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Lived experiences of nursing education administrators during the COVID-19 pandemic: Challenges, adaptations, and insights

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Abstract: This study explores the lived experiences of nursing education administrators in implementing nursing academic programs during the COVID-19 pandemic. It focuses on their transition to distance learning, the challenges encountered, and their adaptive strategies in the major provinces of Aklan, Capiz, and Iloilo in Panay Island, Western Visayas, Philippines. A qualitative research design with a phenomenological approach was employed. Purposive sampling was used to select Deans of Colleges of Nursing or Heads of Nursing Departments during the academic year 2020–2021. Data were collected through in-depth online interviews through Zoom, each lasting 30 to 60 minutes, conducted in compliance with COVID-19 health protocols. Colaizzi [1] method of data analysis ensured the credibility and reliability of findings. The lived experiences of nursing education administrators were categorized into three key themes: 1) the transition from traditional to distance nursing education, 2) challenges encountered in program implementation and the strategies used to overcome them, and 3) the personal and professional growth of administrators amidst the crisis. The study affirmed the relevance of the Society-to-Cells Resilience Theory, Transitions Theory, Lewin's Change Management Theory, and Chaos Theory in understanding resilience, adaptation, and leadership in nursing education. The study highlights the resilience and adaptability of nursing education administrators in managing academic programs during the COVID-19 pandemic. Their experiences provide insights into educational leadership, crisis management, and curriculum development in uncertain times. The findings may inform policymakers in formulating and revising policies, standards, and guidelines for nursing education during public health emergencies. They also provide valuable insights for nursing administrators in strategic planning, budget allocation, faculty capacity-building, and the development of a learner-centered nursing curriculum that fosters student engagement and motivation in evolving teaching-learning environments.

Keywords: *Academic leadership, COVID-19 pandemic, Crisis management, Distance learning, Nursing education, Nursing curriculum adaptation.*

1. Introduction

The COVID-19 pandemic has profoundly impacted all sectors of society all over the globe; similar also in the Philippines, including academic institutions [2], with nursing education being among the most seriously affected [3]. The COVID-19 pandemic has disrupted traditional educational structures, leading to significant challenges in physical health, mental and psychological well-being, economic security, and social stability [4]. As of February 19, 2021, the Philippines had recorded 553,424

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confirmed cases and 11,577 deaths [5] with cases continuing to rise. The pandemic's severity has triggered widespread anxiety, panic, depression, and stress, affecting individuals across the globe [6, 7].

In response to this unprecedented situation, the Commission on Higher Education (CHED) issued COVID Advisories Nos. 1 to 7, providing "Guidelines for the Prevention, Control, and Mitigation of the Spread of Coronavirus Disease 2019 (COVID-19) in Higher Education Institutions (HEIs) [8]." These directives encouraged HEIs to adopt flexible program requirements and alternative learning delivery systems. As a result, most institutions transitioned from face-to-face classes to online learning. However, this shift presented a unique challenge for nursing education, as students were removed from clinical and community exposure, preventing them from completing their Related Learning Experiences (RLE) and return skills demonstrations, which are critical components of their training [3].

The implementation of CHED Memorandum Order (CMO) No. 15, Series 2017, which outlines the "Policies, Standards, and Guidelines (PSG) for the Bachelor of Science in Nursing (BSN) Program," was particularly affected [9, 10]. The BSN curriculum comprises theoretical/didactic instruction and experiential learning through RLE. The strict enforcement of health protocols forced students to remain at home, thereby limiting their clinical practice opportunities in hospitals and their ability to complete skills demonstrations in school. In reality, these disruptions posed significant challenges for students, faculty members, and particularly for nursing education administrators, who were responsible for ensuring compliance with program requirements, including RLE hours and clinical cases needed for eligibility in the Nurse Licensure Examination (NLE), such as Operating Room (OR) and Delivery Room (DR) cases.

Nursing education administrators played a pivotal role in navigating these challenges, as they were responsible for planning, decision-making, and managing the transition from traditional to flexible learning modalities [11]. Their leadership was tested as they sought to uphold academic quality while prioritizing the health and safety of faculty, students, parents, and other stakeholders. In addition to administrative responsibilities, these leaders faced heightened levels of physical, emotional, and psychological stress [12]. The demands of their roles intensified due to the rapidly evolving situation, requiring them to balance institutional priorities with personal well-being [13].

A review of literature indicates that nursing education administrators worldwide have encountered significant difficulties in decision-making, strategic planning, and program implementation during the pandemic [14–17]. While previous studies highlight these challenges, there is a need for localized research focusing on the experiences of nursing education administrators in the Philippines. This study is particularly relevant in capturing the firsthand lived experiences of these key decision-makers in nursing education during the ongoing health crisis.

1.1. Research Objective

This study aimed to explore the lived experiences of nursing education administrators in the implementation of nursing academic programs during the COVID-19 pandemic in Panay Island, Western Visayas, particularly in the provinces of Aklan, Capiz, and Iloilo (*Western Visayas is located in the central Philippines, is a region known for its rich cultural heritage, vibrant tourism, and diverse economic activities, with the provinces of Aklan, Capiz, and Iloilo playing key roles in education, agriculture, and healthcare development*). Specifically, it sought to examine their experiences in adapting to alternative learning modalities, addressing the challenges brought about by the crisis, and identifying best practices in managing nursing education amid disruptions. Furthermore, the study aimed to generate operational recommendations to guide policymakers, nursing education administrators, faculty members, and other stakeholders in addressing future crises in nursing education.

1.2. Significance of the Study

This study holds significant value in understanding the leadership experiences, challenges, and adaptive strategies of nursing education administrators during a global health crisis. The findings may serve as a basis for revising policies and guidelines governing nursing education, ensuring that institutions remain resilient in times of disruption. Additionally, this research may assist policymakers

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in developing strategies for curriculum adaptation, faculty capacity-building, and the integration of flexible learning models without compromising the quality of nursing education. For nursing administrators, the insights gained may inform long-term planning, resource allocation, and decision-making to enhance institutional preparedness. Lastly, this study contributes to the broader discourse on crisis management in higher education, offering valuable lessons for future academic resilience and sustainability.

1.3. Scope and Limitations of the Study

This qualitative study, employing a phenomenological approach, explored the lived experiences of nursing education administrators in implementing academic programs during the COVID-19 pandemic. Participants were selected through purposive sampling and consisted of six nursing education administrators, specifically Deans of Colleges of Nursing and/or Heads of Nursing Departments, who were actively managing nursing programs during the academic year 2020–2021, when the pandemic was declared a public health emergency. The study utilized inclusion criteria based on data from the Association of Deans of Philippine Colleges of Nursing (ADPCN), Western Visayas chapter. Participants were categorized according to their institutions' nursing student enrollment for the academic year 2020–2021 and their respective provinces within Panay Island, Western Visayas: (1) two administrators from colleges/departments with 200–250 enrollees in Aklan, (2) two administrators from colleges/departments with 250–350 enrollees in Capiz, and (3) two administrators from colleges with more than 350 enrollees in Iloilo.

