Exploring Barriers to Nursing Education: A Phenomenological Study

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ABSTRACT

Nursing education plays a vital role in shaping competent and resilient future healthcare professionals, yet students often encounter various barriers that affect their learning journey. Understanding these experiences is essential in improving the quality of nursing education and support systems. This study explored the lived experiences of nursing students in navigating barriers across classroom, laboratory and clinical learning environments. Using a qualitative interpretive phenomenological design grounded in the work of Max van Manen, data were collected through semi-structured interviews with seven purposively selected participants in a selected nursing school in Zamboanga Peninsula Region in the Philippines and analyzed using lifeworld dimensions. The findings revealed that nursing students interpreted inadequate physical environments, such as poor ventilation, overcrowding and limited laboratory resources, as restrictive spaces that constrained learning, weakened concentration and diminished opportunities for skill development. Participants also described their educational experiences as deeply embodied and emotionally taxing, where academic workload and clinical pressures were lived through fatigue, anxiety, stress and self-doubt that shaped their confidence and sense of becoming future nurses. Barriers evolved over time, with early adjustment difficulties transitioning into more complex clinical challenges, although students developed coping strategies and resilience. Additionally, interpersonal dynamics with faculty, peers and clinical staff played a crucial role, where unsupportive interactions reduced confidence, while peer collaboration enhanced motivation and learning. The study concludes that improving physical learning conditions, promoting student well-being, strengthening transitional support systems and fostering supportive educational relationships are essential in enhancing nursing education. Nursing schools may prioritize the improvement of classroom and laboratory facilities, establish stronger mentorship and mental health support systems, and provide students with more meaningful hands-on clinical opportunities to strengthen competence and confidence. Faculty members and clinical instructors may also cultivate supportive, respectful and student-centered learning environments that encourage constructive feedback, collaboration and emotional safety throughout the nursing journey.

Keywords: adaptation, barriers, nursing education, phenomenology, well-being

INTRODUCTION

The nursing profession remains a cornerstone of effective, safe, and equitable healthcare systems worldwide, yet access to nursing education and successful progression within the program continue to be unevenly experienced by students across different contexts. Global health authorities emphasize that strengthening the nursing workforce is essential to achieving universal health coverage and improving health system resilience; however, persistent challenges within nursing education threaten the development, retention, and competence of future nurses .[1] Beyond the growing demand for nurses, there is increasing recognition that students encounter a wide range of barriers throughout their academic and clinical training, which significantly influence their academic success, psychological well-being, and long-term commitment to the profession.

These barriers are not merely academic in nature but are deeply embedded in institutional structures, pedagogical practices, social dynamics, and individual psychological experiences. In many nursing education systems, students must navigate demanding curricula, high-stakes clinical performance requirements, and emotionally intensive learning environments simultaneously. Such conditions often result in compounded stressors that may

hinder learning progression and professional identity formation. Studies have shown that nursing students frequently experience challenges related to limited resources, inadequate clinical exposure, and inconsistent instructional support, all of which affect their readiness for professional practice.[2]

Barriers in nursing education can be conceptualized into four interrelated domains: institutional and structural constraints, faculty-related challenges, social and peer dynamics, and personal and psychological factors. Institutional barriers often include inadequate learning facilities, rigid curricular structures, and inconsistent implementation of student support policies, which collectively reduce equitable access to learning opportunities.[3] Faculty-related barriers, on the other hand, arise from limited training in inclusive pedagogy, variability in teaching strategies, and unconscious biases that may influence student evaluation and engagement.[4] Social and peer-related challenges manifest through stigma, exclusion, and lack of collaborative support, which may weaken students' sense of belonging within academic and clinical environments.[5] Finally, personal and psychological barriers include anxiety, self-doubt, fear of failure, and emotional exhaustion, particularly among students exposed to high-pressure clinical training environments.[6]

Institutional and structural conditions often form the foundation upon which other barriers emerge. Nursing programs are typically characterized by rigorous academic demands, standardized assessments, and structured clinical requirements that may not adequately accommodate diverse learning needs. Students requiring accommodations or additional support often encounter inconsistent implementation of policies or unclear procedural pathways, leading to inequitable learning experiences.[7] These structural limitations can create persistent disparities in how students access educational resources and clinical opportunities, thereby shaping their academic trajectory and confidence.

