



Original article. A qualitative narrative inquiry examining how PE faculty inclusion practices shape confidence in a college student living with a ventricular shunt. Vol. 12, n. ° 3; p. 1-26, July 2026.

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A qualitative narrative inquiry examining how PE faculty inclusion practices shape confidence in a college student living with a ventricular shunt

Una indagación narrativa cualitativa que examina cómo las prácticas de inclusión del profesorado de Educación Física influyen en la confianza de un estudiante universitario que vive con una derivación ventricular

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Abstract

Inclusive education in higher education can fail to consider the students with complicated medical problems needing a balance between safety and inclusion like the ventricular conditions (shunts) who cannot take part in the Physical Education (PE) activity. With an orientation of Narrative Inquiry, this qualitative study examines effects of practice by PE faculty to build the confidence of a college student living with a ventricular shunt. Four of the stories, student, PE teacher, parent and medical staff were studied in terms of temporality, sociality and place. Results indicate that adaptive teaching (e.g., in lieu of high-impact activities, graded low-intensity activities) and relational transparency and interdisciplinary readiness encouraged physical activity and psychosocial self-assurance. The student stated that she experienced functional gains and motivation, whereas the teacher stressed the use of open communication and co-planning with parents and health staff members. Proactive updates were confirmed by the parent to increase trust, and monitoring and emergency preparedness were identified by the nurse as a foundation of safe inclusion. These findings confirm that co-construction of confidence takes place based on relational pedagogy and clinical vigilance. The framework proposed as SAFE-PE, Screen and Share, Adapt and Advance, Visible Feedback, and Emergency Ready, provides practical advices on what should be done with a faculty and an institution. The present research offers a localized framework of inclusive PE to the Philippine higher education and highlights the ethical appeal of heart-centered teaching.

Keywords: inclusive physical education; ventricular shunt; narrative inquiry, faculty adaptation, student confidence

Resumen

La educación inclusiva en la educación superior puede no considerar adecuadamente a los estudiantes con condiciones médicas complejas que requieren un equilibrio entre la seguridad y la inclusión, como aquellos con condiciones ventriculares (derivaciones), quienes pueden enfrentar limitaciones para participar en las actividades de Educación Física (EF). Con un enfoque de investigación narrativa, este estudio cualitativo examina cómo las prácticas del profesorado de EF contribuyen a la construcción de la confianza en una estudiante universitaria que vive con una derivación ventricular. Se analizaron cuatro relatos el de la estudiante, el docente de EF, el padre/madre y el personal médico a través de las dimensiones de la temporalidad, la socialidad y el lugar. Los resultados indican que la enseñanza adaptativa (por ejemplo, la sustitución de actividades de alto impacto por actividades graduadas de baja intensidad), junto con la transparencia relacional y la preparación interdisciplinaria, fomentaron la participación física y la confianza psicosocial. La estudiante manifestó mejoras funcionales y una mayor motivación, mientras que el docente destacó la importancia de la comunicación abierta y la planificación conjunta con los padres y el personal de salud. El padre/madre confirmó que las actualizaciones proactivas incrementaron la confianza, y la enfermera identificó el monitoreo y la preparación ante emergencias como pilares fundamentales de una inclusión segura. Estos hallazgos confirman que la confianza se co-construye a partir de la pedagogía relacional y la vigilancia clínica. El marco propuesto SAFE-PE Screen and Share, Adapt and Advance, Visible Feedback y Emergency Ready ofrece orientaciones



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prácticas para el profesorado y las instituciones educativas. La presente investigación aporta un marco localizado de Educación Física inclusiva en la educación superior filipina y pone de relieve el llamado ético de una enseñanza centrada en el corazón.