Given the travel restrictions and health protocols set by the National and Local Inter-Agency Task Force (IATF) for the management of COVID-19, all research communication was conducted remotely [18]. Data collection involved email exchanges, video conferencing (Zoom), and messaging platforms (Facebook Messenger and text messaging). Follow-up clarifications were made via text messages and phone calls, ensuring minimal disruption to participants' schedules. The study took careful ethical considerations into account, adhering to principles of respect, privacy, and confidentiality. Interviews were conducted using a structured interview guide. The busy schedules of the nursing education administrators necessitated flexibility, with the researcher maintaining regular follow-ups through text messages, emails, and phone calls. Interview appointments were scheduled based on participant availability, with follow-up clarifications made via Facebook Messenger when necessary.

2. Literature Review

2.1. Theoretical Framework of the Study

This study is grounded in several theories that explain adaptation to change, leadership, and management during times of transformation, as well as the educational reforms implemented within institutions [19]. First, is the Society-to-Cells Resilience Theory [20, 21] explores resilience and adaptation in response to challenges, emphasizing the interconnectedness of societal, community, familial, psychological, physiological, and cellular factors. This theory highlights three key aspects of resilience: a) resistance to a challenge, allowing for the continuous maintenance of health; b) recovery from a challenge, restoring previous levels of functioning after a period of disruption; and c) rebounding from a challenge, enabling individuals to surpass obstacles and achieve higher levels of functioning. The concept of resilience as both a process and a capacity is crucial, as it reflects an individual's continuous adaptation to change, not merely as an outcome but as an essential characteristic necessary for maintaining health, restoring equilibrium, and achieving mastery in response to adversity.

Next is the Transitions Theory [22] further elucidates how individuals respond to and experience change. This theory emphasizes the significance of awareness, engagement, and mastery in successfully navigating transitions. It posits that awareness of an impending change influences an individual's level of engagement, with active engagement being necessary for successfully mastering new behaviors. The theory provides a valuable framework for understanding the challenges faced by nursing education

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administrators as they adapt to new roles, identities, and processes in response to the abrupt shift from traditional face-to-face instruction to flexible learning modalities.

Furthermore, given the rapid transformation in nursing education, Lewin's [23, 24] Change Management Theory offers a relevant model for understanding how institutions respond to dynamic shifts in their teaching-learning environments. This model consists of three stages: *Unfreezing*, which involves creating awareness of the need for change (e.g., recognizing the limitations in nursing students' clinical exposure due to pandemic restrictions); *Changing/Moving*, which entails identifying and implementing alternatives (e.g., adopting clinical simulation using low, medium, and high-fidelity mannequins and case-based scenarios); and *Refreezing*, which focuses on reinforcing and stabilizing the newly integrated approaches (e.g., implementing blended learning models, faculty training in flexible learning, and ongoing adaptation monitoring for nursing leaders, faculty, and students). This theory provides a structured approach to ensuring that the quality of nursing education is upheld despite the challenges posed by the pandemic.

Finally, Chaos Theory [25] helps explain the complexity and unpredictability of systemic changes, emphasizing how small stimuli can lead to significant long-term effects that make future outcomes difficult to predict. In the context of nursing education, even well-intended organizational improvements may not yield the expected results if critical factors such as leadership support, resource allocation, and faculty preparedness are not adequately addressed. For example, ensuring the continuity of quality nursing education during the pandemic requires not only policy adjustments but also institutional investments in faculty development, technological infrastructure, and student support systems. Furthermore, the sharing of best practices, strategies, and initiatives among nursing institutions aligns with the principles of *Chaos Theory*, as it highlights how diverse and dynamic responses to change can shape the broader landscape of nursing education.

By integrating these four key theories, this study provides a comprehensive framework for understanding how nursing education administrators navigate crises, adapt to change, and implement effective leadership and management strategies amid disruptions in higher education. *Society-to-Cells Resilience Theory* underscores the importance of individual and institutional resilience in maintaining the quality of nursing education despite the psychological, social, and operational challenges posed by the COVID-19 pandemic. *Transitions Theory* highlights the dynamic nature of educational and professional adjustments, recognizing that administrators must engage in continuous learning, decision-making, and problem-solving to facilitate smooth transitions in nursing curricula and pedagogy. Furthermore, *Lewin's Change Management Theory* provides a structured approach for nursing administrators in implementing systemic changes. The transition from traditional face-to-face instruction to flexible learning methods required deliberate planning, faculty training, and technological integration to ensure that academic standards were not compromised. Nursing administrators played a pivotal role in unfreezing rigid educational structures, initiating new methods such as case-based learning and virtual simulations, and refreezing these approaches as sustainable practices in nursing education.

Finally, *Chaos Theory* accounts for the unpredictable and often nonlinear nature of change in educational institutions. Despite well-planned interventions, external factors such as government regulations, technological limitations, and faculty or student readiness created challenges that nursing administrators had to continuously manage and adjust to. The uncertainty brought by the pandemic demanded adaptive leadership, innovative problem-solving, and a collaborative approach among nursing schools, faculty, and policymakers. As a result, best practices, strategies, and policy reforms emerged from the shared experiences of different institutions, contributing to a more resilient and future-proof nursing education system. By drawing from these theories, this study offers a multi-dimensional perspective on how nursing education administrators cope with challenges, implement change, and sustain quality education in times of crisis. The insights gained may serve as a foundation for developing long-term strategies, improving crisis management in nursing education, and enhancing institutional preparedness for future disruptions.

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2.2. Nursing Education During the Pandemic

Before the COVID-19 pandemic, traditional face-to-face instruction was the standard mode of education in nursing programs, aligning with students' preference for direct interaction, immediate feedback, and structured learning environments [26]. Nursing students benefited from on-campus orientations, weekly faculty meetings, and hands-on training in laboratories and clinical settings, including bedside patient care, low-to-high fidelity simulation activities, and hospital-based practicum. This immersive environment contributed significantly to improved learning outcomes, facilitated by emotional, psychological, and social engagement with instructors and peers [27]. However, the onset of the COVID-19 pandemic severely disrupted nursing education worldwide, leading to the suspension of face-to-face classes and the removal of clinical exposure in both developing and developed countries as a protective measure. In developing nations, the ability to adapt to remote learning was influenced by financial, political, and technological factors, particularly the unequal distribution of information technology infrastructure between urban and rural areas [28]. A study found that internet accessibility, affordability, and reliability significantly impacted the delivery of nursing education during the pandemic lockdown, posing challenges for institutions and students alike [29]. These unpredictable changes in the nursing education system tested the leadership, management strategies, and adaptability of nursing education administrators in sustaining quality education and training future healthcare workers despite unprecedented obstacles.