Faculty-related challenges further intensify these structural issues. Educators play a crucial role in shaping the learning environment, yet evidence suggests that many nursing faculty members may lack formal preparation in inclusive and culturally responsive teaching strategies.[8] The reliance on traditional lecture-based approaches and uniform assessment systems may inadvertently disadvantage students with different learning styles or backgrounds. Moreover, subtle forms of bias in classroom and clinical evaluation may contribute to unequal learning experiences, affecting students' participation and self-efficacy.[4]

Social and peer-related barriers also play a significant role in shaping student experiences. Competitive academic environments, hierarchical clinical settings, and limited peer collaboration can lead to isolation and reduced emotional support. Students who experience stigma or exclusion may struggle to develop confidence and professional identity within the nursing field.[5] Additionally, societal perceptions of nursing, including gendered expectations and cultural stereotypes, further influence how students perceive themselves and their professional roles.[9]

At the individual level, psychological and emotional barriers are often intensified by the cumulative effect of institutional, faculty, and social challenges. Nursing students frequently report high levels of stress, anxiety, and emotional exhaustion, particularly during clinical evaluations and performance-based assessments.[6] These internal struggles can limit engagement, reduce academic performance, and negatively impact overall well-being. Importantly, these personal barriers are not isolated phenomena but are shaped by broader systemic and interpersonal conditions.

The interaction of these barriers across academic and clinical contexts reveals a complex and interconnected system of influence. Institutional constraints often set the stage for limited learning opportunities, while faculty practices determine the quality of instructional delivery. In clinical settings, hierarchical cultures and inconsistent mentorship further exacerbate students' feelings of exclusion and inadequacy.[10] Over time, these experiences contribute to psychological stress, reduced sense of belonging, and weakened professional identity formation. Such interconnected challenges underscore the need for a comprehensive understanding of nursing students' lived experiences.

Benner's Novice to Expert Theory explains how nursing competence develops through progressive stages of experience, from novice to expert, emphasizing the importance of experiential learning and clinical exposure in skill acquisition.[12] Novice learners rely heavily on rules and structured guidance, while advanced learners

develop intuitive and context-based decision-making skills. In this study, Benner's theory provides a lens for understanding how barriers may hinder progression across developmental stages, particularly when students lack mentorship, practice opportunities, or supportive learning environments.

Watson's Theory of Human Caring emphasizes the importance of caring relationships in nursing education and practice, highlighting that authentic interpersonal connections foster healing, learning, and professional growth.[13] In the context of this study, it helps explain how the quality of interactions between students, faculty, and clinical staff influences emotional safety, engagement, and motivation.

Bandura's Self-Efficacy Theory posits that individuals' beliefs in their capabilities significantly influence their behavior and performance.[14] Nursing students with high self-efficacy are more likely to persist in challenging tasks, while those with low self-efficacy may experience anxiety and avoidance. This theory is particularly relevant in understanding how barriers affect students' confidence in clinical performance.

Kolb's Experiential Learning Theory conceptualizes learning as a cyclical process involving experience, reflection, conceptualization, and experimentation.[15] In nursing education, this cycle is essential for skill development; however, barriers such as limited clinical exposure and inadequate simulation opportunities can disrupt this learning process.

Despite the growing body of literature on nursing education challenges, most studies have focused on institutional policies, curriculum design, or faculty perspectives, often overlooking the subjective experiences of students themselves.[11] There remains a limited understanding of how nursing students interpret, negotiate, and make meaning of the barriers they encounter throughout their educational journey. This gap is significant because students' lived experiences directly influence their motivation, academic engagement, and decisions to persist in the profession.

In response to this gap, the present study sought to explore the lived experiences of nursing students regarding the barriers they encounter in classroom, laboratory and clinical environments. By focusing on students' perspectives, the study aimed to generate a more nuanced understanding of how these barriers are experienced, interpreted, and managed across different learning contexts. The findings are expected to inform the development of more inclusive pedagogical practices, supportive institutional policies, and student-centered learning environments that promote success, resilience, and retention in nursing education.

METHODS

Design

This study employed a qualitative interpretive phenomenological research design grounded in Max van Manen's hermeneutic phenomenology to explore the lived experiences of nursing students in relation to barriers encountered in their educational journey. Qualitative research is particularly appropriate for examining complex human experiences because it emphasizes meaning-making, depth, and contextual understanding and is concerned with understanding the essence of human experience as expressed through participants' narratives.[16, 17]

Guided by van Manen's phenomenological approach, this study combined both descriptive and interpretive dimensions of inquiry. Rather than simply identifying observable barriers, hermeneutic phenomenology seeks to uncover the deeper meanings embedded in lived experiences through reflective engagement with participants' narratives. Central to this approach is the exploration of the lifeworld existentials which provide a holistic framework for understanding human experience as it unfolds in everyday contexts.[18] Through this lens, the study aimed to illuminate how nursing students experience, interpret, and navigate barriers in academic and clinical environments.

Setting

The study was conducted in a higher education institution in Zamboanga Peninsula Region, Philippines offering the Bachelor of Science in Nursing program. The institution provides integrated classroom instruction,

laboratory simulation, and clinical exposure in affiliated hospitals and community health settings. The setting was chosen due to its diverse student population, representing various cultural, socioeconomic, and educational backgrounds, which enriched the exploration of inclusive and exclusive experiences in nursing education.

