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Organizational health of schools of nursing in Nueva Vizcaya and its impact on clinical instructors' instructional technology skills: A convergent parallel study

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Abstract

This study examined the organizational health of nursing schools and its relationship to the instructional technology skills of 61 clinical instructors from two nursing schools in Nueva Vizcaya during the Academic Year 2025–2026. Anchored on Hadian's (2023) framework of organizational health (innovation, empowerment, and tolerance) and Sullivan's (2024) framework of instructional technology skills (planning and preparation, classroom environment, instruction, and professional responsibilities), the study utilized a descriptive-correlational design. Data were collected through a validated questionnaire and analyzed using mean and Spearman Rank Correlation, while qualitative responses were subjected to thematic analysis. Findings revealed that organizational health was rated Outstanding ($\bar{x}$ = 4.56), with innovation obtaining the highest mean, followed by empowerment and tolerance. Instructional technology skills were assessed as Very Good ($\bar{x}$ = 4.42), with planning and preparation and classroom environment rated Outstanding. A weak but statistically significant relationship was found between organizational health and instructional technology skills ($\rho = 0.223$, $p = 0.001$), indicating that a healthier organizational climate is associated with improved technology competence. Among the dimensions, tolerance and empowerment showed the strongest correlations with instructional technology skills. Qualitative findings identified challenges related to infrastructure limitations, faculty workload, professional development, digital preparedness, and integration of technology in clinical settings. Based on these results, an organizational development intervention was designed to address identified gaps, strengthen faculty capability, and enhance institutional support systems. The study underscores the importance of fostering a supportive organizational environment to sustain effective technology integration in nursing education.

Keywords: instructional technology skills, organizational health, organization development intervention

Organizational health of schools of nursing in Nueva Vizcaya and its impact on clinical instructors' instructional technology skills: A convergent parallel study

1. Introduction

In today's rapidly evolving educational and healthcare landscape, the success of nursing schools depends not only on the competence of their faculty but also on the overall organizational environment in which they operate. Organizational health encompasses the policies, structures, and culture that support effective teaching, professional development, and innovation. Schools with strong organizational health are often more resilient, adaptable, and capable of implementing educational innovations that improve both student learning outcomes and faculty performance. Conversely, institutions with weak organizational health may struggle with inefficiencies, resistance to change, and limited faculty engagement, which can negatively affect the quality of nursing education and the preparedness of graduates for clinical practice.

The integration of technology into nursing education has become increasingly critical, especially as healthcare systems adopt digital tools for patient care, data management, and interprofessional collaboration. Clinical instructors are expected not only to teach foundational nursing skills but also to incorporate instructional technologies to enhance learning, facilitate clinical simulations, and prepare students for modern healthcare environments. The ability of instructors to effectively use these technologies is closely tied to the organizational structures, resources, and support mechanisms available within the nursing school. Hence, exploring the relationship between organizational health and the instructional technology skills of clinical instructors provides valuable insights into how schools can optimize teaching and learning in nursing education.

Globally, the COVID-19 pandemic has accelerated the adoption of instructional technologies in health education, revealing gaps in faculty readiness and institutional support. Nursing schools worldwide have had to rapidly transition to blended and online teaching modalities, requiring both technological competence among faculty and strong organizational systems to support these changes. Studies have shown that schools with high organizational health are more successful in implementing online learning, simulation-based training, and digital assessment tools, as they provide adequate resources, continuous professional development, and clear communication structures (Harris et al., 2019; Lee & Choi, 2021). These global shifts underscore the importance of organizational health in enabling faculty to adapt and thrive in technologically demanding educational environments.

At the national level, nursing education in the Philippines has been increasingly emphasizing competency-based training, the integration of simulation laboratories, and digital learning platforms. The Commission on Higher Education (CHED) mandates that nursing programs provide students with access to contemporary instructional technologies while ensuring faculty are adequately prepared to utilize these tools. Research conducted in Philippine universities suggests that institutional support, leadership, and a culture of continuous improvement are critical factors influencing the ability of clinical instructors to adopt technology-enhanced teaching practices (Santos et al., 2020; Dela Cruz & Reyes, 2022). This highlights that organizational health is not only a structural consideration but also a determinant of instructional effectiveness in the Philippine nursing context.

