DOI: https://doi.org/10.15631/aubgsps.v21i1.280

STUDENTS' LIVED EXPERIENCES ON BLENDED LEARNING, ALLIED HEALTH SCIENCES, UNIVERSITY OF BOHOL, TAGBILARAN CITY

MA. DARYL C. LAGAPA, MAEM
[1]Graduate School, University of Bohol, Tagbilaran City, Philippines

Corresponding Author: mdclagapa@universityofbohol.edu.ph

ABSTRACT

Article history:

Submission: 11 April 2022
Revised: 8 M ay 2022
Accepted: 26 August 2022
Publication: 15 Sept 2022

Keywords — Keywords - Blended learning, lived experiences, allied health sciences courses, University of Bohol, enhancement measures, qualitative approach, focus group discussion, Midwifery, Nursing, Pharmacy, Physical Therapy

The COVID-19 pandemic transformed the way schools operate in ways never seen before. Students and schools demonstrated they could adjust and keep going even when they faced financial difficulties, health hazards, and sudden changes in their everyday lives. The crisis is still ongoing, but it has also led to fresh ideas and long-lasting changes in how schools operate. As the number of infections changed, governments all over the world used different strategies to stop the virus from spreading. In the Philippines, maintaining access to quality education during lockdowns meant modifying rules and finding new ways to navigate the "new normal." The Department of Education (DepEd) set up various forms of distance learning, such as blended learning, to ensure learning could continue. DepEd describes this modality as a combination of face-to-face instruction and one or more methods, such as online learning, modular learning, and TV or radio-based instruction. This approach sought to reduce physical interaction, support social distancing, and help manage the movement of people outside their homes. Within this context, the present

study explored the lived experiences of students enrolled in allied health programs at the University of Bohol during the implementation of blended learning in SY 2020–2021. The study also aimed to propose enhancement strategies that could strengthen the University's adoption of blended learning moving forward. Using a qualitative design, data were gathered through a Focus Group Discussion (FGD) guide that encouraged participants to share their insights through open-ended questions. As such, the responses were primarily descriptive and non-numerical. The research focused on students from four allied health courses-Midwifery, Nursing, Pharmacy, and Physical Therapy-to provide a rich, contextual understanding of how blended learning shaped their academic experiences during one of the most challenging periods in recent history.

INTRODUCTION

The COVID-19 pandemic caused plenty of problems for schools, businesses, and other social institutions. Higher education was hit the hardest, as schools immediately transitioned from in-person to technology-based, flexible learning to keep classes going. These rapid changes upset established academic habits, especially for students in health-related degrees, and negatively affected their social and mental well-being. At the beginning of 2020, these changes significantly affected how students live their lives and what they want to do in the future. Campus closures and remote learning helped keep infections down. However, they also made life very difficult for students, staff, and families, hurting the entire education system (Commission on Higher Education [CHED], 2020). Because most of their classes were hands-on and took place in labs, students in the Allied Health Sciences had difficulty adjusting to new teaching methods.

The Commission on Higher Education (CHED) pushed for flexible learning because not everyone had easy access to education. CHED (2020) says that flexible learning allows you to adjust the scheduling, pace, and delivery methods to meet the needs of a wide range of pupils. This method aims to make things more accessible and inclusive while maintaining academic standards.

The researcher, with a background in education, chose UB as the study site to investigate the dynamics of teacher and student engagement in blended learning, specifically in the Allied Health Sciences programs—Midwifery, Nursing, Pharmacy, and Physical Therapy. Her experience in the field of education provided a unique perspective for this qualitative investigation, allowing her to examine how new learning outcomes were met during the pandemic, how teachers and students handled and maintained the demands of blended learning, and what lived experiences defined this shift in terms of difficulties, benefits, drawbacks, and reflections.

The anticipated results aim to inform educational stakeholders on practical

strategies to enhance blended learning, helping them address challenges and improve student experiences in the health sciences during disruptions such as COVID-19, thereby better achieving educational goals.

RESEARCH METHODOLOGY

Design. The study employed a qualitative approach using a Focus Group Discussion (FGD) guide to gather responses through open-ended questions. While this method provides rich insights into student experiences, its nonnumerical data and small sample size may limit the generalizability of findings, which should be considered when formulating policy recommendations.

Environment. The study was conducted at the University of Bohol, focusing on the four (4) allied health sciences courses: Midwifery, Nursing, Pharmacy, and Physical Therapy. The University of Bohol is a private, non-sectarian, co-educational institution of higher learning located at Ma Clara Street, Tagbilaran City. The University has 11 colleges with various degree programs in Business and Accountancy, Architecture and Fine Arts, Arts and Sciences, Education, Engineering and Technology, Criminology, Tourism and Hospitality, Nursing, Physical Therapy, Pharmacy, and Midwifery for undergraduate courses. To address the COVID-19 pandemic, the University used Blended Learning. Classes were conducted online to avoid physical contact between teachers and students as COVID-19 cases emerged in the province.