The International Council of Nurses (ICN), through a 2021 survey conducted among National Nurses Associations (NNA), highlighted significant global disruptions and adaptations in nursing education during the pandemic [30]. The survey revealed that 73% of undergraduate nursing programs and 54% of post-registration or postgraduate programs were disrupted, while 46% of countries reported delays or cancellations of clinical placements. Additionally, 41% of surveyed countries indicated that clinical placements were restricted to specific areas, such as excluding nursing students from COVID-19 wards, elective surgeries, and primary care settings. Furthermore, 57% of countries reported delays in student graduation, with 7% experiencing delays of 12 months or more. Despite these setbacks, 57% of NNAs acknowledged a positive shift in nursing education, citing the accelerated adoption of e-learning and the increased number of applications to nursing training programs, indicating a growing public interest in the nursing profession because of the pandemic [31].

Nursing schools worldwide faced significant challenges in reopening and adapting their programs to new public health realities. In the United States, the American Association of Colleges of Nursing (AACN) issued guidelines recommending that institutions prioritize health and safety while making decisions on reopening [32]. Key considerations included campus risk assessments, alert-level policies, phased resumption of activities, health protocols, contingency plans, learning continuity measures, and mental health support for faculty, students, and staff [33]. Similarly, in the United Kingdom (UK), institutions leveraged various online platforms for remote instruction, offering live and recorded lectures, while some universities implemented blended learning models that combined digital and limited in-person training. To ensure clinical competency, UK universities devised rotational schedules, allowing smaller student groups to practice clinical skills in controlled environments [34].

Furthermore, in Canada, nursing students were abruptly removed from clinical placements on March 15, 2020, shifting to an online learning format while still needing to complete in-person clinical requirements to qualify for graduation. The sudden shift raised numerous concerns and discussions among faculty members, students, and administrators, who communicated through online meetings, conference calls, and urgent emails to address learning continuity while prioritizing student safety [35]. Actually, the COVID-19 pandemic also significantly impacted nurse educators worldwide. Morin [15] highlighted that faculty members were required to quickly adapt to online teaching, reconfigure clinical training, and revise assessment methods to ensure students met nursing competency standards. Planning meaningful clinical experiences became particularly difficult, often presenting ethical dilemmas in balancing education quality and student safety.

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2.3. Nursing Education in the Philippines

In the Philippines, the transition to online learning was equally challenging. HEIs, including Health Professions Education Institutions (HPEIs), were compelled to cease in-person instruction to curb the spread of COVID-19 [36, 37]. The suspension of hospital-based clinical placements severely impacted nursing students, as many learning activities, such as patient care, hands-on skill acquisition, and clinical judgment training, which could not be fully replicated online [38]. Although limited face-to-face classes were later allowed under strict health and safety protocols, such as mandatory face masks, face shields, and social distancing, the pandemic fundamentally reshaped nursing education in the country [39].

The Philippine nursing curriculum mandates a four-year BSN degree, recognized by the CHED. The goal of the BSN program is to produce professional nurses capable of providing safe, high-quality, and holistic care to individuals across different age groups, health conditions, and community settings. Additionally, nursing graduates are expected to take on roles in direct patient care, leadership and management, and research [40]. The program also offers specialized career pathways, including Advanced Practice Nursing, Nursing Education, and Nursing Leadership and Governance [10]. However, the abrupt shift to online learning introduced new challenges for nursing students, faculty, and administrators. It is actually found that students experienced heightened levels of online learning stress, decreased academic satisfaction, and declining performance, prompting the need for institutional measures to reduce stress and improve teaching strategies in virtual settings [41].

2.4. Nursing School Administration during the Pandemic

In the education sector, distributed leadership, emerged as a viable framework during the pandemic [42]. Leaders were tasked with making critical decisions regarding institutional operations, prioritizing the health and well-being of stakeholders, and ensuring the effectiveness of virtual learning processes. In addition, Moore [34] identified three essential components of crisis leadership in nursing: communication, a clear vision and values, and supportive relationships. These elements were critical for leaders to maintain resilience and support their teams throughout the crisis [43]. This aligns with the growing recognition that effective leadership during times of disruption requires strategic planning, emotional intelligence, and adaptability.

Similarly, a growing body of research underscores the critical role of leadership attributes, resilience, and morale in maintaining stability and effectiveness in academic institutions, particularly in times of crisis. Besuner and Bewley [44] emphasize that leadership behaviors and attributes serve as strong predictors of organizational resilience in academic healthcare systems. Their study highlights the importance of adaptability, strategic decision-making, and proactive leadership in ensuring institutional continuity during periods of disruption. Similarly, the EdWeek Research Center [45] provides a data snapshot on teacher and student morale, revealing a significant decline in motivation and engagement during the COVID-19 pandemic. The report suggests that effective leadership interventions, including strong communication, emotional support, and inclusive decision-making, are essential in boosting morale and sustaining academic performance in crisis scenarios. Gedro, et al. [46] further contribute to this discourse by examining the reflections of five women leaders in higher education during the COVID-19 pandemic. Their findings suggest that leadership during crises demands a combination of direction-setting, collaboration, and supportive strategies to effectively manage institutional challenges.

The impact of COVID-19 extended beyond organizational leadership to the personal and professional experiences of healthcare professionals [47]. A study conducted by Sethi, et al. [17] in Pakistan surveyed 290 healthcare professionals from both public and private institutions, revealing significant effects on mental, physical, and social well-being. Healthcare professionals faced increased workloads, stress, and emotional exhaustion, while those in academia struggled with the rapid transition to remote learning and the demand for emergency teaching adjustments. The work-from-home setup, combined with clinical demands, led to work-life balance challenges, underscoring the need for institutional support systems and leadership strategies that prioritize faculty well-being and operational

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efficiency. Collectively, these studies affirm that resilient leadership, characterized by strategic foresight, adaptability, and a commitment to fostering morale, plays a pivotal role in ensuring the stability and effectiveness of academic institutions, particularly in nursing education, where both faculty and students faced unprecedented challenges during the pandemic.

2.5. Synthesis

Overall, the literature reviewed underscores the far-reaching impact of the COVID-19 pandemic on nursing education and leadership, emphasizing the challenges, adaptive strategies, and leadership responses needed to sustain academic and clinical training programs. Across different countries, the disruptions in nursing education were marked by the suspension of face-to-face instruction, limitations in clinical placements, and the rapid shift to online learning. These changes required innovative strategies in leadership and management to ensure the continuity of quality nursing education. The review also highlights how nursing education administrators played a pivotal role in navigating institutional transitions, modifying curricula, and supporting faculty and students amid the crisis. The impact on nursing leadership and administration was profound, with leaders having to balance institutional decision-making with faculty and student well-being. Effective crisis leadership was characterized by communication, adaptability, and strategic planning, with collaborative and distributed leadership models emerging as effective frameworks for managing disruptions. Resilience, innovation, and institutional flexibility became key drivers in maintaining nursing education standards amid the pandemic.