Locally, nursing schools in Nueva Vizcaya face unique challenges related to resources, faculty development, and technological infrastructure. Many schools are balancing limited funding with the need to implement state-of-the-art learning technologies, while faculty members must manage both classroom instruction and clinical supervision. Preliminary observations indicate that the degree to which clinical instructors can effectively use instructional technology is closely linked to organizational factors such as leadership support, access to digital tools, collaborative practices, and professional development opportunities (Manlangit et al., 2021). By examining the relationship between organizational health and instructional technology skills in this local context, the study

aims to provide actionable insights that can enhance teaching quality, faculty readiness, and student learning outcomes in nursing programs across Nueva Vizcaya.

The present study adopts a convergent parallel mixed-methods design to provide a comprehensive understanding of how organizational health influences clinical instructors' instructional technology skills. Quantitative data will assess the perceived organizational health and self-reported technology competencies of clinical instructors, while qualitative data will explore the lived experiences, challenges, and recommendations of faculty members. This approach ensures a holistic perspective, combining numerical measures with in-depth narratives to guide institutional policy and faculty development initiatives.

The present study is anchored on global, national, and institutional research priorities to ensure its relevance and contribution to the broader educational and societal development landscape. At the global level, this research aligns closely with the United Nations Sustainable Development Goals (SDGs), particularly SDG 4: Quality Education and SDG 9: Industry, Innovation, and Infrastructure. SDG 4 emphasizes the need to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. By examining how organizational health in nursing schools affects the instructional technology skills of clinical instructors, the study addresses the quality of teaching and learning environments. Enhancing instructors' technology competencies ensures that students receive instruction that is responsive to contemporary healthcare demands, ultimately contributing to improved learning outcomes and professional readiness. SDG 9 complements this focus by underscoring the importance of fostering innovation and building resilient educational infrastructures. Investigating the organizational dynamics and technological capacities within nursing schools contributes to understanding how educational institutions can innovate and adapt to technological advancements, thus strengthening institutional resilience and innovation capabilities.

At the national level, the study is anchored on the Philippine National Higher Education Research Agenda (NHERA), which seeks to support research that improves quality education, strengthens institutional capabilities, and responds to societal needs. Specifically, this research responds to NHERA priority areas such as enhancing educational quality and relevance, promoting faculty development, and integrating information and communication technologies (ICTs) in teaching and learning processes. Nursing education in the Philippines is increasingly expected to integrate simulation, online platforms, and other instructional technologies to prepare students for modern healthcare environments. By examining the interplay between organizational health and faculty instructional technology skills, this study provides insights into institutional policies, support mechanisms, and faculty development initiatives that can enhance the relevance and quality of nursing education at the national level.

The research is also consistent with the Nueva Vizcaya State University (NVSU) Research Agenda, which emphasizes the promotion of relevant and applied research in education, health, and technology. NVSU prioritizes studies that support human capital development, institutional innovation, and technological advancement in regional higher education institutions. This study contributes to the NVSU agenda by providing empirical evidence on how organizational structures, leadership, and faculty support mechanisms influence instructional practices, particularly the integration of technology in nursing education. The findings are expected to guide institutional decision-makers in strengthening faculty competencies and fostering a supportive organizational environment that enhances both teaching quality and student outcomes.

Finally, the study aligns with the College of Arts and Sciences (CAS) Research Agenda, which advocates for research that promotes academic excellence, faculty professional development, and effective learning environments. By investigating the organizational health of nursing schools and its impact on clinical instructors' technology skills, this study addresses CAS priorities related to faculty capacity-building and innovation in teaching. The insights generated can inform policies and programs for faculty training, technology integration, and institutional improvement, contributing to the development of competent, technologically adept educators who can meet the evolving needs of students in health-related disciplines.

