Adapting to change: Lived experiences of nursing students in rebuilding clinical confidence with limited face-to-face exposure

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Abstract: The COVID-19 pandemic significantly reshaped nursing education, with the transition to remote learning impacting clinical confidence and competency development among student nurses. As nursing programs shift back to in-person learning, students face challenges in adapting to limited face-to-face clinical exposure, which serves as a critical bridge between theoretical knowledge and hands-on practice. This qualitative study employs descriptive phenomenology to explore the lived experiences of six nursing students—three third-level and three fourth-level—selected based on specific inclusion criteria. Data were gathered through one-on-one semi-structured Zoom interviews, and thematic analysis identified four key themes: (1) ineffective practical learning through virtual platforms, (2) limited face-to-face clinical exposure as a foundation for skill recovery, (3) challenges in transitioning from virtual to actual related learning experiences, and (4) fostering clinical confidence through personal preparation and adaptation. The findings highlight the difficulties students face in regaining hands-on competencies, adjusting to new learning modalities, and managing self-directed learning strategies to compensate for lost clinical immersion. Despite these challenges, limited face-to-face exposure was perceived as a step toward rebuilding clinical confidence, emphasizing the need for adaptable nursing curricula, enhanced simulation strategies, and structured transition programs. The study provides insights for educators, administrators, and policymakers in optimizing clinical education, ensuring students are adequately prepared for the evolving demands of professional nursing practice.

Keywords: Clinical confidence, Clinical learning, Limited face-to-face exposure, Nursing curriculum development nursing education, Post-pandemic transition, Virtual to practical learning.

1. Introduction

Nursing competency is rooted in the knowledge and skills acquired through both theoretical and practical learning experiences [1]. Training in nursing is a unique combination of classroom-based education and clinical practice, designed to equip nursing students with the critical information, skills, and attitudes necessary to deliver quality nursing care [2]. Theoretical and clinical training are complementary components of nursing education, with a significant portion of the learning taking place in clinical settings such as hospitals [3, 4]. In fact, the World Health Organization (WHO) reports that clinical education constitutes more than half of formal nursing training programs in many Asian countries [5]. This underscores the importance of clinical education as an essential element of the nursing curriculum, vital for fostering professional competencies and preparing nursing students for entry into the workforce as registered nurses [6].

Clinical training in nursing, however, is fundamentally different from theoretical learning. It occurs within dynamic and often complex environments influenced by a variety of factors [7]. These environments provide students with opportunities to transform theoretical knowledge into practical skills and attitudes essential for patient care [8]. A crucial factor affecting the quality of clinical education is the preparation and exposure of students before they engage in real-world clinical settings [9]. An optimal clinical learning environment promotes professional growth, while a poorly structured or negative environment can hinder students' development and even lead to increased attrition rates [10, 11]. More important, studies have shown that inadequate clinical exposure has resulted in some nursing students leaving the profession due to the challenges encountered in clinical settings [12].

The COVID-19 pandemic introduced a significant shift in the clinical learning environment, necessitating adjustments to ensure student safety while maintaining educational objectives [13]. The conventional clinical settings once ideal for learning were replaced with limited face-to-face engagements, dictated by changing pandemic alert levels [14]. Some even used various virtual reality simulations to make the process more realistic [15]. These unconventional environments have presented unique challenges and opportunities for nursing students as they strive to achieve their clinical competencies. This study focuses on the lived experiences of University of St. La Salle (USLS) – Bacolod, Bachelor of Science in Nursing (BSN) student nurses within these new clinical learning settings. Specifically, it aims to explore how limited face-to-face clinical exposure impacts the achievement of clinical competencies, as well as the conveniences and challenges faced in this learning context.

1.1. Research Objective

The primary objective of this study is to explore the lived experiences of student nurses in a clinical learning environment characterized by limited face-to-face clinical exposure due to the COVID-19 pandemic. It seeks to understand how this new environment influences the development of clinical competencies, the challenges encountered, and the conveniences it may offer.