Palabras clave: educación física inclusiva; derivación ventricular; investigación narrativa; adaptación del profesorado; confianza del alumnado

Introduction

The inclusion of education has become a prominent goal of modern higher education that focuses on equal participation, access, and achievement of different learners. Nevertheless, their inclusivity may not be sufficient to meet the needs of students whose medical conditions are complicated, especially those students whose inclusion entails health risk management and physical activity (Carballo et al., 2021; Clouder et al., 2020; Grenier et al., 2023; Kim and Kutscher, 2021). In the Physical Education context of inclusion, such factors as learning are inherently embodied, socially interactive, and performance-based, which increases the implications of poor support or excessive restriction (Haegle et al., 2021; Tarantino et al., 2022). Confidence is a very important affective construction that makes students play a role in such settings, negotiate a hazard, and maintain both academic and social membership (Nowland and Haegle, 2023). Ventricular shunts are medical appliances, which are implanted in the heart to treat hydrocephalus by redirecting the excess cerebrospinal fluid (Mitchell et al., 2021). Learners who use such gadgets can suffer from a variety of neurological, physiological, and psychosocial issues which affect both education and physical activities (Maleknia et al., 2022; Zheng et al., 2023). Even though, a good number of people with ventricular shunts are physically fit to participate in physical activity, based on risks related to the occurrence of shunt malfunctions, fatigue, balance, and cognitive variability, informed and responsive education support is required (McGrath et al., 2024; Stanuszek, Bębenek, Milczarek, & Kwiatkowski, 2021). It has been shown that unpredictability and the presence of fear of medical vulnerability prompt educators to resort to protectionist or isolating measures, especially in PE environments, even when taking part might still be safe with suitable accommodations (Fernández-Batanero et al., 2022; Haegle et al., 2021; Stanuszek et al., 2021). The psychosocial impacts of having



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a chronic neurological condition in age of emerging adulthood are thoroughly researched and comprise an increased exposure to becoming a victim of stigma, a lower likelihood of a child attending peer groups, and a lower academic self-confidence (Betz et al., 2022; Clouder et al., 2020; Rohrer-Baumgartner et al., 2024). Whenever exclusion due to physical activity is given as a form of protection instead of an unreadiness to participate, the agency held by students can be undermined, and the fragility narratives can be strengthened when presented (Karamani et al., 2024). It especially is alarming when it is proven that physical exercise has a beneficial impact on psychological well-being, social connectedness, and self-esteem even in people with complicated health records (Ferreira et al., 2025; Varedi et al., 2021). Therefore, being excluded due to medical status only is a crucial area of omission in terms of inclusive education.

Despite the mounting acceptance of disability inclusion in higher education institutions, little scholarly research has been done on assessing the lived experiences of college students with ventricular shunts (particularly in physically demanding academic settings). The faculty practices are important to create a direct learning environment, but instructional reactions are often informed by systemic-wide disability procedures instead of condition-based awareness and evidence-based accommodations (Carballo et al., 2021; Kim and Kutscher, 2021; Moriña et al., 2020). The literature on the topic of inclusive education and PE has repeatedly indicated that faculty self-efficacy, attitudes, and training play a major role in determining the implementation of inclusion as meaningful participation or as active physical presence (Grimminger-Seidansticker and Seyda, 2022; Nowland and Haegele, 2023). Besides, to empower the students with medical vulnerabilities to function effectively, it involves preparedness to individual health contingencies, an aspect that is lacking in institutional preparedness and faculty confidence (Gereige et al., 2022; Sunderland et al., 2022).

In the Philippine population of the higher education sector, inclusive practice is very subject to change and implementation is often left to the individual faculty initiative as opposed to a coordinated institutional system. Research on PE education in the Philippines identifies limitations in terms of resources, workload, and teacher training and education, not mentioning the fact that the inclusive instruction requires more robust support systems (Narvacan et al., 2026; Tagare, 2026a, 2026b). The norms of culture in



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terms of disability, family protection and precautionary measures also influence the manner in which students with medical issues approach physical interaction, indicating the significance of trust-based relationship of faculty/students in advancing confidence and involvement. Through narrative inquiry, the current research aims at producing a comprehensive insight into the extent to which a faculty inclusion, in terms of trust, adaptivity practice and emotional attune, influences confidence and physical participation of a university student with a ventricular abnormality (a ventricular shunt). The study will bring new contributions to the reflective framework that facilitates the implementation of inclusive education not only by policy but by bonding the faculty in relational, informative and ethically sensitive teaching practices.