This study is firmly anchored in the global, national, and institutional research priorities by addressing the quality of education, technological innovation, and faculty professional development. By examining the relationship between organizational health and instructional technology skills of clinical instructors, the research not only contributes to scholarly knowledge but also provides practical recommendations for strengthening educational quality and institutional resilience in the nursing schools of Nueva Vizcaya.

Despite the increasing emphasis on quality nursing education, limited studies have explored the interplay between organizational health and clinical instructors' instructional technology skills in the Philippine context. While global research highlights the importance of faculty readiness and institutional support for technology integration in health education, much of it focuses on developed countries with well-established digital infrastructures. National studies have addressed faculty technology competencies or organizational climate separately, but few have examined how the overall organizational health of nursing schools directly influences the ability of clinical instructors to integrate instructional technologies.

Locally, in Nueva Vizcaya, preliminary observations suggest variability in institutional support, access to technology, and faculty development opportunities, yet empirical evidence remains scarce. These gaps highlight the need for a context-specific, mixed-methods investigation to understand the relationship between organizational structures, policies, and technology use in nursing education. This motivates the current study, aiming to provide actionable insights to strengthen teaching practices and institutional effectiveness. This study investigated the organizational health of nursing schools in Nueva Vizcaya during the academic year 2024-2025 and its relationship to the instructional technology skills of clinical instructors. Specifically, it answered the following questions.

1. What is the assessment of the respondents of the organizational health of nursing schools in Nueva Vizcaya along the dimensions of innovation, empowerment, and tolerance?
2. What is the assessment of the respondents of their instructional technology skills along the dimensions of planning and preparation, classroom environment, instruction, and professional responsibilities?
3. Is there a significant relationship between the dimensions of organizational health and the respondents' instructional technology skills?
4. What are the challenges encountered by the respondents along organizational health, and what are their recommendations?
5. What are the challenges encountered by the respondents along instructional technology skills, and what are their recommendations?
6. Based on the significant findings of the study, what organization development intervention was crafted by the researcher?

2. Related Literature

The present study is anchored on Contingency Theory to support its examination of organizational health in nursing schools. Contingency Theory posits that organizational effectiveness does not depend on a single best way of management or leadership; rather, effectiveness is contingent upon how internal organizational elements align with situational demands and environmental conditions. In educational settings, organizational health—a construct encompassing dimensions such as innovation, empowerment, and tolerance—reflects how well a school's structures, leadership styles, and processes fit the contextual demands of modern nursing education (Hoffman-Miller, 2024). This theory aligns with the present research because it underscores the need for adaptive organizational strategies that are responsive to technological changes, faculty needs, and instructional demands. In nursing schools, varying levels of support, resource availability, and leadership responsiveness influence how clinical instructors perceive organizational health and engage with instructional technologies. Thus, Contingency Theory offers a theoretical basis for understanding why certain organizational characteristics may support or hinder

institutional effectiveness in cultivating technology-enabled teaching practices.

In addition, Human Capital Theory provides a compelling framework for examining clinical instructors' instructional technology skills. Human Capital Theory conceptualizes individuals' skills, knowledge, and competencies as valuable assets that can be developed through education, training, and professional experience, thereby enhancing organizational performance. Human capital investment—including technology training and professional development for faculty—enables instructors to acquire and apply the necessary skills for effective instructional technology integration (Pobar, 2025). In the context of nursing education, clinical instructors' ability to leverage instructional technologies is a function of both their foundational competencies and the organizational support provided for continuous learning. By viewing faculty technology skills as human capital, this study situates instructional technology capability within a broader framework of workforce development and organizational investment in human resources. This theoretical lens explains how investments in teacher training can yield greater instructional effectiveness and institutional adaptability.

Together, Contingency Theory and Human Capital Theory offer a strong conceptual foundation for investigating how organizational health influences faculty capability development, particularly in contexts requiring technological adaptation. Anchoring the research in these theories strengthens the study's justification and demonstrates the interconnectedness of organizational conditions and individual competencies in educational settings.