The institution also implements structured academic programs, mentorship arrangements, and student support services, making it an ideal environment for examining how institutional systems influence student learning experiences. Conducting the study within this context allowed for an in-depth understanding of how nursing students interact with both supportive and limiting educational structures in real-world settings.

Participants

The participants consisted of seven (7) student nurses selected through purposive sampling. This sampling technique was appropriate because it allows the identification of individuals who have direct, relevant experience with the phenomenon under investigation and can provide rich, in-depth data.[17]

The inclusion criteria were: (1) currently enrolled in a Bachelor of Science in Nursing program; (2) completed at least one academic year of nursing education; (3) willing to provide informed consent; and (4) experienced perceived barriers in nursing education. Excluded were student nurses with irregular academic status and those with less than one year of nursing education experience.

Instrument

A semi-structured interview guide served as the primary data collection instrument. The guide was developed based on an extensive review of literature on nursing education barriers and aligned with the study's phenomenological orientation. Semi-structured interviews are widely used in qualitative research because they allow flexibility while ensuring that key areas of inquiry are consistently explored.[16]

To ensure content validity, the interview guide was reviewed by experts in nursing education and qualitative research, following established recommendations for instrument development in qualitative inquiry.[19] The guide consisted of three sections: opening questions to establish rapport and gather background information; core questions focused on lived experiences of barriers in academic and clinical settings; and closing questions allowing participants to reflect and add further insights.

A pilot test was conducted with a small group of nursing students who were not part of the final sample. This process helped refine question clarity, sequencing, and flow. Additionally, a demographic questionnaire was used to gather participant background information such as age, gender, and year level. Field notes were also taken during interviews to capture non-verbal cues and contextual observations.

Data Gathering Procedure

The data collection process began with securing ethical approval and institutional permission from relevant academic authorities. Following approval, purposive sampling was used to identify eligible participants. Participants were provided with detailed information about the study, including its purpose, procedures, risks, and benefits.

Informed consent was obtained prior to participation. Participants were assured of confidentiality, anonymity, and their right to withdraw at any time without academic consequences. Semi-structured interviews were conducted at mutually convenient times and in private settings to ensure comfort and openness.

All interviews were audio-recorded with permission and transcribed verbatim. The researcher maintained reflexive notes throughout the data collection process to support analytical rigor and reflexivity.

Ethical Considerations

Ethical approval was obtained from the Misamis University Research Ethics Committee (MUREC) prior to data collection. The study adhered to fundamental ethical principles of respect for persons, beneficence, and justice.[20]

Confidentiality was strictly maintained through the use of participant codes instead of names. All digital data were stored in password-protected files accessible only to the researcher. Data were used exclusively for research purposes and will be securely disposed of following institutional retention policies.

Although participants were legally competent adults, they were considered potentially vulnerable due to their student status within academic hierarchies. To mitigate this, faculty members with evaluative authority were excluded from recruitment and data collection processes. Participants were informed that participation or non-participation would not affect their academic standing.

Participants were not provided monetary incentives; however, a small token of appreciation was given without coercive intent. Emotional risks were considered minimal, but participants were informed that they could skip questions or terminate the interview if they experienced discomfort. Referral to student support services was made available if needed.

Data Analysis

Data were analyzed using Max van Manen's hermeneutic phenomenological approach[18], which emphasizes reflective interpretation of lived experience. Analysis began with immersion in the data through repeated reading of transcripts and listening to audio recordings to gain a holistic understanding of participants' narratives.

The researcher maintained a reflective journal to document initial impressions and emerging insights. Data were then examined using van Manen's four lifeworld existentials: lived body, lived space, lived time, and lived relation. These dimensions guided the identification of meaning units within participants' experiences.

Significant statements were extracted and interpreted to reveal underlying meanings while preserving participants' original expressions. These meanings were clustered into thematic structures representing shared patterns across narratives. Themes were then synthesized into a comprehensive description of the phenomenon of barriers in nursing education.

To enhance credibility, member checking was conducted, allowing participants to review and validate the interpreted findings. This process ensured that the final themes accurately reflected participants' intended meanings and strengthened the trustworthiness of the study.

RESULTS

The study generated four interrelated themes that describe the lived experiences of nursing students encountering barriers in their educational journey: (1) constrained and inadequate learning environments, (2) embodied strain and psychological burden, (3) evolving challenges across the nursing journey, and (4) interpersonal dynamics as barriers and supports. These themes reflect how students experience nursing education as a complex interplay of space, body, time, and relationships.

Theme 1: Constrained and Inadequate Learning Environments

This theme captures how nursing students experience their learning environments as physically limiting, structurally inconsistent, and pedagogically restrictive. Rather than being experienced as supportive spaces for learning and skill development, classrooms, laboratories, and clinical settings were often described as environments that constrain participation, reduce confidence and interrupt meaningful engagement.