This study is expected to examine how the practices related to inclusion of Physical Education faculty support the confidence of students with a ventricular shunt. Particularly, this research findings aim to:

- Examine the lived experiences of a college student with a ventricular shunt in the context of physical education and inclusive academic practices.
- Identify the specific faculty behaviors, instructional strategies, and relational approaches that contribute to building or diminishing student confidence in physical activity settings.
- Explore how inclusive teaching practices can affirm the capabilities of students managing chronic neurological conditions, particularly in physically engaging courses.
- Understand how faculty-student relationships influence self-perception, motivation, and physical participation for students with complex medical profiles.
- Generate narrative insights and practical recommendations that can guide Physical Education faculty in fostering more inclusive, empowering learning environments.
- Contribute to a localized understanding of inclusive education by situating the student's journey within the Philippine academic and cultural setting.



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Methods

Research design

A qualitative narrative inquiry design was applied in this study to identify the influence of faculty inclusion practices on the confidence of a student with a ventricular shunt and his or her physical participation. It is also relevant that narrative inquiry was the method of choice in this study since the researchers made lived experience the focal point of the study in terms of meaning and designed how the construction of confidence and participation occurs within relations, contexts, and time (Carballo et al., 2021; Kim and Kutscher, 2021). The design focused more on rich, contextual descriptions instead of general statements, since these descriptions helped to understand the experience of inclusion practices among acts of interpretation and negotiation in daily educational engagements. The question also dwelled on how confidence developed, was questioned or was enhanced through relational events involving the student, the faculty member of Physical Education, the parent and the medical support structures. Narrative inquiry enabled exploration of these complexities in a holistic manner, and how these issues of inclusion were effectively carried out through trust, adaptation, and responsiveness as opposed to policy. The interpretation of data was based on narratives instead of reduction and focused on moral, emotional, and relational aspects of educational practice. This strategy conformed with the scholarly literature that faculty attitudes, relation practices, and inclusion processes played a substantial role in student confidence, motivation, and involvement in courses with physical activities (Grimminger-Seidensticker and Seyda, 2022; Nowland and Haegele, 2023). The meaning was also perceived as being co-constructed in terms of the dialogue, interaction, and shared experience, which placed relational pedagogy as a problematic site of inclusive change (Carballo et al., 2021). Reflexivity also came in the study in the view of how the researchers was in a continuous self-reflection during the research process and recognizes positionality and ethical responsibility in interpreting the narrations of the participants involved. This narrative inquiry design was able to give a sensitive report on how inclusive teaching practices were determinants of confidence and physical engagement in students managing complex medical conditions in higher education settings by foregrounding lived experience and relational meaning-making (Karamani et al., 2024; Tarantino et al., 2022).



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Participants and sampling

The researchers used purposive sampling when choosing participants, which were closely and substantially engaged in educational and physical activity experience of a college student with a ventricular shunt. Purposive sampling fitted this qualitative exploration since the information-rich respondents who were selected provided depth, context, and an understanding of inclusive educational practice due to their lived experience and the degree of relational proximity that they had with the student (Carballo et al., 2021; Kim and Kutscher, 2021). This methodology was in line with the studies that have highlighted that inclusion, confidence, and participation may only be comprehended in light of relational dynamics, and not in terms of representative breadth (Nowland & Haegele, 2023). In this study, a higher learning institution in the Philippines, which makes Physical Education a part of its curriculum, conducted the research. To safeguard institutional and personal confidentiality; the exact place of the research was anonymized. This institutional context served as a valid starting point to consider the inclusive practices because of its focus on equitable access, multiethnic composition of the population, and the promotion of physically involving coursework that resulted in the establishment of the conditions under which the inclusion and confidence were implemented (Haegele et al., 2021; Tarantino et al., 2022). The sample consisted of four participants, and they made up the immediate network of the relational influence around the student. They were: (1) a college student, whose diagnosis was one of currently having a physical education course and having a ventricular shunt; (2) a Physical Education professor involved directly with the student in a movement-based teaching project; (3) the parent of the student or other legal guardian, whom the student continued to rely on emotionally and logistically to help him or her manage his or her condition as best it could; and (4) a medical practitioner. This piece acknowledged that the student confidence rates and engagement were not influenced in a vacuum, but in the interaction of educational, family-related, and health-related relationships (Betz et al., 2022; McGrath et al., 2024). The purposive criterion based approach was used to identify the participants, and it would self-assure all the individuals, who (1) participated directly in the academic and/or Physical Education experience of the student; (2) had knowledge of the medical condition