Organizational health refers to the overall functioning of an institution, including its ability to foster a positive work environment, implement change, and promote employee engagement and performance. It is more than organizational culture or climate—it is the capacity of an organization to endure, adapt, and grow amid internal and external challenges (Brown & Harvey, 2018). In educational settings, a healthy organization is characterized by strong leadership, clearly defined policies, collaborative work practices, and systematic support for professional development. These elements collectively influence how institutions respond to change and support their members in achieving collective goals.

One key dimension of organizational health is innovation, which reflects an institution's ability to cultivate new ideas, adapt to emerging trends, and implement changes effectively. According to Singh and Gupta (2020), innovative organizations create structures and policies that encourage experimentation, continuous learning, and proactive problem-solving. In the context of nursing schools, innovation is evidenced through the adoption of new teaching methodologies, instructional technologies, and curriculum enhancements that align with contemporary healthcare demands. Institutions with high innovation capacity are more likely to support faculty members in exploring and integrating technology in instruction.

The dimension of empowerment pertains to the degree to which an organization enables its members to participate in decision-making, access information, and exercise autonomy in their roles. Kaur and Sharma (2019) emphasize that empowered faculty are more confident, motivated, and committed to organizational objectives. Empowerment in nursing schools involves inclusive leadership practices, shared governance structures, and opportunities for faculty input in curriculum planning and academic policies. When faculty feel empowered, they are more inclined to adopt innovative practices and engage in professional growth. Tolerance, another vital dimension, describes an organization's capacity to accept ambiguity, encourage learning from failure, and support risk-taking. According to Lee and Ko (2021), tolerance fosters an environment where employees feel psychologically safe to experiment and voice ideas without fear of reprimand. In educational institutions, tolerance encourages reflection, open communication, and collaborative problem-solving, all of which are essential for adapting to technological and pedagogical change. It is noted that organizational health and its dimensions—innovation, empowerment, and tolerance—form a foundation for institutional effectiveness. These dimensions influence not only organizational performance but also individual faculty development and instructional practices.

Instructional technology skills of clinical instructors on the other hand are essential for integrating digital tools into teaching, enhancing student learning, and facilitating effective clinical instruction. These skills encompass

technical proficiency, pedagogical knowledge, and professional practice, enabling instructors to deliver content efficiently while adapting to students' needs. In the planning and preparation dimension, clinical instructors must design lesson plans, learning activities, and assessments that incorporate appropriate digital resources. Research by Tondeur et al. (2020) emphasizes that instructors who engage in deliberate planning with technology create more engaging and effective learning experiences, ensuring that instructional goals align with available technological tools.

The classroom environment dimension focuses on how clinical instructors manage technology use during instruction to foster collaboration, engagement, and a safe learning space. Murugesan and Gangadharan (2021) highlight that instructors who establish clear guidelines for digital device use and integrate collaborative technologies, such as interactive simulations or learning management systems, promote active learning and maintain classroom discipline. In clinical nursing settings, this ensures that students can practice skills safely while benefiting from digital enhancements, such as virtual simulations or online demonstrations.

In the instruction dimension, clinical instructors apply technology to deliver content, demonstrate procedures, and facilitate students' skill acquisition. Angeli and Valanides (2019) note that instructors with strong technological pedagogical content knowledge (TPACK) can effectively combine digital tools with clinical teaching strategies, such as live demonstrations, video tutorials, and interactive case studies. This improves students' critical thinking and clinical decision-making, as technology allows them to visualize procedures, access resources, and practice skills in real-time.

Finally, the professional responsibilities dimension involves maintaining accurate records, communicating with students and colleagues, and participating in continuous professional development using technology. According to Inan and Lowther (2018), instructors who leverage online grading systems, communication platforms, and collaborative tools enhance transparency, accountability, and ongoing learning. This ensures that clinical instructors remain current in technological competencies while supporting student learning effectively.

It is noted by the current researcher that the instructional technology skills of clinical instructors are multidimensional and require continuous development. Mastery across planning, classroom management, instruction, and professional responsibilities ensures that nursing students benefit from high-quality, technology-supported learning experiences.