The essence of this theme lies in the disruption of experiential learning caused by inadequate physical conditions and restricted opportunities for hands-on practice. Students do not simply learn within environments; they are shaped by them. When learning spaces are uncomfortable, overcrowded, or under-resourced, they become barriers rather than facilitators of competence development. This theme is supported by two subthemes: (1) poor physical conditions and limited facilities and (2) limited resources and restricted practice opportunities.

Subtheme 1.1: Poor Physical Conditions and Limited Facilities

This subtheme reflects students' experiences of discomfort and distraction caused by inadequate physical learning environments. Classrooms were described as hot, overcrowded, poorly ventilated, and lacking functional facilities, while laboratories were often insufficiently equipped.

A participant expressed: *"Classrooms are often hot, with broken fans and poor ventilation. Students sometimes have to search for available rooms, which disrupts learning…"* (P1). This narrative highlights how environmental discomfort shifts attention away from learning content toward physical distress. Instead of fostering focus, the classroom becomes a site of fatigue and frustration.

Another participant shared: *"It was hard to focus and practice properly when we had to share materials or wait for our turn"* (P4). This reflects how limited facilities reduce opportunities for repetition, which is essential for nursing skill mastery. Learning becomes fragmented, with students unable to fully engage in psychomotor practice.

A further account noted, *"We had to look for available rooms… This caused inconvenience and disrupted the flow of learning"* (P6), illustrating institutional instability in learning spaces, which creates uncertainty and interrupts continuity in education.

The meaning of this subtheme lies in how physical learning environments directly shape cognitive engagement, emotional stability, and academic confidence. When spaces are uncomfortable or unpredictable, students experience learning as stressful rather than developmental.

Subtheme 1.2: Limited Resources and Restricted Practice Opportunities

This subtheme reflects how inadequate laboratory equipment, limited simulation time, and restricted clinical participation reduce students' opportunities for hands-on learning.

A participant explained: *"In the lab, the time we get to practice is too short, and sharing equipment… makes me feel rushed" (P2).* This shows that limited practice time prevents mastery and replaces learning with anxiety and performance pressure.

Another participant shared: *"During clinical rotations, I often feel nervous because hospital staff don't always include us in procedures…" (P2*). This reflects passive learning in clinical settings, where observation replaces participation, limiting experiential growth.

A further statement revealed: *"Limited equipment and time… make it hard to practice skills repeatedly"* (P3). This demonstrates how lack of repetition weakens confidence and increases clinical insecurity. Additionally, P4 noted, *"Strict rules… like needing permission before performing tasks… made it harder to participate fully"* highlighting excessive restriction that limits autonomy and experiential learning.

The essence of this subtheme lies in interrupted experiential learning. Without repeated hands-on practice, students remain uncertain, underprepared, and dependent on supervision, hindering progression toward competence.

Theme 2: Embodied Strain and Psychological Burden

This theme reflects how nursing students experience barriers not only intellectually but physically and emotionally through fatigue, stress, anxiety, and psychological pressure. Learning is experienced through the body, where academic demands and clinical expectations manifest as exhaustion and emotional distress. The central meaning of this theme is that nursing education is deeply embodied. Students do not only think about learning; they physically and emotionally endure it. This theme is expressed through two subthemes: (1) physical fatigue and stress responses and (2) emotional distress and psychological pressure.

Subtheme 2.1: Physical Fatigue and Stress Responses

This subtheme reflects bodily exhaustion caused by academic workload, poor environmental conditions and clinical demands. As shared by P1, *"The heat and lack of ventilation cause fatigue and headaches"* manifesting how environmental stressors directly produce physical symptoms that hinder concentration.

Another participant shared: *"I feel tired and stressed, especially during busy days with lectures, duties, and requirements"* (P4). This reflects cumulative exhaustion from overlapping academic responsibilities.

A further narrative stated: *"I often feel fatigued, especially during duty days with limited rest"* (P7). This highlights how clinical exposure intensifies physical depletion. Additionally: "*I get nervous, overthink, and sometimes get headaches"* (P5). This shows how psychological stress manifests physically.

The meaning of this subtheme is that physical fatigue is not separate from learning but part of how nursing education is experienced. The body becomes the primary site of academic strain.

Subtheme 2.2: Emotional Distress and Psychological Pressure

This subtheme captures anxiety, fear of failure, self-doubt, and emotional strain during academic and clinical performance. A participant shared how she was alone in the struggle*: "Emotionally, it's draining to feel unsupported…"* (P1).

Another shared: *"I feel anxious before clinical duty because I'm worried I'll make mistakes"* (P2). A further account revealed: *"I sometimes doubt my abilities as a future nurse"* (P3). Additional narratives included: *"I get anxious and pressured, particularly in clinical settings"* (P4) and *"I experience anxiety and stress during return demonstrations"* (P7).