Participants. The study had seven teachers and sixty students from the Allied Medical courses: BS Nursing, BS Pharmacy, BS Midwifery, and BS Physical Therapy. The researcher aimed for at least sixteen students per year level, with participants from each course. At least four students were from each course and sixteen per year level, except for Midwifery, which had twelve participants because there were no fourth-year enrollees for SY 2020-2021.

Regarding the teacher participants, the researcher ensured that each teacher handled the major subjects within their respective departments.

The teacher participants advised the student participants. Only UB enrollees from SY 2020–2021 in the Allied Health Sciences courses were included. Second course and transfer students were excluded.

Instrument. The instrument was a self-made guide. Questions were based on related literature and patterned after the research questions. The guide covered participants' profiles, their lived experiences with blended learning, the achievement of new learning outcomes during the pandemic, management and sustainability strategies for non-classroom learning, including advantages and disadvantages, and their experiences of challenges and reflections on blended learning outcomes.

The researcher consulted a pool of experts to ensure the validity and reliability of the FGD guide. Before data collection began, the researcher

undertook several important steps to ensure the study's rigour, ethical soundness, and overall quality.

After completing Chapter 1, the researcher presented the study proposal to the Dean of the Graduate School, the thesis adviser, and the panel of evaluators. Their comments and recommendations helped refine the study's direction. The researcher revised the manuscript accordingly and resubmitted it for formal approval.

Once the academic panel endorsed the proposal, the manuscript was submitted to the University of Bohol Research Ethics Committee (UB-REC) for ethical review. The researcher addressed all recommendations to strengthen the study's ethical foundations. After these revisions, the UB-REC granted ethical clearance, authorizing the research.

Following ethics approval, the researcher wrote formal letters to the Dean of the Graduate School, the Vice President for Academics, and the Deans of the Allied Health Sciences programs to seek permission to conduct the study. Upon approval, the Registrar's Office provided the list of officially enrolled students. The researcher then coordinated with program deans to finalize the logistics for data collection. Given pandemic conditions, the focus group discussions (FGDs) were held face-to-face while strictly observing IATF health and safety protocols.

The researcher conducted the FGDs, each session lasting approximately 30–45 minutes, allowing participants to share their experiences in depth.

After completing all sessions, the researcher carefully transcribed the raw data and participant responses to prepare them for analysis.

Data Analysis. The researcher used thematic analysis, a common qualitative research approach, to identify, analyze, and interpret patterns of meaning in qualitative data. The researcher categorized participants' responses into themes as an outcome.

The researcher analyzed the transcribed data step-by-step using thematic analysis. The method included stages such as familiarization, coding, generating, reviewing, defining, naming, and writing.

RESULT AND DISCUSSION

Profile of Student Participants. Sixty students from allied health sciences programs participated in the study; the majority were female and between the ages of 18 and 20. The continued feminization of the health professions, especially in nursing and midwifery, is reflected in this demographic tendency. Participants were distributed relatively evenly across schools, with midwifery students accounting for one-fifth of the sample, and nursing, pharmacy, and physical therapy students each accounting for roughly one-fourth of the sample. The distribution of students by year level was also quite good, with almost equal numbers from the first, second, and third years, and a smaller but still noteworthy percentage from the fourth year. Diverse academic experiences

and viewpoints were recorded throughout the various phases of professional training thanks to this equitable distribution.

Profile of Teacher Participants. Seven faculty members from the four programs also participated, most of them women aged thirty-three to forty-three. Their teaching experience ranged from one to eleven years, evenly divided between early-career and mid-career educators. This composition mirrors the instructional landscape in many allied health institutions where younger educators are transitioning into digital pedagogy while adapting to rapidly evolving educational technologies. The profiles of both student and teacher participants thus offer a representative view of the blended learning experience in the context of health sciences education.

Achievement of Learning Outcomes during the Pandemic. During the pandemic, both students and teachers described how blended learning served as a viable strategy for sustaining academic engagement and achieving intended learning outcomes despite restrictions on physical interaction. Adaptability was the most important theme in all four projects. Midwifery students stressed the need for continuous monitoring and active participation to maintain their motivation. Nursing students stressed the need for close observation and the willingness to try new things. Pharmacy students said independent learning was a key factor in their success. This result is in keeping with a large body of research showing that flexibility, including structured feedback and active monitoring, greatly improves learning outcomes in both online and blended learning environments (Yang et al., 2024).

Rowe and colleagues (2012) also confirmed that blended learning connects theoretical knowledge with practical skills, which is especially important in health sciences education, where applied learning is key to student success.