1.2. Significance of the Study

This study holds significant value for various stakeholders. For the school administration, the findings may guide program enhancements to improve clinical exposure and address the gaps identified during limited face-to-face engagements. University officials, including the College of Nursing Dean, may utilize these insights to develop initiatives that uphold the highest safety standards while optimizing clinical learning experiences. For clinical instructors, the study provides qualitative insights that can help refine teaching strategies and address students' struggles in these unconventional settings. By understanding students' lived experiences, instructors can develop more effective approaches to support learning and competence development. For parents and guardians, the study offers valuable perspectives on the challenges their children face in limited clinical settings, fostering greater trust in the nursing program and its commitment to student well-being. For nursing students, this research aims to shed light on their unique experiences, offering an avenue for future improvements to clinical education. Insights derived from this study can inform the creation of policies or programs that better support students' professional growth during crises. Lastly, future researchers may find this study a foundation for further exploration, enabling quantitative analyses or expanded investigations into the constructs and variables highlighted in this qualitative work. By addressing these aspects, this study contributes to the advancement of nursing education, particularly in times of unprecedented challenges like the COVID-19 pandemic.

2. Literature Review

2.1. Theoretical Framework of the Study

One of the most widely recognized models in nursing is the Roy Adaptation Model (RAM), which has significantly influenced nursing practice, research, education, and administration for over 35 years by providing a structured framework for understanding and guiding nursing care [16]. The RAM Model encompasses five fundamental elements central to nursing theory: health, personhood, the nurse, adaptation, and the environment [17, 18]. This model approaches an individual's well-being holistically, with a focus on adaptation. Roy [19] and Roy [20] emphasizes that adaptation occurs within an open system that responds to inputs from both internal and external factors. These adaptive responses are essential for maintaining health and well-being in dynamic environments. According to Roy [19] environmental stimuli are categorized into three types: focal, contextual, and residual. Focal stimuli are immediate and are perceived as the primary issue affecting the individual. Contextual stimuli are secondary factors that, while not the direct cause of the issue, contribute to the individual's response. Residual stimuli, on the other hand, are rooted in the individual's previous experiences, attitudes, and habits, which may influence their current condition and response to treatment. In the adaptive process, regulator and cognator subsystems function as coping mechanisms [21]. The regulator subsystem involves physiological processes, while the cognator subsystem includes psychological, social, and emotional responses [22].

The RAM's key metaparadigm concepts—person, environment, health, and nursing—serve as its foundation [19, 23]. The person is viewed as a biopsychosocial being continuously interacting with a changing environment. Within this interaction, focal stimuli represent the immediate confrontation with internal or external conditions, prompting a response. Nurses play a critical role in addressing the focal stimulus while managing contextual and residual stimuli to support the patient's adaptation [23]. Contextual stimuli are additional factors that contribute to the focal stimulus and influence the individual's current situation. Residual stimuli, on the other hand, are shaped by past experiences and personal habits, which subtly affect the individual's ability to adapt and respond to treatment. Health, in this framework, is viewed as a dynamic state of being, continuously influenced by the individual's ability to adapt to internal and external changes. In essence, this study draws upon the principles of the RAM to explore how student nurses experience and adapt to changes in an evolving clinical learning environment. By understanding how they navigate these stimuli and develop coping mechanisms, this research highlights the applicability of RAM in addressing challenges in nursing education, particularly in dynamic and unconventional clinical settings.

2.2. Challenges Faced by Healthcare Professionals during the COVID-19 Pandemic

Approaching the end of 2019 an unprecedented public health crisis, COVID-19 posed significant challenges, particularly for healthcare professionals, who faced heightened risks of infection, mental health struggles, and burnout [24]. The virus, transmitted through contact, respiratory droplets, and other means, caused severe symptoms such as pneumonia and lung infections, placing immense pressure on health systems worldwide [25]. For instance, by February 2020, more than 3,000 healthcare workers in China were suspected of being infected with COVID-19, underscoring the vulnerability of front-line workers during the pandemic [26]. Healthcare workers were particularly burdened during this crisis, as they faced long shifts, insufficient personal protective equipment, and evolving treatment protocols [27]. These challenges exacerbated feelings of uncertainty, helplessness, and fear of infecting family and colleagues, while also exposing workers to heightened risks of mental health issues, such as anxiety, insomnia, and post-traumatic stress disorder [28, 29].

Previous outbreaks, such as Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS), similarly revealed the psychological toll on medical professionals, with long-term effects like Post-Traumatic Stress Disorder (PTSD) and burnout resulting from workplace stress and inadequate support systems [30, 31]. During the early stages of the pandemic, healthcare systems worldwide struggled to adapt. Overwhelmed hospitals, limited resources, and the uncertainty

surrounding treatment protocols left healthcare workers unprepared to handle the surge of patients [32]. Beyond the physical challenges posed by extended personal protective equipment use and demanding workloads, healthcare professionals reported feelings of alienation, stigma, and discrimination, contributing to emotional distress and accelerated burnout [33]. These factors highlight the urgent need for robust support systems to safeguard the well-being of healthcare workers during public health emergencies.