3. Methodology

Research Design. This study employed a convergent parallel mixed-methods design to examine the relationship between organizational health of schools of nursing and clinical instructors' instructional technology skills. In this design, quantitative and qualitative data were collected concurrently, analyzed separately, and subsequently integrated to provide a comprehensive interpretation of the findings (Creswell & Creswell, 2018; Fetters et al., 2018). This approach was selected to generate both measurable statistical patterns and contextual insights, thereby offering a multidimensional understanding of the phenomena under investigation. The quantitative component utilized a descriptive-correlational design. Descriptive statistics were applied to determine the levels of organizational health—across innovation, empowerment, and tolerance—and instructional technology skills in terms of planning and preparation, classroom environment, instruction, and professional responsibilities. Correlational analysis examined the strength and direction of associations between these variables. The qualitative component explored the challenges encountered by clinical instructors and their recommendations for improvement. Open-ended responses provided contextual explanations of quantitative trends and informed the development of a responsive organizational development intervention tailored to the needs of nursing faculty.

Research Setting. The study was conducted in two private higher education institutions in Nueva Vizcaya, Philippines: **Aldersgate College** (Solano) and **PLT College** (Bayombong), both offering accredited Bachelor of Science in Nursing programs. Aldersgate College has 498 nursing students supervised by 24 faculty/clinical instructors. The institution integrates classroom instruction, laboratory simulations, and supervised clinical

exposures. Faculty members utilize instructional technologies such as digital presentations, learning management systems, and online assessment platforms. The college promotes faculty development through institutional training and innovation initiatives. PLT College serves approximately 1,600 nursing students under the guidance of 40 faculty/clinical instructors. The institution emphasizes competency-based education aligned with national standards. Clinical instructors perform instructional planning, skills demonstration, clinical supervision, and student assessment, increasingly incorporating digital tools into their pedagogy. These institutions were selected to capture contextual similarities and variations in organizational practices and technology integration within nursing education in Nueva Vizcaya.

Participants and Sampling Procedure. The respondents consisted of 61 clinical instructors, representing 85.92% of the total population (N = 71). Sample size determination was computed using the Raosoft sample size calculator. A stratified random sampling technique was employed, with each institution serving as a stratum. Proportional allocation ensured adequate representation from both colleges, after which simple random sampling was conducted within each stratum to minimize selection bias and enhance representativeness.

Research Instruments. Two researcher-developed instruments were utilized:

- **Organizational Health Questionnaire (30 items).** Grounded in Hadian's (2023) framework, the instrument measured three dimensions: innovation, empowerment, and tolerance. Content validation was conducted by expert reviewers. Responses were rated on a five-point Likert scale (1 = Never to 5 = Always). Mean scores were interpreted using the following scale: 4.50–5.00: Outstanding, 3.50–4.49: Very Good, 2.50–3.49: Good, 1.50–2.49: Fair, and 1.00–1.49: Poor.
- **Instructional Technology Skills Questionnaire (20 items).** Based on Sullivan's (2024) framework, the instrument assessed planning and preparation, classroom environment, instruction, and professional responsibilities. It underwent expert validation and used the same Likert scale and interpretative guide.

Both instruments included open-ended questions to elicit qualitative data regarding challenges and recommended institutional interventions.

Data Collection Procedure. Following expert validation, the instruments were digitized using Google Forms. Formal permission was secured from the deans of both nursing schools, with institutional endorsement from Nueva Vizcaya State University–Bambang Campus. Participation was voluntary. Informed consent was obtained electronically, and anonymity and confidentiality were strictly maintained. Data were exported to Microsoft Excel for coding and analysis.

Data Analysis. Quantitative data were analyzed using:

- **Mean** to determine levels of organizational health and instructional technology skills.
- **Spearman Rank Correlation** to assess the strength and direction of the relationship between variables, appropriate for ordinal Likert-scale data.

Qualitative responses were analyzed thematically to identify recurring patterns, contextual explanations, and actionable recommendations. Integration of quantitative and qualitative findings occurred during interpretation to ensure methodological rigor and enhance validity.