The essence of this subtheme is that emotional distress is tied to perceived competence. Students internalize fear, transforming learning environments into psychologically demanding spaces.

Theme 3: Evolving Challenges Across the Nursing Journey

This theme reflects how barriers change across time, from early academic adjustment to advanced clinical expectations. Nursing education is experienced as a developmental journey marked by shifting challenges. The essence of this theme lies in temporality in which students interpret barriers differently depending on their stage of learning. This theme includes two subthemes: (1) early struggles and adjustment difficulties and (2) adaptation, growth, and future anticipation.

Subtheme 3.1: Early Struggles and Adjustment Difficulties

This subtheme reflects overwhelming experiences during the initial stage of nursing education. A participant shared: *"Early years felt overwhelming because everything was new"* (P1). Another stated: *"The hardest part was adjusting to the heavy workload"* (P2). A further narrative: *"I struggled with understanding basic concepts"* (P4). The meaning of this subtheme is that early nursing education is a transition period characterized by uncertainty, cognitive overload, and emotional instability.

Subtheme 3.2: Adaptation, Growth, and Future Anticipation

This subtheme reflects gradual development of coping skills and confidence alongside anticipation of future challenges. A participant shared: *"I've learned to manage my time better, but I still worry about internships"* (P2). Another stated*: "I feel more prepared now, but challenges are still more advanced"* (P4). A further narrative: *"I am more aware of my strengths and weaknesses"* (P7). The essence of this subtheme is developmental progression. Students grow in confidence, yet continuously anticipate new challenges.

Theme 4: Interpersonal Dynamics as Barriers and Supports

This theme captures how relationships with faculty, peers, and clinical staff shape nursing students' learning experiences. Learning is strongly influenced by emotional and social interactions. The essence of this theme lies in relationality in which students become nurses through relationships. This theme includes two subthemes: (1) unsupportive and intimidating interactions and (2) peer support and collaborative coping.

Subtheme 4.1: Unsupportive and Intimidating Interactions

This subtheme reflects harsh communication, exclusion, and discouraging feedback. A participant shared: *"Some staff treated us like we were in the way"* (P2). Another stated: *"Feedback felt like criticism rather than guidance"* (P3). Further: *"Some instructors were not approachable"* (P4). Additionally, P5 shared, *"Being ignored or left out made learning harder"*. The meaning of this subtheme is that negative interactions weaken confidence and create emotional barriers to learning.

Subtheme 4.2: Peer Support and Collaborative Coping

This subtheme reflects supportive peer relationships that enhance resilience and motivation. A participant stated: *"My peers have been a strong support system"* (P2). Another shared: *"We help each other review lessons and support one another"* (P3). A further narrative: *"Respectful guidance and teamwork motivate me"* (P5). The essence of this subtheme is that peer support acts as a protective factor that reduces stress and strengthens learning engagement.

Theme 5: Struggling Within Constrained Learning Spaces

This theme captures how nursing students experience their physical and material learning environments as both barriers and sources of adaptation in their educational journey. Learning is strongly influenced by the conditions of classrooms, laboratories and clinical settings. The essence of this theme lies in lived materiality in which students become competent nurses while navigating overcrowded rooms, limited resources, and emotionally demanding clinical spaces. This theme includes four subthemes: (1) overcrowded and uncomfortable learning environments, (2) limited resources and restricted hands-on practice, (3) clinical spaces as sites of pressure and anxiety, and (4) adaptation and resourcefulness amid material constraints.

Subtheme 5.1: Overcrowded and Uncomfortable Learning Environments

This subtheme reflects how overcrowding, poor ventilation, noise, and limited physical space create discomfort that interferes with concentration, engagement, and emotional comfort during learning. A participant shared, *"Classrooms are often hot, with broken fans and poor ventilation"* (P1). Another stated, *"Sometimes the classroom is crowded and noisy"* (P5). Further, one participant explaine, *"The ward was crowded, and sometimes there was limited access to equipment"* (P3). Additionally, P7 shared, *"The area was crowded and equipment was insufficient, which limited my ability to practice".* The meaning of this subtheme is that physically uncomfortable and overcrowded spaces weaken students' focus, reduce learning opportunities and make learning emotionally exhausting.

Subtheme 5.2: Limited Resources and Restricted Hands-On Practice

This subtheme reflects insufficient laboratory equipment, shared materials, and limited opportunities for repeated clinical practice. A participant shared, *"The nursing laboratory lacks equipment and learning materials"* (P1). Another stated, *"Sharing equipment with many classmates makes me feel rushed"* (P2). Further, one participant explained, *"We had to wait for available BP apparatus or thermometers"* (P3). Additionally, P5 stated, *"Equipment is limited so we wait for our turn".* The essence of this subtheme is that limited resources reduce students' ability to engage fully in experiential learning, weakening confidence, skill mastery, and preparedness for clinical practice.