2.3. Student Nurses and their Clinical Experience during Pandemic

The COVID-19 pandemic has raised concerns about the well-being of healthcare professionals, including student nurses. Studies emphasized the emotional burdens of nurses working in morally challenging environments and the need for mental health support [34, 35]. Many have proposed to apply technology in educating nursing students, however, still many issues arise [36]. Evidence from the United Kingdom highlighted inadequate personal protective equipment, insufficient support systems, and training, which added to the stress experienced by frontline workers, including student nurses [36]. Furthermore, the pandemic significantly increased stress levels among student nurses globally. For instance, in Turkey, younger students reported heightened anxiety due to fears of infection and constant media exposure [37]. Concerns were also raised about deploying student nurses to the frontline, with critics arguing that universities have a moral and legal obligation to protect their students [38]. The pandemic's psychological impact on student nurses, including heightened stress and professional challenges, was well-documented, prompting calls for evidence-based strategies to better support this group during crises [39]. Importantly, Asian countries that faced the pandemic early, provided valuable insights into the challenges faced by student nurses during clinical placements, emphasizing the need for improved mental health support and adaptive teaching methods [40-42].

2.4. Positive Experiences of Student Nurses during Clinical Exposure in Times of Pandemic

Despite the challenges posed by the pandemic, there is evidence of positive experiences among student nurses during clinical placements. Godbold, et al. [43] conducted a qualitative study involving 16 final-year nursing students in the East of England during the pandemic's first wave. The study identified five themes: motivation to complete extended placements, role conflicts, caring for patients and families, impact on teaching, and personal well-being. Notably, students reported that the pandemic enhanced their preparedness for qualification and provided valuable insights for nurse educators, including strategies to build resilience and improve e-learning and placement preparation. In addition, a study in Singapore, Hu, et al. [44] explored the experiences of nursing students engaging in home-based learning during the outbreak. The findings revealed three themes: challenges of home-based learning, its effectiveness, and students' motivation to learn. Although students faced difficulties with technical challenges and adjusting to the pedagogy, many recognized the benefits of flexibility and enhanced self-directed learning. The study recommended integrating more home-based learning opportunities into nursing curricula to ensure adaptability in future crises while addressing technical and instructional challenges. Moreover, students who are better prepared are deemed to be more motivated and resilient in times of crisis [45].

2.5. Negative Experiences of Student Nurses during Clinical Exposure in Times of Pandemic

While some student nurses reported positive experiences, many others encountered significant challenges during the pandemic. Nabavian, et al. [46] conducted a qualitative study in Iran involving ten nursing students working in COVID-19 wards. The findings highlighted psychological stress, social isolation, and coping strategies as dominant themes. Students experienced fear of infection, rejection by family and friends, and mental conflict but relied on spirituality and increased knowledge to cope. The study emphasized the need for educational systems to support students in reducing psychological stress. In the Philippines, Oducado and Estoque [47] investigated the stress, satisfaction, and academic performance of undergraduate nursing students during online learning. Results showed that students

faced high levels of stress and low satisfaction with online education. Academic performance was negatively affected, with stress having an inverse relationship with both satisfaction and academic outcomes. The study called for measures to reduce stress and improve the effectiveness of online teaching methods, highlighting the significant impact of the pandemic on students' educational experiences.

Overall, these studies collectively underscore the multifaceted experiences of student nurses during the COVID-19 pandemic, highlighting both challenges and opportunities. Theoretical insights from the RAM provide a lens through which these experiences can be analyzed, emphasizing the role of adaptation in navigating dynamic environments. While the pandemic exacerbated stress, anxiety, and academic challenges among student nurses, it also offered opportunities for personal and professional growth, particularly in resilience and preparedness for qualification. The theoretical framework supports the idea that students, as biopsychosocial beings, adapt to environmental stimuli—including the challenges and opportunities of pandemic learning environments—through coping mechanisms like increased knowledge and resilience. These findings emphasize the need for adaptive curricula and robust support systems to optimize the clinical learning environment and mitigate negative impacts while fostering student nurses' professional development.