These findings align with the theoretical framework of this study, particularly in understanding how leaders adapt to change, manage transitions, and implement crisis leadership strategies. The *Society-to-Cells Resilience Theory* supports the idea that nursing education administrators must demonstrate resilience at individual, institutional, and community levels to maintain educational integrity during crises. *Transitions Theory* emphasizes how awareness and engagement in change processes influence successful adaptation in leadership and educational reform. Lewin's *Change Management Theory* provides insight into the process of institutional transformation, from acknowledging the need for change (unfreezing) to implementing new strategies (changing/moving) and stabilizing these innovations as part of institutional culture (refreezing). Finally, *Chaos Theory* explains the complex, nonlinear nature of crisis leadership, highlighting the unpredictable challenges nursing administrators faced and the necessity of flexible, dynamic leadership strategies.

By exploring the lived experiences of nursing education administrators in Panay Island, Western Visayas, this study seeks to bridge the gap between theory and practice in understanding how nursing leaders adapted, implemented strategies, and ensured the continuity of nursing education amid an evolving global crisis. The findings may contribute to future policy development, leadership training programs, and institutional resilience frameworks in nursing education, ensuring that academic institutions are better prepared to navigate similar disruptions in the future.

3. Materials and Method

3.1. Study Design

This study employed a qualitative research design with a phenomenological approach to explore the lived experiences of nursing education administrators in implementing academic programs during the COVID-19 pandemic [48]. Phenomenology, as a research approach, seeks to understand real-life experiences as they occur [49]. It allows for an in-depth exploration of participants' perspectives by examining what they have seen, heard, felt, remembered, acted upon, and decided in relation to their lived experiences [3, 50-52]. Through sensory and reflective experiences, phenomenology helps individuals find meaning in their experiences, understand the significance of their roles, and navigate their responsibilities with deeper insight.

The primary data collection method used in this study was semi-structured in-depth interviews, which facilitated detailed discussions about participants' experiences. This method enabled the researcher to guide the conversation while allowing participants to freely elaborate on their thoughts

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and perspectives [53]. While the researcher maintained some control over the discussion's direction, participants had the opportunity to introduce new but relevant insights [54]. In-depth interviews are particularly effective in qualitative research, as they provide comprehensive data on individuals' insights, behaviors, and experiences. They are especially useful when the goal is to gain a deeper understanding of complex or evolving situations [53]. Furthermore, interviews help contextualize other forms of data, offering a holistic perspective on the challenges, decision-making processes, and adaptations made by nursing education administrators during the pandemic.

3.2. Participants and Recruitment Criteria

This study focused on nursing education administrators from Colleges and Departments of Nursing in Panay Island, Western Visayas, who were actively involved in the implementation of nursing academic programs during the COVID-19 pandemic. The selection of participants was based on purposive sampling, a qualitative research technique that identifies individuals with firsthand knowledge and relevant experience concerning the research topic [55]. In qualitative studies, a smaller sample size of 6 to 10 participants is considered sufficient to capture in-depth insights into a shared experience [56]. Participants were identified through data provided by the Western Visayas regional center of the ADPCN, an organization that supports transformational leadership, ethical governance, and research development among deans and department heads of nursing institutions. Six nursing education administrators from reputable institutions in Aklan, Capiz, and Iloilo were selected based on their direct involvement in the day-to-day management, decision-making, and policy implementation within their respective nursing programs during the academic year 2020–2021, a period when higher education was forced to transition to remote and flexible learning due to the pandemic.

Table 1 shows the descriptive demographics of the participants. The participants represented a diverse range of institutions, including public and private universities and colleges, with varying student enrollment sizes and years of administrative experience [57]. Flor, a 52-year-old administrator from a public university, had two years of experience in her role, managing a large student population of more than 350 nursing enrollees. May, a 49-year-old administrator from a private university, had five years of experience overseeing a similarly large nursing program with more than 350 enrollees. Kate, aged 37, was the youngest among the administrators, with seven years of experience leading a private nursing college with 200–250 enrollees. Meg, a 42-year-old administrator from a private nursing college, had two years of experience managing a moderate-sized program with 200–350 students. Ann, at 59 years old, had the most extensive administrative experience (11 years) and was leading a private university's nursing department with 200–350 enrollees. Lastly, Jay, the only male participant, was 50 years old with five years of administrative experience, overseeing a private nursing college with 200–250 students.

Table 1.
Background demographics of the participants.

Participant (pseudonyms)	Gender	Age	Admin Work (years)	Student Enrollees (2020-2021)	Classification
P1: Flor	Female	52	2	More than 350	University (Public)
P2: May	Female	49	5	More than 350	University (Private)
P3: Kate	Female	37	7	Between 200-250	College (Private)
P4: Meg	Female	42	2	Between 200-350	College (Private)
P5: Ann	Female	59	11	Between 200-350	University (Private)
P6: Jay	Male	50	5	Between 200-250	College (Private)

Overall, this sample of administrators provided a broad spectrum of perspectives, considering institutional classifications, student populations, and levels of experience. Their insights were instrumental in understanding the challenges, leadership strategies, and policy adaptations undertaken to sustain nursing education amid the uncertainties brought by the pandemic. Their experiences reflected the complexities of managing academic programs during a global health crisis, particularly in

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ensuring learning continuity, faculty readiness, and student engagement in a remote learning environment.

3.3. Interview Protocol and Procedure

A semi-structured interview guide was developed to facilitate in-depth discussions with participants. The interview questions underwent face and content validation by a *Guidance* or *Counseling* faculty member and a *Language Professor* to ensure clarity, appropriateness, and comprehensiveness [53]. The questions were designed to explore the lived experiences of nursing education administrators in implementing the academic program during the COVID-19 pandemic. As the interviews progressed, exploratory questions were asked to elicit more detailed responses. The researcher followed a structured approach by asking factual questions before seeking opinions, for instance:

- Main question: "*What are your experiences in implementing the nursing academic program during the COVID-19 pandemic?*"
- Probing questions: "*Can you provide an example?*", "*Could you elaborate on that?*", "*Would you explain that further?*"
- Clarifying questions: "*Could you clarify what you mean?*" or "*Is there anything else you'd like to add?*"

A copy of the interview guide was sent to participants through email, ahead of the scheduled interview to allow them to reflect and prepare examples, fostering a more productive discussion. Each interview was expected to last between 30 minutes and one hour to ensure a meaningful exchange without causing fatigue. Following the approval from the Panel of Evaluators, the study was submitted for ethical review by the *University's Research Ethics Committee*. The committee reviewed the study's purpose, procedures, and the *Free Prior Informed Consent* process before granting ethical clearance. Once initial approval was secured, formal request letters were drafted seeking permission from the institutional presidents of the colleges and universities where the identified participants served as *Deans or Department Heads of Nursing*. The selection of participants was based on membership records from the ADPCN Region VI registry, which included contact details of the institutions and offices involved. These request letters were endorsed by the researcher's adviser and noted by the Graduate School and Continuing Education Dean.

Participants were contacted through their official email, followed by phone calls to confirm their availability and address any concerns. Interviews were conducted through Zoom, Messenger, or Google Meet at a time most convenient for each participant. To ensure professionalism and data quality, the following protocols were strictly observed during the interviews:

- Minimizing distractions by selecting a quiet and appropriate setting for the interview.
- Encouraging the use of headphones or earphones to improve audio clarity for both researcher and interviewee.
- Logging in early to test the platform and verify connectivity stability.
- Maintaining professional attire to establish credibility and formality in the interaction.