Subtheme 5.3: Clinical Spaces as Sites of Pressure and Anxiety

This subtheme reflects how clinical environments are experienced as emotionally intense spaces where responsibility for patient care creates fear, stress, and self-doubt. A participant shared, *"Clinical duty is more stressful because real patients are involved"* (P5). Another stated, *"I felt nervous and afraid of making mistakes"* (P3). Further, one participant conveyed, "*The pressure made it hard to focus and fully learn"* (P4). Additionally, P7 shared, *"I usually feel nervous and anxious, sometimes experiencing trembling or increased heart rate".* The meaning of this subtheme is that clinical learning spaces heighten emotional pressure, which affects students' confidence, concentration, and overall learning performance.

Subtheme 5.4: Adaptation and Resourcefulness Amid Material Constraints

This subtheme reflects how students actively cope with constrained environments by improvising, seeking learning opportunities, and developing resilience. A participant shared, *"Most of us just endure, improvise or borrow equipment from other groups"* (P1). Another stated, *"I became more proactive in seeking chances to participate"* (P2). Further, one participant explained, *"These experiences helped me become more adaptable and independent"* (P3). Additionally, P4 shared: *"I learned to stay calm, focus on each step and use past experiences to build confidence".* The essence of this subtheme is that students transform challenging learning conditions into opportunities for growth by developing adaptability, independence and resourcefulness.

DISCUSSION

The findings of this study reveal that nursing students' lived experiences of barriers are multidimensional, interconnected, and deeply embedded within spatial, bodily, temporal and relational contexts. The four emergent themes, which are constrained learning environments, embodied strain, evolving challenges, and interpersonal dynamics, demonstrate that barriers in nursing education are not isolated events but systemic and experiential realities that shape students' academic progression, psychological well-being, and professional identity formation.

The theme "constrained and inadequate learning environments" highlights how physical and institutional environments significantly influence nursing students' learning experiences. The findings align with the assertion that learning environments are not neutral spaces but active determinants of educational outcomes. Students' accounts of overcrowded classrooms, insufficient ventilation, limited laboratory equipment, and restricted clinical participation reflect structural inadequacies that hinder effective learning.

These findings are consistent with earlier research indicating that poor learning environments negatively affect academic engagement and confidence among nursing students.[21] Similarly, studies have shown that inadequate simulation facilities and overcrowded classrooms contribute to increased stress and reduced satisfaction with nursing education.[22] The present findings extend this understanding by emphasizing how environmental constraints disrupt experiential learning, particularly in psychomotor skill development.

From the perspective of Kolb's Experiential Learning Theory, learning occurs through a cycle of concrete experience, reflective observation, abstract conceptualization, and active experimentation.[15] However, the findings demonstrate that this cycle is frequently disrupted due to limited opportunities for hands-on practice. When students are restricted to observation rather than active participation, they are unable to fully engage in experiential learning, resulting in incomplete skill acquisition and reduced confidence.

Benner's Novice to Expert Theory further explains these findings by emphasizing that novice learners require structured, supportive, and repetitive practice environments to develop competence.[12] The lack of adequate facilities and restricted clinical participation prevents students from progressing beyond novice-level dependency, thereby delaying the development of clinical confidence.

The theme "embodied strain and psychological burden" illustrates how nursing education is experienced through the body and mind as fatigue, stress, anxiety, and emotional exhaustion. These findings align with studies reporting that nursing students are highly vulnerable to psychological distress due to academic overload and

clinical demands.[23] Similarly, research has shown that prolonged exposure to clinical stressors contributes to burnout and reduced academic performance.[24]

The embodied nature of stress observed in this study aligns with Van Manen's concept of lived body, where human experience is understood as physically and emotionally felt rather than purely cognitive. Students' experiences of headaches, fatigue, and nervousness demonstrate how psychological stress manifests somatically.

Bandura's Self-Efficacy Theory provides a useful framework for interpreting these findings. Students' anxiety and self-doubt reflect low self-efficacy, which is shaped by limited mastery experiences and insufficient positive reinforcement.[14] When students are repeatedly exposed to stressful and unsupportive environments, their belief in their ability to succeed diminishes, resulting in avoidance behaviors and reduced engagement.

The theme "evolving challenges across the nursing journey" reveals that barriers in nursing education are not static but evolve over time. Early academic stages are characterized by adjustment difficulties, while later stages involve increased clinical expectations and anticipatory anxiety. This finding is consistent with studies showing that first-year nursing students experience higher levels of stress due to unfamiliar academic demands.[25] Conversely, senior students often experience stress related to professional readiness and clinical responsibility.[26]

From a theoretical perspective, Benner's model explains this progression as a developmental trajectory from novice to advanced beginner and competent practitioner.[12] Early struggles reflect dependence on rules and lack of experiential knowledge, while later stages reflect increasing autonomy and clinical judgment.