3. Materials and Method

3.1. Study Design

The current study is framed as a qualitative research grounded in descriptive phenomenology. This approach is particularly suited for exploring overlooked or previously unknown experiences [48]. Widely used in nursing research, phenomenology allows researchers to understand and value the unique experiences of individuals, fostering empathy—a critical element in patient-centered care [49]. In this study, the phenomenological framework enabled the researcher to delve beyond the limits of quantification, capturing insights rooted in the lived experiences of participants [50]. By employing semi-structured interviews, a qualitative method defined by Polit and Beck [48] as exploratory and open-ended, the researcher explored participants' perspectives, feelings, and experiences in greater detail. This method provided rich, multi-perspective data, allowing for a deeper understanding of how student nurses navigated and made sense of their unique clinical learning experiences during the COVID-19 pandemic. Through this lens, the study sought to uncover the essence and meanings of their lived realities.

3.2. Participants and Recruitment Criteria

The study utilized a qualitative approach grounded in phenomenology, the individuals involved were referred to as participants. This approach enabled the creation of a homogeneous group of participants who had personally experienced the phenomenon under investigation [51, 52]. Purposeful sampling, a common technique in qualitative research, was employed to identify and select cases that provided rich and relevant information about the phenomenon of interest [53]. Inclusion criteria guided the participant selection process. The participants were required to: (a) be BSN students at the USLS - Bacolod, enrolled during the School Year 2022–2023, (b) be in their 3rd or 4th year of study, (c) have experienced both conventional and limited face-to-face clinical exposure, and (d) voluntarily consent to participate in the study. A total of six (6) participants were selected—three from Level 3 and three from Level 4. The deliberate selection process also ensured diversity, including gender inclusivity (male, female, and non-binary participants) and representation from various clinical rotations, with no two participants assigned to the same group or clinical area. These considerations enriched the study's findings with diverse thematic content. Additionally, all participants were of legal age, ensuring no demographic vulnerability related to age. The exclusion criteria eliminated any potential participants who had been directly supervised by the researcher in previous clinical assignments, ensuring impartiality in the data collection process. The interview protocol of the study was reviewed and approved by the panel of evaluators of the University of St. La Salle Graduate Program.

Table 1 shows the demographics of the six participants, each assigned a pseudonym to ensure confidentiality. The participants represented diverse demographics in terms of gender, age, and year level, aligning with the study's goal of capturing a range of perspectives. The group consisted of three students from the 3rd year level and three from the 4th year level. Among the 3rd-year students were Gabby (female, 21 years old), Tonny (male, 21 years old), and Juls (female, 21 years old). This group reflected a younger cohort with relatively uniform age. The 4th-year students included Jessy (female, 37 years old), Sem (female, 40 years old), and Tateth (male, 23 years old). The 4th-year participants brought additional diversity in terms of age, with two participants in their late 30s and early 40s, suggesting a broader range of life and educational experiences. The mix of genders and age groups contributed to a rich and varied dataset, offering insights from different stages of life and academic progression.

Table 1.
Background demographics of the participants.

Participant (Pseudonyms)	Gender	Age	Year level
P1: Gabby	Female	21	3rd
P2: Tonny	Male	21	3rd
P3: Juls	Female	21	3rd
P4: Jessy	Female	37	4th
P5: Sem	Female	40	4th
P6: Tateth	Male	23	4th

3.3. Interview Protocol and Procedure

The study employed semi-structured interviews as the primary data collection tool, a method well-suited for exploring the psychological and lived experiences of participants [54]. Semi-structured interviews provide a flexible framework where practices and standards are recorded, challenged, and reinforced. The interview protocol consisted of open-ended questions organized into four sections: *personal information, positive experiences during limited face-to-face clinical exposure, negative experiences during limited face-to-face clinical exposure*, and *a comparison of conventional and limited face-to-face clinical exposure*. Probes and follow-up questions were used to encourage elaboration and clarification as needed. Initial interview questions included, *"Can you describe any positive experiences you've had during limited face-to-face clinical exposure?"* or *"What challenges or difficulties have you faced during this period?"* Probes and follow-up questions, such as *"How has this experience contributed to your skills or confidence as a future nurse?"* or *"How do you feel the limitations in face-to-face interactions affected your ability to engage with patients?"* were employed to encourage elaboration and clarification. As new themes emerged during the interviews, additional questions were incorporated to explore participants' insights further. To ensure accuracy, transcripts of the interviews were shared with participants for validation [50].

