across various organ systems. On the contrary, Chen et al. (2023) suggest that the well-being of younger people has declined compared with older age groups.

The result showed no significant difference when grouped according to civil status. With a p-value of 0.70, this fails to reject the null hypothesis. Therefore, there is no significant difference in the level of physical well-being when grouped according to civil status. The length of service also showed no significant difference, with a p-value of 0.68, resulting in a failure to reject the null hypothesis. Therefore, there is no significant difference in the level of physical well-being when grouped according to length of service. Employment status obtained a p-value of 0.26, interpreted as "not significant." This indicates a failure to reject the hypothesis. Thus, there is no significant difference in the level of physical well-being when grouped according to employment status.

Age differs significantly in physical well-being, as this occurs naturally without a choice. Unlike civil status, length of service, and employment status, which do not differ significantly, the clinical instructors can decide on what variable they can be, just as they decide to maintain, improve, and alleviate their physical well-being. Regardless of the workload, personal problems, and any issues in life, they are able to manage them in the same way by engaging in activities that promote physical wellness. According to Shelley (2024), physical well-being is not only the absence of disease but also thriving in daily activities with resilience to withstand the physical demands of life and the agility to recover from setbacks, forming the core of the ability to enjoy life and meet the challenges of work.

Table 6

Difference in the Level of Emotional Well-being 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	99.18	4261.000	0.450	0.05	Not Significant
	Older	85	93.13				
Civil Status	Single	70	90.78	3869.500	0.276		Not Significant
	Married	122	99.78				
Length of Service	Shorter	143	93.49	3073.500	0.197		Not Significant
	Longer	49	105.28				
Employment Status	Full-Time	77	99.46	4199.500	0.543		Not Significant
	Part-Time	115	94.52				

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The result in Table 6 displays a "not significant" interpretation in the variable age. With a *p*-value of 0.45, this result fails to reject the null hypothesis, which means that there is no significant difference in the level of emotional well-being when grouped according to age.

In civil status, a *p*-value of 0.27 is interpreted as "not significant." This also implies the failure **to** reject the null hypothesis. Thus, there is no significant difference in the level of emotional well-being when grouped according to civil status. A non-significant result was obtained when grouped according to length of service, with a p-value of 0.19, which is greater than the p-value of 0.05; therefore, it failed to reject the null hypothesis. Thus, there is no significant difference in the level of emotional well-being when grouped according to length of service. Also, employment status displays a “not significant” result with a p-value of 0.54, resulting in a failure to reject the null hypothesis. Therefore, there is no significant difference in the level of emotional well-being when grouped according to employment status.

Clinical instructors displayed a great deal of emotional well-being, as it did not differ significantly regardless of age, civil status, length of service, or employment status. With the heavy nature of the work, clinical instructors are emotionally fit and well-adapted to the setup of dealing with diverse students, colleagues, superiors, or even patients, which brings toxicity to the workplace. Dealing with these factors, clinical instructors know how to blend with the organizational climate or environment by managing their emotions to respond positively or negatively. They may seek support, share their apprehensions, confront the issue, get irate or angry, or remain calm and keep it to themselves, but one thing is for sure: they are not getting paid to cry. Clinical instructors were trained while they were still nursing students, and they needed to be emotionally stable in handling all situations. According to Picagli (2023), employees struggle with emotional health due to negative emotions, a toxic environment, and a heavy workload. On the contrary, in the study by Buquia et al. (2024), a significant difference was found in age and length of service, as the emotional factor is influenced by stress.

Table 7

Difference in the Level of Mental Well-being 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	96.80	4515.500	0.933		Not Significant
	Older	85	96.12				
Civil Status	Single	70	100.52	3988.500	0.444	0.05	Not Significant
	Married	122	94.19				
Length of Service	Shorter	143	94.27	3184.500	0.339		Not Significant
	Longer	49	103.01				

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Employment Status	Full-Time	77	96.21	4405.000	0.952	Not Significant
	Part-Time	115	96.70			

Table 7 shows a p-value of 0.93 interpreted as "not significant." This also implies the failure to reject the null hypothesis. Thus, there is no significant difference in the mental and emotional well-being levels when grouped according to civil status. Also, civil status displays a “not significant” result with a p-value of 0.44, resulting in a failure to reject the null hypothesis. Therefore, there is no significant difference in the level of mental well-being when grouped according to civil status.

Length of service reveals a “not significant” result with a p-value of 0.33; this result fails to reject the null hypothesis, which means that there is no significant difference in the level of mental well-being when grouped according to length of service. A non-significant result was obtained when grouped according to employment status, with a p-value of 0.95, greater than the p-value of 0.05; therefore, it failed to reject the hypothesis. Thus, there is no significant difference in the level of mental well-being when grouped according to employment status.

There are no significant differences when grouped according to age, civil status, length of service, and employment status. The same result was found in the study of Gerza et al. (2024), which showed no discernible difference in the degree of psychological well-being. Clinical instructors have the same level of mental well-being not only because they are required to, or a memorandum says so, but also because they need to be mentally fit and stable. With the demanding work, the tendency is to get overwhelmed; without good mental health, it may result in issues that affect personal and professional aspects. Managing it greatly makes you satisfied and helps you stay on the job. According to Cao et al. (2022), mental health exerts a positive effect on job satisfaction.

Conclusion

The research evidenced that the nursing schools in a large urbanized city in the Central Philippines had clinical instructors who were mainly young, married, and had shorter service periods; plus, a majority were part-time workers. The demographic profile denotes a teaching staff that is early in their career path and dealing with several personal and professional commitments simultaneously. The prevalence of part-time jobs and limited tenure might represent institutional restrictions on one hand and the need for adaptable teaching arrangements in nursing education on the other. These characteristics provide a context for the well-being levels that were detected in the later dimensions and, at the same time, point out the changes in the clinical instruction process in higher education.

When it comes to the well-being dimensions, the results showed that clinical instructors had a high level of physical, emotional, and mental well-being. Most of the instructors were in good health from a physical standpoint, although they had some difficulties achieving the right body weight and maintaining consistency in the physical exercise they did. The instructors, being emotional persons, managed to get through teaching and clinical supervision with a lot of demands, showing the quality of being able to control emotions and turn negative experiences into constructive learning opportunities. Mentally, they expressed paying attention, being open-minded, and using coping techniques based on their faith, although they mentioned moderate anxiety when dealing with new students. It is clearly seen that well-being is

multidimensional and interrelated—where emotional strength, mental soundness, and physical energy together enable quality teaching and clinical mentorship.

With a comparative analysis, it was revealed that only age was the distinguishing variable with a significant difference in the level of physical well-being, as younger instructors showed that they had more of it compared to older instructors. The dimensions of civil status, length of service, and employment status showed no significant differences which so ever and this indicates that well-being is not a matter solely of demographic or employment factors but rather a question of individual coping strategies and support systems. The findings contain implications requiring higher education institutions to establish well-being programs alongside faculty development initiatives, support for faculty, reducing workloads, and providing physical and psychological support that is easily accessible. Rooted in Seligman's PERMA Theory, the study asserts that uplifting clinical instructors' positive emotions, engagement, relationships, meaning, and achievement not only enhances their well-being but is also a contributor to the overall clinical instruction and student outcomes.

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