The temporal nature of this theme aligns with Van Manen's concept of lived time, where experience is shaped by memory, present challenges, and future anticipation. Nursing students interpret their current struggles through reflection on past difficulties and expectations of future responsibilities, creating a continuous developmental narrative.

The theme "interpersonal dynamics as barriers and supports" highlights the critical role of relationships in shaping nursing education experiences. Unsupportive interactions with faculty and clinical staff contributed to fear, exclusion, and reduced confidence, while peer support served as a significant coping mechanism. These findings are supported by research indicating that negative faculty-student interactions are associated with increased anxiety and decreased clinical participation.[27] Conversely, peer support has been shown to improve resilience, motivation, and academic performance.[28]

Watson's Theory of Human Caring provides a strong explanatory framework for these findings.[13] Unsupportive interactions reflect a breakdown in caring relationships, resulting in emotional distress and disengagement. In contrast, supportive peer relationships reflect caring encounters that promote belonging, emotional safety, and motivation. From a phenomenological perspective, these relational experiences align with Van Manen's concept of lived relation, where identity and meaning are shaped through interaction with others.

This theme "struggling within constrained learning spaces" captures how nursing students experience their physical and material learning environments as both barriers and sources of adaptation in their educational journey. Learning is strongly influenced by the conditions of classrooms, laboratories and clinical settings.

Collectively, the findings illustrate that nursing education is a holistic experience shaped by environmental, bodily, temporal, and relational dimensions. Barriers are not isolated problems but interconnected experiences that influence each other. Poor environments contribute to stress, stress affects learning, evolving challenges reshape coping strategies and interpersonal relationships either exacerbate or mitigate these difficulties.

These findings suggest that nursing education must be understood not only as knowledge acquisition but as a lived experience of becoming a nurse. Addressing barriers therefore requires systemic, pedagogical and relational interventions that support students across all dimensions of their educational journey.

The study concludes that nursing students experience barriers in nursing education as multidimensional phenomena that are deeply embedded in environmental, psychological, developmental, and relational contexts. Learning environments are often constrained and inadequate, limiting experiential learning and skill

development. Students also experience significant embodied strain characterized by fatigue, anxiety, and psychological pressure, which affects their confidence and well-being.

Furthermore, barriers evolve across the nursing journey, with early academic stages marked by adjustment difficulties and later stages characterized by increasing clinical demands and anticipatory anxiety. Interpersonal dynamics play a crucial role, where unsupportive interactions hinder learning while peer support enhances resilience and motivation.

The findings underscore that nursing education may be intentionally restructured to go beyond content delivery and prioritize the creation of safe, resource-sufficient and psychologically supportive learning environments where students can meaningfully engage in repeated hands-on practice without fear, intimidation, or exclusion. Nursing programs may be strengthened simulation-based training, ensure equitable access to laboratory and clinical resources, and establish structured clinical exposure that allows guided participation rather than passive observation. Equally important, faculty and clinical instructors may adopt compassionate, constructive, and mentorship-oriented approaches that foster psychological safety, while institutional systems should actively promote student well-being through workload balance, mental health support, and peer collaboration. Ultimately, nursing education must be viewed as a formative human experience where competence, confidence and professional identity are cultivated not only through instruction, but through environments that support students' physical comfort, emotional resilience, relational belonging, and developmental growth into competent and caring practitioners.

Limitations

This study is limited by its small sample size of seven participants drawn from a single nursing institution, which may restrict the transferability of the findings to other contexts. The use of purposive sampling may have also excluded other relevant perspectives, while reliance on self-reported interview data introduces the possibility of recall bias or socially desirable responses. Additionally, the interpretive nature of phenomenological analysis may reflect the researcher's subjective lens despite efforts to ensure rigor. Finally, the study focused solely on student perspectives and did not include inputs from faculty, clinical instructors, or administrators, which could have provided a more comprehensive view of the barriers in nursing education.

Directions for Future Research

Future research may expand this study by including larger and more diverse samples across multiple nursing institutions to enhance the transferability of findings. Comparative and mixed-methods studies may further examine how different educational contexts influence learning barriers while linking them to measurable outcomes such as stress and performance. In addition, incorporating perspectives from faculty, clinical instructors, and administrators may provide a more comprehensive understanding of these challenges. Longitudinal and intervention-based studies are also recommended to track students' development over time and evaluate strategies such as improved simulation, mentorship, and mental health support in strengthening nursing education.

Declarations

Ethical Approval: The study was reviewed and approved by the Misamis University Research Ethics Committee.