After the ethics approval of the study, participant recruitment began with the identification of eligible participants based on the inclusion criteria, facilitated by coordination with the respective Year Level Chairpersons. To ensure fairness and prevent bias, the Chairpersons prepared a shortlist of qualified participants. The researcher then established initial contact with shortlisted participants through personal messages on social media platforms (e.g., Facebook Messenger), SMS, or phone calls. During the initial communication, the researcher introduced herself, explained the study's purpose and expectations, and established rapport by inquiring about the participants' general situation. An information letter and consent form were sent digitally via email or messaging apps. The communication included a detailed explanation of the study's objectives, the nature of the qualitative data to be collected, its storage and destruction, and participants' rights to confidentiality and privacy. A separate session was conducted to thoroughly discuss the **informed consent form**, ensuring participants understood the study's risks and benefits, and any concerns or ambiguities were clarified before obtaining their signatures. Following consent, participants provided their availability for the interviews, which were conducted individually via one-on-one Zoom conferences. Each interview,

lasting approximately 40 minutes to one hour, which followed a semi-structured format as noted earlier in the study. The consent to record the interviews was reiterated at the start of each session. In addition, participants are reminded that they can stop the interview session at any time they felt doing so. After transcription, the interview transcripts were sent back to participants for validation to ensure accuracy. Throughout the data collection process, participants were addressed using proxy names (as noted in Table 1) to maintain anonymity. The researcher also re-emphasized the data storage and disposal protocols to protect participant privacy. Upon completion of transcription validation, data analysis commenced.

3.4. Data Analysis Method

Given the qualitative phenomenological nature of the study, Colaizzi [55] method of data analysis was employed. This method is widely regarded for its rigor and robustness, ensuring the credibility and reliability of its results. Colaizzi's approach allows researchers to identify emerging themes and explore the interwoven relationships between them. It is particularly suited for descriptive phenomenological studies as it provides a clear and logical process for examining the fundamental structure of an experience in greater depth. Colaizzi's method consists of seven steps. The process begins with reading and rereading the transcripts to gain a comprehensive understanding of the data. Second, *significant statements* related to the phenomenon are extracted. Third, *meanings* are formulated from these significant statements. Fourth, the *formulated meanings* are grouped into clusters and themes. The fifth step involves creating an exhaustive description of the *phenomenon,* capturing its essential structure. Sixth, a description of the fundamental structure of the phenomenon is finalized. Finally, the seventh step entails validating the findings through participant feedback, ensuring the accuracy and authenticity of the results. To enhance credibility and trustworthiness, the study adhered to strategies proposed by Lincoln and Guba [56]. These strategies included prolonged engagement, persistent observation, and triangulation of data and researchers. Peer debriefing was conducted to provide an independent review of the research process and validate its findings. Referential adequacy was also considered, allowing the comparison of initial conclusions with final interpretations derived from raw data. These measures ensured the validity of the research process and strengthened the study's credibility and trustworthiness.

3.5. Ethical Guidelines

Ethical guidelines were established for the duration of the research study to protect participants' rights and well-being. Fontana and Frey [57] emphasized the importance of informed consent, the right to privacy, and protection from harm in research. In this study, participants were informed in writing about the research's purpose, scope, and voluntary nature, with the option to withdraw at any time by stating their reason. Participants were assured that their information would remain confidential, protected by a code of confidentiality included in the consent form. Real names were replaced with pseudonyms, and participants could review their interview responses for accuracy before analysis. The semi-structured interviews were conducted virtually via Zoom, with only audio recordings preserved to maintain privacy. Should face-to-face interviews become necessary, they were to adhere to strict IATF protocols. The consent form included detailed information about the study, such as its purpose, procedures, potential risks and benefits, and the participants' rights, including provisions for confidentiality and withdrawal. Participants were assured they would not be exposed to harm and that all shared information would remain anonymous until the study's completion. The researcher provided clear information about the study and obtained ethical approval and permissions to proceed. Finally, the primary researcher, as the host of the virtual interviews, maintained sole access to and control of the recordings. Digital copies of recordings and transcripts were stored securely on the researcher's encrypted hard drive. Password-protected copies of transcripts and clustered themes were shared with participants for validation. No hard copies of the transcripts were produced unless necessary. Data will

be stored securely for a maximum of two years and hard deleted thereafter, ensuring compliance with confidentiality and data protection standards.