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and adaptive needs of the student; (3) was able to engage in the experience-based, reflective narration; and (4) was willing to participate in the ethically based structure. These criteria were based on available literature that stressed the importance of faculty awareness, relationship involvement, and medical knowledge in helping students with chronic neurological conditions to participate constructively (Grimminger -Seidensticker and Seyda, 2022; Mitchell et al., 2021; Nowland and Haegele, 2023). The study gained a refined and contextual explanation of the positive effect of inclusive teaching practices on the student as the participants were chosen due to their relational proximity and experiential knowledge of the problem. This method of sampling was focused on depth of meaning and relational authenticity, which allowed the study to shed light on the way inclusion was implemented, negotiated, and experienced in physically engaged learning environments (Karamani et al., 2024; Tarantino et al., 2022).

Research instrument

A semi-structured narrative interview guide was used in conducting the study as the main research tool. The researchers made the guide in a way that it would get the reflective experiences-based accounts on the four groups of participants who are; the student with the ventricular shunt factor, the faculty member of the Physical Education facade, the parent or caretaker and the medical support personnel. The instrument was purposefully open-ended and loose to enable the participants to give their narrated lived experiences in their words but anticipating foreground sense, feeling, and relational background instead of having fixed groups of answers (Carballo et al., 2021; Kim & Kutscher, 2021). That design was in line with the inclusive education scholarship that stresses the value of relational and experiential voices in the comprehension of confidence, participation, and belonging (Nowland and Haegele, 2023). The interview guide was designed in such a way that the way confidence and inclusion were experienced over the years, relationships, and the physical education setting were examined. Instead of serving as a structured questionnaire, the guide served as a dialogue structure, which prompted the respondents to narrate meaningful experiences that were associated with instructional adaptation, safety, advocacy, and trust. This method was especially applicable to the investigation of those experiences of the students with chronic



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neurological conditions, where the educational engagement of the former can frequently be predetermined by the process of constant negotiation among the pedagogical, family, and medical aspects (Betz et al., 2022; McGrath et al., 2024; Mitchell et al., 2021). Customization of interview prompts by the researchers to the various groups of participants allowed them to have thematic continuity in the research. In the case of the student participant, enquiries were made into their past and current experience of Physical Education, how they see themselves as included or not, their feelings about the interactions with the faculty, and how they hope their future physical experience will be. Being a Physical Education faculty staff member, the guide made the faculty member reflect upon the inclusive practices in instruction, make decisions regarding adaptation and safety, and interrelational work with the student. The parent/caregiver was requested to present stories about advocacy and emotional labor, as well as the observation of the increase in confidence of the student over a length of time. The medical support staff considered the role they play in recommending physical participation, discontinuing safety and autonomy, and working with the educators and families. These stories put a lot of emphasis on the interdependence between educational inclusion, health, and psychosocial well-being (Ferreira et al., 2025; Rohrer-Baumgartner et al., 2024; Varedi et al., 2021). The researchers also used follow-up probes in order to help in-depth and responsive: *Can you tell me more about that experience? What happened next?* These probes stimulated the participants to share the moments that were of emotional significance and led to meaning co-construction throughout the interview process. Besides the audio-taped interviews, the researchers kept reflexive field notes and narrative journal to find the contextual information, emotional signals, and relations that may only be partially revealed in the transcripts. Such materials were additional sources of story information and enhanced interpretive responsiveness to experience of life (Carballo et al., 2021; Rohrer-Baumgartner et al., 2024). The interview guide has been created with a high degree of ethical orientation with a focus on the psychological safety, respect, and dialogic engagement. Based on the medical, emotional, and social sensitivities of the experience of having a ventricular shunt, the researchers examined the instrument in relational sensitivity and inclusiveness, such that the prompts did not force the person to dwell on the deficit but allowed the person to explore the issue further. Such



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responsiveness to ethics and relationships matched studies indicating that faculty support, empathetic communication, and attentive engagement are the key factors in the love of confidence and participation in physically challenging learning environments (Grimminger anniversary Seidensticker, 2022; Karamani et al., 2024; Nowland and Haegle, 2023). The overall idea of the tool was not to steal data but welcome narratives, stories that would capture the experience of how trust was established, tested, and maintained in the course of daily affairs between teaching, care giving, and clinical support.