Advantages and Challenges of Blended Learning. Students across programs identified benefits such as flexibility, cost savings (transport, boarding, materials), self-paced learning, and improved time management. Teachers recognised benefits including preparedness of materials, increased creativity, and improved technological skills.

These benefits align with prior research: blended learning enables flexibility in time and place and supports self-directed learning in allied health and nursing education (Liu et al., 2016). Commonly cited disadvantages included unstable internet connectivity and power supply, insufficient hands-on laboratory exposure, limited social interaction, distractions at home, and health-related concerns (screen fatigue, eye strain). These concerns are echoed in allied health literature, where blended learning in clinical education settings has been constrained by infrastructural and experiential limitations (Grimmer-Somers et al., 2011).

Lived Experiences: Challenges & Reflections. Students and teachers detailed lived-experience challenges, including technical interruptions (especially post-Typhoon Odette), insufficient lab exposure, difficulties using online/offline applications, scheduling conflicts, and decreased social

interaction.

Despite obstacles, participants reported positive outcomes, including improved technological proficiency, time management, research skills, and creativity. Students noted that *willingness to learn* and *adaptability* became essential. Teachers emphasised constant assessment and monitoring to sustain learning outcomes.

These reflective gains align with research indicating that blended learning can foster student agency, independence, and digital literacy when implemented thoughtfully. For example, nursing students participating in a flipped-with-team-based blended model reported increased problem-solving ability and satisfaction. (Kang & Kim, 2021).

Proposed Enhancement Measures. Participants' feedback yielded numerous recommendations to enhance blended learning across programs. The midwifery faculty said that students need more time in the lab to learn how to do things in real life. Nursing educators urged teachers to continue their training and schools to hire teachers with blended-learning experience. People who took part in the pharmacy suggested providing additional online materials and making it easier to get online. Physical Therapy faculty wanted more performance-based tasks and better lecture coverage in virtual classes. Faculty from all areas agreed on the need to improve teaching methods and invest in ongoing professional development to prepare teachers for blended learning. These suggestions are supported by research showing that successful blended learning relies on strong technology, effective instructional design, and well-prepared faculty (Grimmer-Somers et al., 2011; Liu et al., 2016).

In short, the results show that both students and teachers in allied health sciences were able to adapt and remain strong, even though the pandemic made technology and teaching more challenging. This experience shows that schools need to prepare for digital learning, support instructors in improving their practice, and invest in robust support systems. After the outbreak, blended learning can be a long-term strategy for educating in health sciences if carefully planned. It allows for flexibility, improves technical skills, and fosters reflective practice, all while keeping the high standards that professional training requires.

CONCLUSION

Based on the findings, this study concludes that blended learning during the COVID-19 pandemic provided both opportunities and challenges for students and teachers in the allied health sciences. The majority of participants were young, female students (18–20 years old) and early- to mid-career female educators, reflecting the gendered composition of the health sciences field (UNESCO, 2022).

Students and teachers alike emphasized adaptability as the most critical factor in achieving learning outcomes under blended instruction. This supports the work of Kokoç (2019), who found that flexibility and behavioral engagement

are directly linked to improved academic performance in e-learning. The ability to adjust to new learning modalities allowed both learners and instructors to sustain participation despite disruptions.

Blended learning was generally viewed as flexible, accessible, and cost-efficient, consistent with Kim, Hong, and Song (2019), who reported that learning technologies enable students to participate successfully in asynchronous and synchronous settings. However, persistent **barriers**—including limited internet access, power interruptions, and the absence of hands-on laboratory practice—negatively affected learning quality, as similarly documented by Muthuprasad et al. (2021) and Apuke and Iyendo (2018). These constraints were particularly critical for health-related disciplines that rely heavily on laboratory and clinical competencies (Rahman, et al., 2021).

Despite these challenges, participants demonstrated resilience and reflective growth, developing stronger research, technical, and creative skills. They acknowledged that sustaining blended learning requires institutional support, faculty training, and a willingness among learners to adapt continuously. This echoes findings by Ahmed et al. (2024) that student adaptability and teacher innovation are fundamental to the long-term viability of hybrid education.

Finally, the study's proposed enhancement measures—such as constant monitoring, intensified faculty development, increased student engagement, and expanded performance-based learning—underscore the need for holistic, learner-centered, and context-responsive strategies to ensure quality education in the post-pandemic era.