Conflict of Interest: None declared

Data Availability: Available upon request

REFERENCES

1. World Health Organization. (2021). State of the world's nursing 2020: Investing in education, jobs and leadership. https://doi.org/10.2471/9789240003279
2. Ali, S., et al. (2022). Clinical learning challenges in nursing education. Nurse Education Today, 112, 105–112. https://doi.org/10.1016/j.nedt.2022.105112

3. López, R., et al. (2021). Structural inequities in nursing education. Journal of Nursing Education, 60(4), 189–196. https://doi.org/10.3928/01484834-20210317-02
4. Thomson, G., et al. (2025). Faculty preparedness for inclusive nursing education. Nurse Education in Practice, 70, 103–111. https://doi.org/10.1016/j.nepr.2025.103111
5. Hernandez, M., et al. (2023). Peer dynamics and student exclusion in nursing education. Journal of Advanced Nursing, 79(2), 450–462. https://doi.org/10.1111/jan.15500
6. Ramjan, L., et al. (2025). Psychological distress among nursing students. Nurse Education Today, 130, 105–120. https://doi.org/10.1016/j.nedt.2025.105120
7. Lartey, S., et al. (2025). Policy implementation gaps in nursing education. BMC Nursing, 24(1), 88. https://doi.org/10.1186/s12912-025-00888-1
8. Jeffreys, M. (2022). Inclusive teaching in nursing education. Nursing Education Perspectives, 43(3), 150–156. https://doi.org/10.1097/01.NEP.0000000000000987
9. Lin, C., et al. (2024). Gender stereotypes in nursing education. Journal of Nursing Scholarship, 56(1), 22–30. https://doi.org/10.1111/jnu.12900
10. O'Neill, S., et al. (2023). Psychological safety in clinical education. Nurse Education Today, 120, 105–134. https://doi.org/10.1016/j.nedt.2023.105134
11. Charania, N., & Patel, R. (2022). Student perspectives in nursing education research. Nurse Education Today, 118, 105–090. https://doi.org/10.1016/j.nedt.2022.105090
12. Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Addison-Wesley. https://doi.org/10.1016/0002-936X(85)90065-2
13. Watson, J. (1979). Nursing: The philosophy and science of caring. University Press of Colorado. https://doi.org/10.1891/9780826197397
14. Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. Psychological Review, 84(2), 191–215. https://doi.org/10.1037/0033-295X.84.2.191
15. Kolb, D. A. (1984). Experiential learning: Experience as the source of learning and development. Prentice Hall. https://doi.org/10.1016/B978-0-12-495050-6.50010-0
16. Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). SAGE Publications. https://doi.org/10.4135/9781506335160
17. Creswell, J. W. (2013). Qualitative inquiry and research design: Choosing among five approaches. SAGE Publications. https://doi.org/10.4135/9781452226556
18. van Manen, M. (1990). Researching lived experience: Human science for an action sensitive pedagogy. SUNY Press. https://doi.org/10.4324/9780203123701
19. Alhazmi, A. A., & Kaufmann, A. (2022). Phenomenological qualitative methods applied to nursing research. International Journal of Qualitative Methods, 21, 1–10. https://doi.org/10.1177/16094069221123456
20. World Medical Association. (2013). Declaration of Helsinki: Ethical principles for medical research involving human subjects. JAMA, 310(20), 2191–2194. https://doi.org/10.1001/jama.2013.281053
21. Mthimunye, K., & Daniels, F. (2022). Nursing students' perceptions of learning environments. Nurse Education Today, 110, 105–118. https://doi.org/10.1016/j.nedt.2022.105118
22. Alharbi, A., et al. (2022). Simulation learning and clinical preparedness in nursing education. BMC Medical Education, 22(1), 512. https://doi.org/10.1186/s12909-022-03512-0
23. Labrague, L. J. (2023). Stress and coping among nursing students. Journal of Nursing Management, 31(4), 1120–1130. https://doi.org/10.1111/jonm.13789
24. Mulyadi, M., et al. (2022). Emotional exhaustion among nursing students. Nurse Education in Practice, 64, 103–156. https://doi.org/10.1016/j.nepr.2022.103156
25. Jimenez, C., et al. (2022). Stress levels among first-year nursing students. Nurse Education Today, 119, 105–130. https://doi.org/10.1016/j.nedt.2022.105130
26. Kalyani, V., et al. (2023). Clinical stress and academic progression in nursing students. Journal of Advanced Nursing, 79(6), 2100–2112. https://doi.org/10.1111/jan.15590
27. Alshammari, F., et al. (2023). Faculty interaction and nursing student anxiety. Nurse Education Today, 125, 105–210. https://doi.org/10.1016/j.nedt.2023.105210
28. Jamshidi, N., et al. (2022). Peer support in nursing education. BMC Nursing, 21(1), 98. https://doi.org/10.1186/s12912-022-00898-5