Before each interview, the researcher established rapport and trust through a casual yet professional conversation. Given that the interviews were recorded for transcription and analysis, participants were informed in advance, and explicit consent was obtained for audio recording and note-taking. The semi-structured interview guide provided a structured flow to the conversation, ensuring that the objectives of the study were effectively communicated. The researcher ensured informed consent was secured prior to the interviews, explaining participants' rights, the voluntary nature of their participation, and the measures taken to maintain confidentiality and data privacy.

Data collection continued until saturation was reached, meaning no new themes or insights emerged, allowing the researcher to confidently categorize the findings [58]. To ensure the accuracy and credibility of the transcribed data, follow-up interviews (30 minutes or less) were conducted with each participant. These member-checking sessions allowed participants to review their transcribed responses, clarify statements, and confirm the accuracy of interpretations. As a token of appreciation, a

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small gift was provided to each participant in recognition of their time and valuable contributions to the completion of this study.

3.4. Data Analysis Method

The data collected in this study were analyzed using Colaizzi [1] seven-step method. This method provides a structured approach to phenomenological research, ensuring that the lived experiences of participants are accurately interpreted and represented [59]. The seven steps were applied as follows:

- Familiarization – The researcher carefully read each transcript multiple times to gain a holistic understanding of the data.
- Identifying Significant Statements – Key statements relevant to the research question were extracted from the transcripts.
- Formulating Meanings – The researcher derived meanings from the significant statements, ensuring that interpretations remained true to the participants' lived experiences.
- Clustering Themes – The formulated meanings were grouped into common themes, allowing for the identification of patterns in the data.
- Developing an Exhaustive Description – A comprehensive narrative was created to encapsulate the findings, ensuring that all aspects of the participants' experiences were represented.
- Producing the Fundamental Structure – The essential structure of the phenomenon under study was distilled from the exhaustive description.
- Validating Findings – The final analysis was returned to each participant for verification, ensuring that the results accurately reflected their perspectives and experiences [1, 60].

To further enhance the rigor and trustworthiness of the study, qualitative content analysis was employed. The analysis adhered to Lincoln and Guba [61] criteria for trustworthiness, which include credibility, dependability, confirmability, and transferability.

- Credibility: To ensure the truthfulness and accuracy of the findings, the study was personally conducted by the researcher, with continuous guidance from the Panel of Evaluators. Additionally, prolonged engagement with participants allowed for deeper exploration of their experiences. Expert reviewers and qualitative researchers were consulted to critique and validate the sampling, data analysis, and findings. Furthermore, the researcher reviewed audio and video recordings and engaged participants in member checking to confirm the accuracy of the interpretations.
- Dependability: The study maintained an audit trail, documenting each step of the research process to ensure consistency and replicability. The data collection and analysis procedures were systematically recorded, allowing future researchers to trace and verify the findings.
- Confirmability: Reflexivity and triangulation were applied to eliminate bias and ensure that the results were rooted in participant experiences rather than researcher influence. The researcher also maintained self-awareness throughout the process and cross-verified findings with multiple sources of data to enhance objectivity.
- Transferability: By using purposive sampling, the study ensured that the findings provided a thick, descriptive account of the experiences of nursing education administrators. Data saturation was reached, ensuring that no new themes emerged, thus strengthening the transferability of the findings to similar educational settings [61].

By implementing these methodological safeguards, the study ensured that the lived experiences of nursing education administrators were accurately captured, analyzed, and validated, contributing to meaningful insights into the challenges and adaptive strategies in nursing education during the COVID-19 pandemic.

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3.5. Ethical Guidelines

This study adhered to fundamental ethical principles to ensure respect, integrity, and accountability in conducting research. The researcher upheld the participants' rights to voluntary participation, ensuring that all individuals engaged in this academic endeavor did so without coercion or obligation. Formal permission was obtained from the institutional President, as the head of the academic community, before proceeding with data collection. The researcher remained mindful of the responsibility and accountability in handling data gathered from participants' lived experiences, ensuring that confidentiality and ethical standards were upheld throughout the study.

The study followed established scholarly protocols and was submitted for ethical review by the University's Research Ethics Committee. The committee assessed the purpose, methodology, and informed consent procedures to confirm compliance with ethical research standards. Free Prior Informed Consent was obtained from all participants before their involvement, with a clear emphasis on their voluntary participation. Participants were explicitly informed that they had the right to withdraw from the study at any time without consequence or explanation.

To protect participants' confidentiality and privacy, pseudonyms were assigned in the final research output, ensuring that their identities remained anonymous. All collected data were treated with strict confidentiality before, during, and after the study. Research findings were shared with participants to promote transparency and accuracy, allowing them to verify the interpretations of their experiences. Data will be securely stored for a maximum of two years in accordance with institutional guidelines, after which it will be disposed of properly to safeguard participants' information. This study adhered to the ethical principles of:

- Beneficence – ensuring that the research outcomes contribute positively to nursing education, administrators, faculty, students, and parents.
- No maleficence – ensuring that no harm was inflicted upon any participant, whether physically, emotionally, or professionally.

By integrating these ethical safeguards, this study upheld the highest standards of research integrity, prioritizing participant welfare, data protection, and responsible knowledge dissemination in the field of nursing education administration.

4. Results and Discussions

The COVID-19 pandemic significantly impacted the implementation of nursing academic programs, requiring nursing education administrators to adopt innovative strategies to maintain quality education despite disruptions. Participants shared their experiences, challenges, and leadership strategies in adapting to remote learning and ensuring both theoretical and clinical training continuity. The study's findings were categorized into three key themes. The first theme focuses on the implementation of the nursing academic program, highlighting the transition to flexible learning modalities through online platforms, virtual simulations, and alternative clinical experiences to compensate for the suspension of face-to-face instruction. The second theme examines the challenges encountered by nursing education administrators, including technological barriers, limited faculty preparedness, student engagement issues, and policy adjustments, as well as the strategies they employed to address these difficulties. The third theme explores the personal and professional growth of administrators, emphasizing how the pandemic strengthened their leadership skills, adaptability, and resilience, fostering both institutional and individual development. These insights underscore the crucial role of nursing education administrators in navigating educational transitions during a crisis, offering valuable lessons for future crisis management, policy development, and leadership strategies in nursing education.

4.1. Implementation of the Nursing Academic Program

The shift to distance nursing education during the COVID-19 pandemic presented both challenges and opportunities for nursing education administrators. While virtual learning provided an alternative

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to traditional face-to-face instruction, it required adjustments in curriculum delivery, faculty training, and student engagement [62]. Distance learning is characterized by four key components: a corporate foundation, interactive telecommunication, multimedia content (including data, sound, and video), and the separation of teacher and student [63]. Given these complexities, the implementation of the nursing academic program was examined through two major subthemes: (1) *Looking into the impact* and (2) *Keeping the curriculum aligned.*

Subtheme 1: Looking into the Impact

The sudden transition from face-to-face instruction to online learning caught many nursing education administrators off guard, creating initial uncertainty and stress. Nursing programs rely on an integration of theoretical and practical courses [64] but pandemic restrictions disrupted clinical training and hands-on learning experiences. Nursing education administrators expressed varied reactions and concerns about maintaining the quality of nursing education amid these disruptions.