4. Results and Discussions

This section presents the analysis and interpretation of the data collected through semi-structured Zoom interviews with participants, exploring their lived experiences in a clinical learning environment with limited face-to-face exposure during the COVID-19 pandemic. Thematic analysis was employed to identify recurring patterns and significant statements from the interview transcripts, providing depth and insight into the participants' experiences [58] Four key themes emerged: (1) *ineffective practical learning through virtual platforms*, highlighting challenges in acquiring hands-on skills; (2) *limited face-to-face clinical exposure as a promising foundation*, emphasizing its potential to rebuild competencies and confidence; (3) *challenges of transitioning from virtual to actual related learning experience*, reflecting the emotional and practical difficulties faced during this shift; and (4) *fostering clinical confidence through preparation*, underscoring the importance of readiness in navigating these new learning environments. These findings, enriched by direct participant quotes, are discussed in relation to the RAM and existing literature, offering a comprehensive understanding of how student nurses adapted to this evolving educational context.

4.1. Ineffective Practical Learning through Virtual Platforms

The COVID-19 pandemic has significantly disrupted the operations of universities and other educational institutions, forcing nursing schools to adapt to unique challenges in training future healthcare professionals [34]. More important, the rapid shift to virtual platforms hindered the ability of nursing students to engage in hands-on clinical experiences, which are crucial for developing practical skills and professional competence [37]. The lack of direct patient interaction and face-to-face guidance from clinical instructors compromised the quality of nursing education and left students feeling inadequately prepared for real-world clinical practice. For instance, Juls, expressed her frustration by saying, *"I find it hard to grasp and imagine how the procedures are done because those are demonstrated behind the screen."* Similarly, Tateth remarked, *"Because this is a nursing profession, we should do hands-on activities, which are hard to do in online classes."* These sentiments highlight the critical need for direct engagement in practical learning.

Similarly, virtual learning also introduced challenges related to attentiveness and self-motivation, further detracting from its effectiveness. According to Tonny, *"Many concepts are being taught, and we are trying to absorb them. However, we cannot maintain our attention virtually."* This issue aligns with broader research indicating that remote learning often fails to maintain student engagement, particularly in highly interactive fields like nursing [38]. Jessy, echoed this struggle, stating, *"I am not that motivated, and I get distracted easily."* In addition, the emotional demands of virtual learning were overwhelming for some participants. Gabby, described virtual classes as *"overwhelming and draining,"* a sentiment supported by studies showing that online education can exacerbate feelings of isolation and stress in nursing students [37].

Overall, the findings noted the limitations of virtual platforms in delivering nursing education, particularly in cultivating the practical skills essential for patient care. While nursing schools have implemented virtual teaching strategies to ensure continuity during the pandemic, these approaches lack the tactile and immersive qualities necessary for effective clinical training. This disconnect reinforces the need for innovative solutions to bridge the gap between theoretical learning and hands-on practice, ensuring that nursing students are adequately prepared for the demands of their profession.

4.2. Limited Face-to-Face Clinical Exposure as a Promising Foundation

The reintroduction of limited face-to-face clinical exposure has been perceived as a pivotal step toward bridging the disruption in nursing education caused by the pandemic. Traditionally, the clinical component of nursing education has emphasized hands-on learning, with activities such as patient

assessment and procedures playing a critical role in skill development [43]. However, the pandemic necessitated a shift to blended learning, integrating theoretical instruction online with limited in-person clinical exposure to address practical skill gaps [44]. Participants expressed *optimism* about this *hybrid* approach, viewing it as a promising foundation for enhancing their clinical skills and regaining confidence. Gabby noted, *"It is timely. There is skill acquisition. In face-to-face duty, I feel confident to ask questions."* Similarly, Tonny shared, *"I am happy and excited because face-to-face related learning experience helps build self-esteem and improve our skills."* Juls added, *"I feel happy because it is needed for us to have a real-life experience."* These insights highlight the potential of this approach to foster practical learning while maintaining educational integrity.