Data gathering procedures

The process of data collection was flexible yet purposeful to include the lived experiences in the form of relational, contextual, and experience-based narratives, which are related to the qualitative research focused on the formation of meaning due to personal and interpersonal stories (Carballo et al., 2021; Kim and Kutscher, 2021). The researchers also informed all the participants of their rights and the mission of the study through a clear and culturally sensitive informed consent form that also contained information about the possible risks and benefits of participating in the research, the voluntary nature of the study, and the confidentiality of their information and the option to withdraw at will without repercussions. The researchers made arrangements with regard to time, on the one hand, with the aim of comforting the participants and procuring their signed consent, and, on the other hand, with the voice of the participants about the schedule, in an intervention that gave the highest priority to participate in the study based on their availability and comfort level. The interviews were done in either a confidential and consensually agreed place or online in a secure place, which ensured privacy and responsiveness to the entire process of the interview (Gereige et al., 2022). The interviews were also done in a conversation and dialogical form as the interviews were guided by an open-ended narrative interview protocol where the interview was based on the role and relationship of the participant to the student. Although the interview was structured to follow guiding questions, the openness of the process was adopted, giving the interviewees the opportunity to think and speak extensively and the guidelines of the discussion to be flexed and stretched depending on the experience, as they saw it, as



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worthwhile and emotionally valuable. This methodology came to symbolize scholarship that emphasized that forms of confidence, inclusion, and participation can be comprehended most effectively in terms of storytelling that described the interactive processes and contextual subtlety (Nowland and Haegele, 2023; Karamani et al., 2024). The researchers also actively listened during the interviews, employed empathetic cues, as well as paused and explained meaning by letting the interviewees do the same. All the interviews were audio-recorded with the consent of the participants so that accuracy and fidelity of the narratives can be ensured. The field notes were recorded by the researchers immediately after every interview which captures the context, emotional tone, non-verbal displays and their observations that could not be well interpreted in the form of transcripts. In order to also ensure rigor and reflexivity, the researcher kept a reflexive journal as s/he proceeded with data collection. In this journal, some reflections and thoughts on positionality, relational dynamics, ethical sensitivities, and emergent insights were added, including those to do with inclusion, confidence, and physical participation. It has been demonstrated that such reflexive practice is necessary as one endeavor to work with individuals taking measures through chronic illnesses and educational experiences that are emotionally contextualized (Betz et al., 2022; Rohrer-Baumgartner et al., 2024). After transcription, the participants were asked to read the few passages in their narratives as a coincidence of truth and appeal, which increased the credibility and the participant real in the reflection of lived experience. This action helped the ethical relationality because participants were paid attention to as co-authors of meaning but not as the passive sources of information (Carballo et al., 2021; Kim and Kutscher, 2021). The process of data collection also ended when all narratives were written with enough level of data and relational genuineness. The resulting corpus were transcripts of interviews, field notes, analysis memos, and reflexive journal entries, which produced a layered and narrative corpus reflecting the overlapping effects of pedagogical, familial, and clinical factors on the student and were the basis of their confidence and engagement in a physical activity (Ferreira et al., 2025; Haegele et al.,).