4. Results and Discussion

This study primarily investigated the organizational health of nursing schools and its relationship to the instructional technology skills of 61 clinical instructors from two nursing schools in Nueva Vizcaya during the Academic Year 2025–2026. The research focused specifically on determining the level of organizational health and instructional technology skills, as well as examining the correlation between these two variables. Data were gathered using a validated and reliable research questionnaire designed to measure the identified dimensions of

both constructs. Statistical tools such as the mean and Spearman Rank Correlation were employed to analyze the quantitative data, while responses to open-ended items were processed using an online thematic analysis tool to extract recurring themes and insights.

This study was delimited by its theoretical anchorage to selected research frameworks. Organizational health was examined based on the framework of Hadian (2023), focusing on the dimensions of innovation, empowerment, and tolerance. Instructional technology skills, on the other hand, were grounded in the framework of Sullivan (2024), which includes the dimensions of planning and preparation, classroom environment, instruction, and professional responsibilities. These frameworks served as the conceptual and structural basis for the development of the research instruments and guided the interpretation of findings.

This research investigation aimed to determine the respondents' assessment of the organizational health of nursing schools in Nueva Vizcaya in terms of innovation, empowerment, and tolerance. It also sought to assess the respondents' instructional technology skills across the dimensions of planning and preparation, classroom environment, instruction, and professional responsibilities. Furthermore, the study examined whether a significant relationship exists between the dimensions of organizational health and the respondents' instructional technology skills. In addition, it aimed to identify the challenges encountered by the respondents in relation to organizational health and to determine their corresponding recommendations for improvement. Similarly, the study identified the challenges encountered by the respondents in relation to instructional technology skills and determined their corresponding recommendations for enhancement. Finally, based on the significant findings of the study, the research sought to develop an organizational development intervention to address the identified gaps and strengthen both organizational health and instructional technology skills. The following are the significant findings of the study.

1. The respondents assessed the organizational health of nursing schools in Nueva Vizcaya as Outstanding, with a grand mean of 4.56, indicating a very high level of institutional effectiveness and supportive leadership. Among the dimensions, Innovation ranked highest (4.60), reflecting strong adaptability, technological integration, and a culture of continuous improvement. Empowerment followed (4.58), suggesting inclusive leadership, shared decision-making, and faculty autonomy. Tolerance, though slightly lower (4.50), was still Outstanding, indicating an environment that supports diverse perspectives and risk-taking. Overall, the findings suggest that the nursing schools maintain a healthy, responsive, and progressive organizational climate conducive to educational excellence.

2. The respondents assessed their instructional technology skills with a grand mean of 4.42, interpreted as Very Good, indicating strong overall competence in integrating technology into teaching and learning. Planning and Preparation ranked highest (4.56, Outstanding), showing instructors' ability to design technology-enhanced lessons aligned with learning objectives. Classroom Environment followed (4.53, Outstanding), reflecting effective management of digital tools to foster engagement and safe collaboration. Instruction received a Very Good rating (4.47), suggesting competent application of technology in content delivery and skill development. Professional Responsibilities ranked lowest (4.13, Very Good), indicating the need to further enhance digital communication, administrative efficiency, and professional collaboration.

3. There is a weak but statistically significant relationship between organizational health and instructional technology skills ($\rho = 0.223$, $p = 0.001$), indicating that better organizational health is associated with improved technology competence. Among the dimensions, Tolerance had the highest significant correlation ($\rho = 0.388$), suggesting that a supportive and psychologically safe environment enhances faculty confidence in using technology. Empowerment also showed a significant relationship ($\rho = 0.378$), indicating that autonomy and trust promote skill development. However, Innovation had a very weak and non-significant correlation ($\rho = 0.198$), implying that innovation alone does not directly translate into stronger instructional technology skills.

4. The qualitative findings revealed three major themes regarding challenges in organizational health. First, infrastructure, resources, and facilities reflected concerns about inadequate physical spaces, limited instructional materials, and insufficient technological support. Second, faculty workload, roles, and professional development

described heavy teaching loads, multiple assignments, and constrained opportunities for professional growth. Third, communication, leadership, and organizational climate pointed to issues in transparency, decision-making processes, and workplace relationships. Respondents' recommendations were also grouped into three themes: faculty welfare, compensation, and workload equity; professional development and clinical excellence; and leadership, communication, and organizational climate, emphasizing balanced workloads, continuous training, fair compensation, and a more supportive institutional environment.