Beyond the practical benefits, participants emphasized the efficacy of face-to-face clinical exposure compared to virtual learning. Many found virtual classes limiting due to the lack of immediate feedback and real-life scenarios. Jessy explained, *"There are only make-believe situations in virtual classes. However, in face-to-face related learning experience, the data are more accurate and comprehensive because I deal with actual patients."* Gabby similarly stated, *"In face-to-face related learning experience, I can determine if what I learned is right or not so that I can improve next time. It also helps me improve my skills and confidence."* In addition to its impact on practical skills, face-to-face learning enhanced emotional intelligence by allowing students to interact with real patients and peers. Jessy reflected, *"It definitely improves my emotional intelligence. We are interacting with real patients and seeing their struggles. We can somehow empathize with them as we deal with real emotions."* Likewise, Tonny noted, *"It improves the way I manage myself, react to the situation, and manage my emotions."* These findings reinforce the importance of experiential learning in developing both technical skills and emotional maturity, essential components of nursing competency.

4.3. Challenges of Transitioning from Virtual to Actual Related Learning Experience

The transition from virtual to face-to-face clinical exposure has been met with excitement, but also significant challenges, highlighting the complexity of adapting to the realities of hands-on nursing education. Clinical practice is an indispensable part of nursing education, as it equips students with the competencies required for real-world practice [34]. However, the pandemic's disruption and the subsequent reliance on virtual learning created a gap that cannot fully replicate the immersive experience of actual clinical environments. As COVID-19 restrictions eased and limited face-to-face learning resumed, students expressed reservations about the transition, particularly concerning their ability to adapt to the demands of actual clinical practice after prolonged exposure to online learning. Participants identified several challenges during this transition, including a *lack of emotional readiness, issues with knowledge retention, adjustments to attention span,* and *difficulties with time management.*

For instance, Gabby described the transition as *"nerve-racking,"* admitting, *"I'm not confident with my skills. I feel anxious and overwhelmed."* Knowledge retention was another issue, as Jessy noted, *"In the virtual setting, the lessons don't stay in my mind. Going to the actual setting is like having to relearn everything over again."* Similarly, Sem stated, *"Some of what I've learned went down the drain. That is why I keep on saying that I have to review them."* Students also struggled with maintaining focus and adapting to the demands of hospital shifts. Juls shared, *"The most challenging part is adjusting my attention span. I find it difficult to pay attention and not drift off to sleep during discussions."* Time management was another obstacle, as Tateth remarked, *"It is waking up early in the morning because our shift from the hospital exposure is around 6 A.M. to 2 P.M. I find it hard to adjust my time."* These challenges underscore the need for tailored strategies to bridge the gap between virtual and actual clinical learning, addressing both cognitive and emotional readiness to ensure a smoother transition and more effective learning experience.

4.4. Fostering Clinical Confidence through Preparation

The shift to virtual education during the pandemic left nursing students struggling with inadequate clinical preparation, resulting in reduced self-esteem and confidence, and raising concerns about the

future competency of healthcare professionals [43]. Despite these challenges, many student nurses found ways to bridge gaps in their clinical learning through proactive personal preparation. Participants in this study demonstrated *resilience* by *organizing their clinical schedules meticulously, thoroughly reviewing theoretical principles relevant to upcoming clinical tasks, prioritizing their physical health*, and *developing coping strategies to manage stress and anxiety*. These deliberate efforts reflect a strong commitment to achieving individual clinical competence and creating a conducive learning environment.

For instance, students adopted various organizational strategies to manage their time and responsibilities effectively. Gabby shared, *"I usually make a checklist and have a planner so that I won't miss something,"* while Tonny explained, *"I created an itinerary on what to do one week before the start of classes. I also create a list of the things needed."* Preparation extended beyond logistics to include academic review. As Gabby noted, *"I also review the previous lessons. I ask for feedback from my classmates and instructors,"* and Juls mentioned, *"The preparations I have done include reviewing the PowerPoint presentations that the clinical instructors have provided and reading the notes I have taken down."* Maintaining physical health was also a priority, with Jessy stating, *"I try to stay healthy as possible by following health protocols."* Beyond these practical steps, students worked on enhancing their coping capabilities. Gabby found journaling helpful, saying, *"Journaling helps me cope with the challenges. I also try to socialize with friends and attend a guidance counseling session,"* while Tonny highlighted his strategy, *"To deal with it, I try to write down the words I cannot understand in classes so that I can improve my focus."* These proactive measures reveal a strong sense of agency among students, as they strive to rebuild their confidence and readiness for the demands of clinical practice.