Surfacing Initial Feelings and Varied Reactions - Many administrators struggled with the abrupt changes, uncertain about how to proceed. Meg described the uncertainty, stating, "*With the start of the lockdown, students and even instructors were not allowed to go back to school—personally, we started from scratch. We didn't know what to do.*" Similarly, Ann shared, "*Almost everyone in the academic community was unprepared when the pandemic struck. There was no preparation when the lockdown was announced.*" Some administrators expressed concerns about the long-term impact of the pandemic on student enrollment and institutional stability. Kate admitted, "*I had so many questions and apprehensions, but the most dreaded one in private institutions was—can we still have enrollees? Will we still have jobs? Many parents lost their jobs, and some feared letting their children continue in the nursing program due to safety concerns.*" Despite these uncertainties, administrators recognized their responsibility to lead and find solutions for faculty and students. As Kate put it, "*I felt the weight on my shoulders, to the point of stepping down. But I kept telling myself—just keep going. Students need us, and the world needs nurses.*"

Addressing COVID-19 Protocols - In response to safety concerns, nursing education administrators implemented health protocols and adjusted learning methods. May explained, "*When the lockdown was announced on March 16, 2020, we immediately communicated with our base hospital that our duties would be halted. By June 2020, we had already started online meetings to prepare for the next steps.*" Institutions adopted various learning platforms, such as the *Neo Learning Management System*, to ensure continuity in instruction. Kate shared, "*We delivered learning packets with modules and OTG flash drives to students, eliminating the need for them to travel to school since transportation was also limited.*" Given that nursing is a skill-oriented profession, the transition to online learning posed significant challenges for skills training. Meg explained, "*For the skills lab, it was purely online. The teacher would demonstrate through Zoom or Google Meet, and students would perform counter-demonstrations live. But technical issues like audio delays and screen lags made it difficult.*" Similarly, Jay noted, "*This posed a great dilemma for our skills instructors because we all know that nursing is a skill-oriented profession.*"

Subtheme 2: Keeping the Curriculum Aligned

To maintain academic integrity, nursing education administrators recalibrated the curriculum by prioritizing essential learning competencies and adjusting instructional strategies. The curriculum realignment involved three key aspects: (1) adopting flexible remote learning modalities for nursing lectures, (2) identifying priorities for the nursing skills laboratory, and (3) maximizing clinical exposure through simulation [65].

Adopting Various Flexible Remote Learning Modalities for Nursing Lectures - Given the limitations of purely online learning, administrators explored blended and flexible learning strategies. Jay explained, "*We employed asynchronous learning for lectures, using online discussions via Zoom and Google Meet while following the one-hour-per-unit requirement.*" Faculty members also underwent training to enhance their online teaching capabilities. Flor shared, "*Faculty members subscribed to various Learning Management Systems (LMS) and online proctoring applications to maintain the integrity of examinations.*" Despite these adjustments, some faculty members resisted the transition due to technological difficulties

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and lack of experience with online instruction. Meg recounted, "*Some seasoned faculty members struggled to adapt. There was resistance—they were used to chalkboards instead of PowerPoint presentations. Some even cried during training, saying they wanted to resign.*"

Identifying Priorities for Nursing Skills Laboratory - Practical training posed one of the greatest challenges in the transition. Since hands-on experience is critical in nursing education, institutions recalibrated laboratory activities to align with online learning. May explained, "*For skills lab, when there were still no limited face-to-face classes, we did flexible online learning. Students recorded their return demonstrations and submitted them for evaluation.*" Flor added, "*Faculty members recorded videos of core nursing skills and uploaded them to their respective Google Classrooms.*"

Maximizing Clinical Exposure Simulation - With hospital-based clinical training suspended, administrators adopted alternative clinical learning methods, including simulated case studies, virtual role-playing, and digital RLE modules. Ann shared, "*No hospital exposure yet. All simulations were done in the skills lab and the university's mini-hospital.*" Jay emphasized the challenge of replicating clinical practice virtually, stating, "*We followed the required RLE hours through online platforms, using case scenarios, and role-playing…*" More importantly, given financial constraints, not all institutions could afford commercial simulation platforms, leading them to develop alternative strategies. Meg explained, "*Since we couldn't afford high-end online simulations, clinical instructors gathered patient data from hospitals and created virtual case scenarios.*" Others collaborated with review centers to provide digital clinical training, as Kate noted: "*We partnered with a review center to facilitate digital RLE, helping students grasp real hospital experiences virtually.*"

The findings in this section revealed how nursing education administrators navigated the abrupt shift to remote learning, striving to balance institutional responsibilities, student learning needs, and faculty preparedness. Their experiences align with Lewin's Change Management Theory, illustrating how they moved through the stages of unfreezing (acknowledging the crisis), changing (adopting new learning modalities), and refreezing (establishing a new equilibrium in nursing education). Similarly, Transitions Theory explains how administrators engaged in progressive adaptation, ensuring that students and faculty gradually adjusted to new instructional methods. Despite initial apprehensions, nursing education administrators demonstrated resilience, adaptability, and innovative problem-solving. Their strategic realignment of curriculum, incorporation of blended learning, and integration of simulated clinical experiences reflect proactive leadership in crisis management. These insights contribute to the study's objective by highlighting the challenges, adaptive strategies, and leadership responses that shaped nursing education during the COVID-19 pandemic, providing valuable lessons for future academic resilience and policy development.

4.2. Challenges Encountered by Nursing Education Administrators

The COVID-19 pandemic introduced unprecedented challenges for nursing education administrators, requiring them to navigate institutional limitations, faculty shortages, and student engagement difficulties while ensuring the continuity of quality nursing education. Nursing managers have been called upon to balance structural and emotional support, resource allocation, and problem-solving, all while upholding safety standards Allah [66]. Nowell, et al. [43] further emphasize that addressing issues related to limited time, resources, and faculty well-being is critical in protecting both nursing education and the nursing profession. This study identified two major subthemes: (1) *Addressing challenges amidst the pandemic* and (2) *Overcoming challenges in the implementation of nursing education programs.*

Subtheme 1: Addressing Challenges Amidst the Pandemic

Nursing education administrators faced multiple constraints, including limited institutional resources, faculty shortages, and student disengagement in the new online learning environment. Their experiences highlighted the need for adaptive leadership, resource allocation, and innovative strategies to keep nursing programs functioning effectively.