5. The qualitative findings regarding instructional technology skills revealed three main themes of challenges. First, internet connectivity and technological infrastructure highlighted issues such as unstable internet, limited devices, and insufficient classrooms and facilities. Second, faculty and student preparedness emphasized gaps in digital literacy, lack of training, and the extra time needed to prepare technology-based lessons. Third, integration and contextual challenges in clinical instruction pointed to difficulties in applying technology within clinical settings due to policy restrictions, workload, and the need to align theory with hands-on practice. Respondents' recommendations mirrored these themes, focusing on improving infrastructure, providing training and upskilling opportunities, and developing strategies to effectively integrate technology into clinical instruction.

6. Based on the study's significant findings, the researcher designed an organizational development intervention targeting areas with the lowest mean scores across organizational health and instructional technology skills. For organizational health, innovation, empowerment, and tolerance were prioritized, focusing on aligning faculty development with institutional goals, flexible deployment of expertise, and adequate support for research and instructional innovation. For instructional technology skills, areas addressed included planning and preparation, classroom environment, instruction, and professional responsibilities, emphasizing inclusive digital instruction, safe student engagement, effective use of audio-visual tools, and timely online communication. The intervention aims to strengthen faculty performance and institutional support in these critical areas.

5. Conclusions

- The organizational health of nursing schools in Nueva Vizcaya was assessed by respondents as Outstanding, indicating that the institutions possess strong leadership, supportive structures, and processes that foster a healthy and adaptive academic environment.
- Respondents rated their instructional technology skills as Very Good, reflecting a high level of competence in integrating digital tools into teaching and learning, although there remains room for further enhancement, particularly in professional responsibilities.
- A weak but statistically significant relationship was observed between organizational health and instructional technology skills, suggesting that improvements in organizational health are positively associated with enhanced faculty technology competence.
- Qualitative findings on organizational health identified three major themes regarding challenges, while respondents' recommendations were also grouped into three corresponding themes, highlighting areas for institutional improvement in infrastructure, faculty support, and leadership practices.
- Similarly, challenges encountered in instructional technology skills were organized into three main themes, with recommendations reflecting parallel thematic areas, emphasizing the need for enhanced infrastructure, targeted professional development, and collaborative practices to support technology integration.
- Based on these significant findings, the researcher developed an organizational development intervention focusing on the benchmark statements with the lowest mean scores across organizational health and instructional technology skills. This intervention aims to strengthen faculty performance, optimize institutional support, and address specific gaps in both organizational practices and technology

integration.

Recommendations

- Nursing schools may continue to promote strong leadership practices, participatory decision-making, and supportive structures that foster innovation, empowerment, and tolerance. Institutional policies may prioritize faculty engagement, shared governance, and resource adequacy to maintain the Outstanding level of organizational health.
- Schools may provide ongoing professional development programs, workshops, and training in digital tools to improve planning, classroom management, instruction, and professional responsibilities. Emphasis may be placed on inclusive, adaptive, and student-centered technology integration.
- Investments in reliable internet connectivity, smart classrooms, audio-visual systems, simulation labs, and access to digital resources may support effective teaching and learning, particularly in clinical settings.
- Faculty may be given autonomy to apply innovative teaching strategies and leverage their expertise. Workload management, recognition systems, and wellness initiatives may reduce burnout, enhance motivation, and sustain instructional quality.
- Encouraging peer mentoring, team-based planning, and communication between classroom and clinical instructors may improve cohesion, knowledge sharing, and effective integration of technology in instruction.
- Interventions may address specific gaps identified in the study, including underdeveloped areas in innovation, empowerment, tolerance, and instructional technology skills, through structured support, training, and resource allocation.
- Future research may replicate this study in other nursing schools or regions, including additional variables such as faculty motivation, student outcomes, institutional support, and digital literacy, to provide a broader understanding of factors influencing organizational health and instructional technology skills.

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