In sum, the findings of this study, grounded in the RAM, highlight how student nurses navigated the challenges of limited face-to-face clinical exposure during the COVID-19 pandemic by adapting to evolving educational and clinical environments. The first theme revealed the ineffectiveness of virtual platforms in fostering practical skills, with students struggling due to the lack of hands-on experience, reduced motivation, and overwhelming emotional demands. However, the second theme underscored the promise of limited face-to-face clinical exposure in restoring confidence, providing practical learning opportunities, and improving emotional intelligence. The third theme shed light on the taxing nature of transitioning from virtual to actual related learning experiences, with participants citing emotional unpreparedness, knowledge retention issues, and time management challenges. Despite these struggles, the fourth theme emphasized the proactive strategies employed by students to bridge these gaps, including thorough preparation, organization, staying physically healthy, and enhancing coping mechanisms. These findings align with the study's goal of exploring how student nurses experience and adapt to the disruptions in clinical learning caused by the pandemic. By interpreting these experiences through the RAM, the study underscores the importance of resilience, preparation, and adaptive learning environments in fostering clinical competency and confidence, even in unprecedented circumstances.

5. Conclusion and Recommendations

Overall, the findings reveal that while students experienced apprehension and challenges during the purely virtual clinical learning period—citing a lack of hands-on skills, attentiveness, and self-motivation—there was optimism for the limited face-to-face modality. Students recognized this as a starting point to rebuild competency and confidence through practical skill enhancement, improved emotional intelligence, and more effective learning. However, the transition to face-to-face exposure was taxing, with students questioning their readiness and struggling with knowledge retention, time management, and attention span. Despite these challenges, students demonstrated determination by employing personal strategies, such as organizing schedules, reviewing theoretical concepts, maintaining physical health, and enhancing coping mechanisms. These findings acknowledged the importance of combining effective learning modalities with individual preparedness to optimize the clinical learning experience.

The study recommends that the Commission on Higher Education (CHED) review and enhance existing programs related to clinical learning delivery. CHED should closely monitor and supervise the implementation of blended learning modalities, ensuring that gaps in clinical education are addressed and that students are adequately prepared for professional practice. Nursing schools and administrators should collaborate with CHED to refine strategies for adapting to evolving learning environments. Institutions should tailor innovations to meet their specific contexts while ensuring a seamless transition to clinical learning. Clinical instructors are encouraged to adopt teaching strategies that address students' challenges, particularly in emotional readiness, knowledge retention, and skill development. Creating a supportive and open learning environment will further enhance students' confidence and competency. Student nurses should reflect on factors influencing their adaptation to clinical learning and proactively seek ways to mitigate negative mechanisms during the transition. They are also encouraged to engage in self-assessment and collaborate with instructors to optimize their learning experience. Lastly, parents and guardians can provide emotional

This study has several limitations. First, the sample size was small, with only six participants, which may limit the generalizability of the findings to a broader population. Second, the study relied on self-reported data gathered through virtual interviews, which may introduce biases such as social desirability or recall bias. Third, the focus on a single nursing institution may not capture the diverse experiences of nursing students from different educational or cultural contexts. Lastly, the study was conducted during a specific period of the pandemic, and the findings may not fully represent the evolving nature of clinical education as pandemic restrictions continue to change. Future research is encouraged to address these limitations by including larger, more diverse samples and exploring additional constructs related to clinical learning in varied settings.

Institutional Review Board Statement:
The study adhered to the principles outlined in the Declaration of Helsinki. The research protocols were reviewed and approved by the panel of evaluators from the University of St. La Salle Graduate Program.

Transparency:
The authors confirm that the manuscript is an honest, accurate and transparent account of the study that no vital features of the study have been omitted and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

Competing Interests:
The authors declare that they have no competing interests.

Authors' Contributions:
Conceptualization, M.D.A. and S.M.T.; methodology, M.D.A. and S.M.T.; software, G.S.C.; validation, M.D.A., S.M.T. and G.S.C.; formal analysis, M.D.A.; investigation, M.D.A., S.M.T. and G.S.C.; resources, M.D.A., S.M.T. and G.S.C.; data curation, M.D.A.; writing—original draft preparation, M.D.A.; writing—review and editing, M.D.A., S.M.T. and G.S.C.; visualization, G.S.C.; supervision, S.M.T.; project administration, M.D.A. and S.M.T.; funding acquisition, M.D.A., S.M.T. and G.S.C. All authors have read and agreed to the published version of the manuscript.

the nursing students who willingly shared their experiences and insights about limited face-to-face clinical exposure. Their openness and trust were pivotal in uncovering valuable perspectives on nursing education during the post-pandemic era.

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