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Allocating Institutional Resources and Funding - Many universities struggled with budget realignment and resource constraints during the pandemic. May explained, "*Hospitals were not accommodating nursing students for clinical rotations, so we had to retrofit our facilities, including the nursing arts laboratory. This required a budget realignment and a significant investment.*" Institutions had to redirect funds toward retrofitting classrooms, upgrading laboratories, and acquiring new technology to facilitate online learning. Jay added, "*Due to financial constraints, tuition fee collections were lower, but our administration ensured that basic faculty and student needs were still met.*"

Devising Means for Faculty Shortage - The shortage of qualified nursing faculty was another significant challenge. Strict hiring qualifications set by CHED made it difficult for institutions to recruit instructors quickly. Flor shared, "*There was a lack of faculty manpower, so I requested approval for faculty members to take on additional teaching loads beyond the required 18 units while we searched for qualified hires.*" To address the gap, some administrators turned to part-time or online instructors. However, there are significant differences with faculty who are tenured and working part-time [67]. Meg recalled, "*I had to reach out to former students working in review centers and even retired faculty to help as part-time instructors.*"

Looking into Active Student Engagement in the Teaching-Learning Process - Ensuring academic integrity in an online setting was a major concern. Reedy, et al. [68] highlighted those online assessments posed risks of collusion and reduced faculty oversight. Ann explained, "*Students shared answers among themselves. We had to introduce Google Forms to monitor academic honesty. But beyond that, the lack of face-to-face interactions made student-teacher relationships feel impersonal.*" Resistance from students and parents further complicated matters. The EdWeek Research Center [45] found that student morale and motivation significantly declined during the pandemic. Jay noted, "*Students struggled to adapt, especially those who preferred traditional face-to-face learning. Many lacked proper gadgets or stable internet connections.*" While institutions prepared for limited face-to-face classes, many parents and students hesitated to return due to safety concerns. May shared, "*After months of preparation and compliance with CHED, DOH, and IATF guidelines, we were granted approval for limited face-to-face classes. But when it was time to begin, students and parents were hesitant, raising concerns and backing out.*"

Subtheme 2: Overcoming Challenges in the Implementation of Nursing Education Programs

Despite the overwhelming challenges, nursing education administrators demonstrated resilience, adaptability, and problem-solving strategies to sustain nursing education programs. Three key approaches emerged: (1) fostering collaboration and coordination, (2) promoting a supportive environment, and (3) strengthening technological capability.

Fostering Collaboration and Coordination - Collaboration was a critical strategy in overcoming institutional challenges. Adelman and Taylor [69] emphasized that cooperation among stakeholders enhances access to resources and strengthens institutional resilience. Meg explained, "*I reached out to other schools, CHED, ADPCN, and the Philippine Nurses Association to get insights on how to proceed. With the help of my clinical instructors, we formed an open communication system where everyone contributed ideas.*" Similarly, Flor shared, "*I had to build strong partnerships within the university to maintain resilience in nursing education. I encouraged research engagements and worked closely with faculty to ensure continuity of academic activities.*" Collaboration was also key in financial matters. Jay noted, "*We devised an online payment system to ease student financial transactions. We also opened a communication channel for students to voice concerns.*"

Promoting a Supportive Environment - Institutional support played a crucial role in keeping faculty and students motivated. Allah [66] emphasized that organizational support helps managers make ethical decisions and reduces job-related stress. Kate expressed gratitude for her institution's collaborative environment, saying, "*I am grateful for an administration that fosters teamwork. We never felt alone in this battle—we worked together to support students, faculty, and staff.*" However, financial and logistical support for faculty was also provided. Jay noted, "*Our administration offered salary loans for faculty to purchase laptops, and additional internet connections were installed on campus.*" Mental health support was another priority. Meg explained, "*We conducted mental health webinars to check on both students and teachers. How could they teach effectively if they weren't okay themselves?*"

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Strengthening Technological Capability - The rapid adoption of online learning required faculty and students to enhance their technological skills [2]. Flor noted, "*Initially, faculty members lacked technical skills for online teaching. We addressed this by organizing online workshops and training sessions.*" Institutions also conducted training on LMS. Ann explained, "*LMS training took time. We held multiple sessions so faculty could fully understand the platform.*" The creation of quality learning modules was another challenge. May shared, "*Before we could implement flexible learning, faculty underwent module-making training. Each department tailored modules to fit their needs.*" While, Meg further emphasized the importance of upskilling, stating, "*Faculty had to attend multiple webinars to learn new teaching strategies because what they knew before was outdated.*"

For this section, the findings illustrate how nursing education administrators navigated financial, instructional, and student engagement challenges through strategic resource management, faculty recruitment efforts, and innovative teaching approaches. Their responses align with Lewin's Change Management Theory, showcasing the unfreezing (identifying challenges), changing (implementing solutions), and refreezing (stabilizing new strategies) phases in adapting to the pandemic's educational disruptions. Furthermore, Transitions Theory supports the progressive adaptation of administrators, faculty, and students, highlighting the need for awareness, engagement, and resilience in overcoming crisis-induced obstacles. Administrators played a pivotal role in fostering institutional stability through collaboration, technological advancements, and faculty/student support initiatives. By addressing resource allocation, faculty shortages, and student engagement challenges, this study contributes to the broader discourse on leadership resilience in nursing education. The findings offer valuable insights into policy development, institutional preparedness, and leadership strategies that can strengthen nursing education's ability to withstand future disruptions, aligning with the study's objective to explore and document the lived experiences of nursing education administrators amid the COVID-19 pandemic.

4.3. Personal and Professional Growth of Administrators

The COVID-19 pandemic tested the leadership and decision-making capabilities of nursing education administrators, requiring them to adapt, innovate, and navigate unforeseen challenges. As they responded to the crisis, they discovered new personal and professional strengths, redefining their roles as leaders, mentors, and problem-solvers. This theme is divided into two key subthemes: (1) *Responding to a leadership and management crisis* and (2) *Establishing networks and linkages with available resources.*

Responding to a Leadership and Management Crisis - In times of crisis, leadership plays a crucial role in overcoming obstacles. The uncertainties of the pandemic forced nursing education administrators to become more patient, open-minded, creative, and resilient in leading their institutions. Their experiences reflected a transformation in leadership style, emphasizing flexibility, emotional intelligence, and perseverance. Kate reflected on how the pandemic reshaped her personal and professional outlook, stating, "*This pandemic taught me three important lessons: First, life is precious, and we must value what truly matters. Second, while our jobs are temporary, our responsibility to help students reach their potential remains. Third, faith is our greatest weapon—prayer keeps me going through the challenges.*" Similarly, Flor described her experience as transformative, saying, "*Every day presented new challenges that pushed me to grow holistically. This experience has shaped me into a stronger leader, allowing me to uphold quality nursing education while practicing leadership in more creative ways.*" She further emphasized how she evolved, adding, "*I have matured in making decisions, ensuring that everyone's well-being is considered, and I have become emotionally stronger despite the overwhelming responsibilities.*"

Jay, who initially felt overwhelmed by the weight of decision-making, shared how he adapted: "*The pandemic brought chaos to both my personal and professional life. There was immense pressure—do we reopen the school and risk the virus, or close it and halt professional growth? Eventually, I realized that we cannot remain stagnant. Our ability to adapt allows us to find creative ways to move forward, and this experience helped me grow in ways I never imagined.*" For some administrators, the pandemic became a deeply personal