RECOMMENDATIONS

1. Information Dissemination and Program Strengthening
   Results of the study should be shared with participants, faculty, and administrators to promote transparency and participatory learning. Dissemination fosters institutional trust and accountability (Creswell & Poth, 2018). The University should develop evidence-based enhancement plans anchored in this research, particularly in strengthening existing guidance and student support programs.
2. Intensified Laboratory Exposure
   The University shall focus on laboratory and clinical sessions as soon as it is safe to do so. Studies in medical and health sciences education show that hands-on learning is essential for building skills (O'Doherty et al., 2018).
   - *Midwifery:* Give students multiple opportunities to practice skills such as suturing, administering injections, and providing family planning.
   - *Nursing:* Include practice in simulated hospital settings and supervised clinical work.
   - *Pharmacy:* Strengthen lab training in dosage calculation,

compounding, and making formulations.
    - *Physical Therapy:* Provide regular skill demonstrations and visits to rehabilitation centers.
3. Provision of Supplementary Learning Materials The University should develop a centralized digital repository containing downloadable and interactive resources accessible to students with limited connectivity. Providing such resources promotes equity and inclusion, as emphasized by UNESCO (2022) in digital education frameworks.
4. Student and Faculty Welfare and Development Programs Sustaining blended learning requires attention to psychosocial well-being and professional preparedness. The Student Personality Services Office and Guidance Center should offer structured wellness seminars and peer-support sessions. For faculty, continuing development programs should include:
    - *Stress Management in Blended Instruction*
    - *Digital Pedagogy and 21st-Century Teaching Strategies*
    - *Adaptability and Coping Mechanisms in Hybrid Environments*
    - *Offline and Online Classroom Innovations*

REFERENCES CITED

Ahmed, N. H., Anderson, J., & García Martínez, A. (2024). Innovative blended learning approaches to enhance student engagement in university. Journal of Teaching and Learning, 1(1), 1–21. https://doi.org/10.71305/jtl.v1i1.100

Apuke, O. D., & Iyendo, T. O. (2018). University students' usage of internet resources for research and learning: Forms of access and perceptions of utility. Heliyon, 4(12), e01052. https://doi.org/10.1016/j.heliyon.2018.e01052

Commission on Higher Education. (2020). CHED Memorandum Order No. 4, s. 2020: Guidelines on the implementation of flexible learning. https://ched.gov.ph

Creswell, J. W., & Poth, C. N. (2018). Qualitative inquiry and research design: Choosing among five approaches (4th ed.). Sage.

Grimmer-Somers, K., Milanese, S., & Chipchase, L. (2011). Research into best practices in e-learning for allied health clinical education and training. Clinical Education and Training Queensland.

Kang, H. Y., & Kim, H. R. (2021). Impact of blended learning on learning outcomes in a public healthcare education course: A review of a flipped classroom with team-based learning. BMC Medical Education, 21, 78. https://doi.org/10.1186/s12909-021-02508-y

Kim, H. J., Hong, A. J., & Song, H. D. (2019). The roles of academic engagement and digital readiness in students' achievements in university e-learning environments. International Journal of Educational Technology in Higher Education, 16, 21. https://doi.org/10.1186/s41239-019-0152-3

Kokoç, M. (2019). Flexibility in e-learning: Modelling its relation to behavioural engagement and academic performance. Themes in eLearning, 12, 1–16. https://eric.ed.gov/?id=EJ1251161

Liu, Q., Peng, W., Zhang, F., Hu, R., Li, Y., & Yan, W. (2016). The effectiveness of blended learning in health professions: Systematic review and meta-analysis. Journal of Medical Internet Research, 18(1), e2. https://doi.org/10.2196/jmir.4807

Muthuprasad, T., Aiswarya, S., Aditya, K. S., & Jha, G. K. (2021). Students' perception and preference for online education in India during the COVID-19 pandemic. Social Sciences & Humanities Open, 3(1), 100101. https://doi.org/10.1016/j.ssaho.2020.100101

O'Doherty, D., Dromey, M., Lougheed, J., Hannigan, A., Last, J., & McGrath, D. (2018). Barriers and solutions to online learning in medical education. BMC Medical Education, 18, 130. https://doi.org/10.1186/s12909-018-1240-0

Rahman, M. M., Hossain, K. M., & Khalid, M. S. (2021). Impact of blended learning on teacher education for tutors at the Bangladesh Open University. In M. A. Impedovo, M. S. Khalid, K. Kinley, & M. C. K. Yok (Eds.), Blended learning in higher education (pp. 50–59). Aalborg Universitetsforlag.

Rowe, M., Frantz, J., & Bozalek, V. (2012). The role of blended learning in the clinical education of healthcare students: A systematic review. Medical Teacher, 34(4), e216–e221. https://doi.org/10.3109/0142159X.2012.642831

UNESCO. (2022). Reimagining digital learning for all: Building equitable and inclusive education systems. UNESCO Publishing.

Yang, Y., Chen, H., & Sun, H. (2024). Nursing undergraduate students' experiences and perceptions of blended learning in pediatric nursing: A mixed-methods study. SAGE Open Nursing, 10, 1–14. https://doi.org/10.1177/23779608241274214