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Data analysis

The authors conducted the analysis of the data applying the approach of the qualitative narrative to research how the notions of confidence and physical participation were constructed, negotiated, and realized by the student with a ventricular shunt. This strategy facilitated a comprehensive evocation of the quality of lived experiences as it occurred over time, relationship, educational, family and health-based settings. The use of the narrative analysis was specifically suitable in the present research due to the focus of existing studies that include a persistence in the variables and indicates that including beyond comparing variables, contextualized, relational accounts can be most effectively used to understand experiences of inclusion, confidence, and participation in individuals with chronic neurological conditions (Carballo et al., 2021; Kim and Kutscher, 2021; Nowland & Haegle, 2023). After the transcription, the researchers undertook intensive and repetitive readings of all transcripts of interviews, so that they would become familiar with the general narrative plot, the affective tone, with the dynamics of relationships within the stories told by each of the participants. The early readings were aimed at getting a good sense of the stories and the number of readings after that is to find indications of important events, relational connections and when the student felt supported or constrained which influenced his or her confidence and participation. This step-by-step approach enabled the researchers to follow the impact of the concept of inclusive practices, safety concerns, and interpersonal reactions on the experiences of the student in educational and physical activities environments (Haegle et al., 2021; McGrath et al., 2024; Mitchell et al., 2021). Various narrative field texts that were used in the analysis comprised of interview transcripts, reflexive journal entries, analytic memos, and contextual field notes. It was these materials that were combined that would aid in the interpretive richness, as well as, to gain dimensions of experience that do not always come out in speech alone. The researchers experienced flexibility in the way the study was carried out, which is why they embraced reflexive documentation to address emotional cues, ethical conflicts and relational processes that defined meaning-making during the inquiry. This level of analysis sensitivity has been reported to be crucial in the studies of educational experiences of the students with chronic health conditions who have to deal with social vulnerability (Betz et al., 2022; Rohrer-Baumgartner et al., 2024). Individual



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narratives of the participants were then structured and re-told in a logical arrangement that allowed the voices of each participant to be maintained yet delivered the story within the framework of the overarching phenomenon of inclusive Physical Education practice. This methodology gave greater summary to lived significance, relationship subtlety, and ethical alertness when narrative perception. Further, the scholars performed a cross-narrative analysis in order to explore trends and comparison of differences throughout the four stories. This was done by finding out similar themes and areas of convergence and divergence along with conflict between protection and participation, autonomy and safety, and confidence and constraint. Patterns with support in the literature on inclusive education, participation in physical activities, and chronic neurological conditions appeared to be the perceived safety, emotional reassurance, adaptive instruction, advocacy fatigue, the idea of invisible labor, and institutional empathy (Ferreira et al., 2025; McGrath et al., 2024; Tarantino et al., 2022; Varedi et al., 2021). To enhance the interpretive credibility, the researchers used member validation where they selectively provided narrative interpretations and seek member feedback on the interpretations in terms of accuracy and resonance. Participants had their relational ownership of their experience respected in this process and it favored bare ethical presentation of lived meaning. This type of collaborative validation can be identified with the model of inclusive research, focusing on respect, agency, and trust in work with people whose experience of education is informed by medical complexity and social vulnerability (Carballo et al., 2021; Kim and Kutscher, 2021).

Results

The four stories, student, teacher of Physical Education (PE), parent, and medical staff are discussed, attempting to understand how inclusive practices influence confidence and engagement in Physical Education based on their lived experiences across time, relations, and physically involving learning situations. Instead of being studied as an insular concept, narrative analysis allows understanding of the negotiation of inclusion and confidence based on pedagogic, familial, and medical relationships (Carballo et al., 2021; Kim & Kutscher, 2021).

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Lived experiences of the student in physical education and inclusive academic practices

The student reports that s/he sensed both feelings of inclusion and difference at the same time during Physical Education classes. As well as feeling grateful to participate adaptively, through the help of the teacher, she says she feels grateful by saying, “*hindi naman po ako pinabayaan ng teacher ko. kung ano lang daw po yung kaya ko, yun lagi yung gawin ko,*” she also articulates her emotional unease in being seen as being in a different state of the various student, by saying, “*pagka PWD, parang naghihina na po ako, iba na po kasi ang nagagawa ko sa ibang classmate ko*”. Such stories describe how inclusive practices exist alongside with internalized difference in complex forms of confidence. The student also highlights tangible positive results of altered activities, especially that of stretching and Zumba, where she claims there was an increase in strength and mobility: “*lalo na po yung Zumba. yun yung the best. malaking effect*”. Such experiences are consistent with the results of the literature that suggest that the adequate physical activity tailored appropriately can support psychosocial well-being, physical recovery, and resilience in persons that are living with a neurological condition (Betz et al., 2022; Ferreira et al., 2025; Mitchell et al., 2021; Popal et al., 2021).