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experience. Ann, who lost a family member to COVID-19, reflected on how it reshaped her perspective on life and leadership: "*This pandemic left an imprint on my heart. Life is fleeting, so we must do good for others—our students, colleagues, and everyone we encounter. As a dean, I've learned that flexibility, adaptability, and collaboration are essential in overcoming challenges. Most importantly, I have relied on my faith in God to guide me through.*"

The crisis also changed how administrators approached faculty leadership. Meg, who described herself as having a strict leadership style before the pandemic, realized the need for greater empathy and understanding: "*Before COVID, I was very authoritative. Now, I listen more to the needs of my faculty, allowing them flexibility while ensuring academic standards are met. The pandemic also pushed me to develop my communication skills—I used to rely on text messages, but now I call and check in personally because I know everyone is overwhelmed.*" Similarly, May also shared how the crisis reshaped her patience and adaptability: "*I used to be a perfectionist, but this pandemic taught me that not everything will go as planned. I've learned to be patient, to adapt, and to let go of control when necessary. I also realized the importance of speaking up—before, I would stay silent, but now I know that as a leader, I need to express my thoughts clearly to my team.*"

Establishing Networks and Linkages with Available Resources - Beyond their individual growth, nursing education administrators leveraged professional connections and external support to sustain their programs. The pandemic emphasized the importance of collaboration and shared resources, fostering a "*bayanihan*" (a term in the Philippine local language signifying community support) spirit among institutions. Meg shared how reaching out to other universities helped them navigate the crisis: "*We received help from universities in Iloilo and our sister schools. The pandemic made me realize that we can't do this alone—we need each other. This is when I overcame my shyness and started building connections.*" May also reflected on how the crisis pushed her to be more assertive in advocating for her program: "*Before the pandemic, I wasn't vocal about my ideas. But this situation made me realize that if I don't speak up, our program won't get the support it needs. I've learned that as a leader, I need to express my thoughts professionally, ensuring that my higher-ups understand the challenges we face.*" These experiences illustrate the critical role of networking, collaboration, and resource-sharing in overcoming institutional challenges, reinforcing the idea that crisis leadership extends beyond individual decision-making; it requires community engagement and strategic partnerships.

The final section highlights how nursing education administrators not only managed institutional challenges but also discovered new personal and professional potentials. Their experiences align with Lewin's Change Management Theory, demonstrating how they navigated the crisis by unfreezing old leadership approaches, adopting new strategies, and stabilizing innovative solutions. Moreover, Transitions Theory is evident in their progressive adaptation to leadership challenges, showing how they engaged in continuous learning, emotional resilience, and collaborative problem-solving. Their ability to establish networks and linkages also reflects Chaos Theory, which explains how leaders adapt to unpredictable circumstances through flexible, non-linear decision-making. By exploring personal growth, leadership development, and the power of professional collaboration, this study contributes to a deeper understanding of crisis leadership in nursing education. These findings emphasize that effective leadership during times of uncertainty is not just about decision-making; but it is about adaptability, communication, empathy, and building strong support systems. As nursing education administrators continue to shape the future of nursing programs, the lessons learned from the COVID-19 pandemic will serve as a foundation for resilience, innovation, and institutional preparedness in future crises.

5. Conclusion and Recommendations

5.1. Conclusion

The COVID-19 pandemic significantly disrupted nursing education, requiring nursing education administrators to implement innovative strategies, adapt to flexible learning modalities, and address multiple institutional and academic challenges. The study revealed three key themes in their lived experiences: (1) Implementation of the Nursing Academic Program, (2) Addressing and Overcoming

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Challenges in Nursing Education, and (3) Discovering Personal and Professional Potentials as Nursing Education Administrators. In implementing the nursing academic program, administrators navigated the sudden shift to online learning, ensuring that students received both theoretical and practical training through simulations, online demonstrations, and alternative clinical experiences. However, technological barriers, resistance to change, and maintaining academic integrity were persistent concerns. In addressing institutional and educational challenges, nursing education administrators faced financial constraints, faculty shortages, and student engagement difficulties. They responded by allocating resources, hiring part-time faculty, and fostering collaboration with stakeholders. Their efforts emphasized the importance of organizational support, flexibility, and crisis leadership in maintaining the quality of nursing education. Beyond institutional challenges, administrators discovered personal and professional growth, redefining their leadership styles. The crisis strengthened their resilience, adaptability, and ability to establish networks, reinforcing the significance of collaboration and shared resources in overcoming challenges. The findings align with Lewin's Change Management Theory, Transitions Theory, and Chaos Theory, demonstrating that nursing education administrators successfully transitioned through crisis management, strategic adaptation, and institutional transformation. Their experiences provide valuable insights for future crisis preparedness, leadership development, and nursing education reforms.

5.2. Recommendations

Based on the study's findings, the following recommendations are proposed for nursing education administrators, faculty, policymakers, and higher education institutions:

5.2.1. Strengthening Crisis Leadership and Resilience

- Develop leadership training programs focused on crisis management, adaptability, and decision-making.
- Encourage peer mentoring and knowledge-sharing among nursing education administrators to exchange best practices in academic crisis management.

5.2.2. Enhancing Institutional Preparedness and Resource Allocation

- Establish long-term strategic plans to prepare for future health crises and other disruptions in nursing education.
- Invest in technological infrastructure, high-fidelity simulators, and digital learning tools to ensure continuous and high-quality clinical training.
- Improve funding allocation for faculty development, research, and student support systems to sustain learning continuity in emergencies.

5.2.3. Faculty Development and Support

- Provide continuous professional development and upskilling programs for faculty members, especially in technology integration and online pedagogy.
- Establish mental health and well-being support for faculty and staff to prevent burnout and ensure sustainable teaching practices.

5.2.4. Innovating Teaching and Learning Modalities

- Integrate blended learning models that combine face-to-face instruction, online learning, and simulated clinical experiences to enhance student engagement and competency.
- Develop standardized assessment methods and academic integrity protocols to maintain quality assurance in online learning environments.

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5.2.5. Strengthening Student Support Systems

- Implement student mentoring programs to address learning gaps, emotional well-being, and academic motivation.
- Ensure that students from disadvantaged backgrounds have access to digital resources, financial aid, and academic assistance to prevent dropout rates.

5.2.6. Building Stronger Networks and Collaboration

- Foster partnerships with healthcare institutions, regulatory bodies, and other nursing schools to share resources and best practices.
- Advocate for policy reforms and flexible regulations that support alternative learning modalities in nursing education.

These recommendations highlight the need for a resilient, well-equipped, and collaborative nursing education system capable of adapting to future crises. By investing in leadership, faculty, student support, and institutional preparedness, nursing education administrators can strengthen the foundation of nursing education and ensure the continuous development of competent, skilled, and well-prepared future nurses.

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This research was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. The study protocol underwent thorough review and received approval from the University of St. La Salle Research Ethics Review Office.

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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.

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Authors' Contributions:
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