Faculty behaviors and instructional strategies that build or diminish confidence

According to the PE teacher, they adopted risk-conscious instructional differentiation like moving high impact activities like jumping and high running and replace low impact activities like stretching and light walking. S/he as well creates peer support, has an open communication with the student and liaises with parents and medical personnel when developing activities. The strategies correlate with the evidence that individualized adaptation, relational attentiveness, and collaborative planning are the key aspects of the inclusive Physical Education and student confidence (Haegele et al., 2021; Kim and Kutscher, 2021). These practices are justified by the student, and s/he can be engaged in them as s/he explains that the warm-up exercises and the replacement of tasks enable his/her to remain active. But at the same time is his/her perceived absence of explicit affirmation, or rather she says that it is “*parang medyo nakulangan po siya. more on observe niya po ko*”. This can be noted because visible encouragement and verbal



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affirmation are important contributors of self-efficacy, which follows the finding that teacher affect has a significant impact in student confidence (Holland et al., 2023; Kim and Kutscher, 2021; Nowland and Haegele, 2023).

Affirmation of capabilities through inclusive teaching practices

Inclusive teaching Philosophies believe in ability by grading adaptation and sharing responsibility to ensure safety. The changes made by the PE teacher make it possible to participate and not exclude anyone, with medical practitioner explaining that it is necessary to be ready and to monitor, saying: *“kailangan kang naka-assist palagi. handa ka sa mga ganyan situasyon”*. Such stories explain how the condition-informed support, attention, and the coordination of disciplines confirm the agency without compromising safety, as commonly employed in the case of students with a ventricular shunt to manage conditions in places of intense physical activity (McGrath et al., 2024; Mitchell et al., 2021; Scarneo-Miller et al., 2020).

Influence of faculty–student relationships on motivation and self-perception

Motivation and self-image are factors and spheres of influence of relational dynamics. The student notes that taking part in the Physical Education enables his/her to indulge in activities that are not found in his/her daily life, saying that s/he felt *“nakakagawa po ako ng mga bagay na hindi ko nagagawa ng normal sa pangaraw-araw ko”* or experiencing things that she can do her everyday life of day-to-night activities. The trust is strengthened by the PE teacher with the help of transparency and regular communication, and the parent guarantees the student that active updates and involvement in the planning will make her/him feel more confident. These results can be compared to the studies that emphasized the importance of relational pedagogy, i.e., empathy, trust, and shared meaning-making, as a factor to maintain confidence and engagement, especially among students who struggle with health-related vulnerability (Carballo et al., 2021; Kim and Kutscher, 2021; Nowland and Haegele, 2023).



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Narrative insights and practical recommendations

The narratives can be analyzed to identify a number of practical implications. Parental consent and open health disclosure at a young age are helpful in uniting both the student and parent, which is in line with the evidence on the importance of coordinated accommodations among the chronically ill students (Betz et al., 2022). Although graded physical adaptation can confirm ability, the experience of the student discussed in the narrative demonstrates that conscious verbal persuasion could even help boost confidence, which supports the scholarship on the importance of encouragement and affirmation in inclusive education (Kim and Kutscher, 2021; Nowland and Haegele, 2023; Popal et al., 2021). Interdisciplinary preparedness also comes out as important. The medical supervision, as well as the existence of escalation procedures, permits the involvement to be unrestricted and enabling it without causing the person undue restrictions, which is highlighted by the medical support personnel, and as per the recommendations of safety-autonomy balancing when considering someone who has a neurologic condition (McGrath et al., 2024; Varedi et al., 2021).

Localized understanding within the academic-cultural context

Family protectionism influences the choices of participation, where the parents emphasize on high-impact movements and travel conditions, which are expressed in “*mag-iingat ka lagi anak ko*”. This protective position has an effect on risk and ability perceptions of the student. Institutional dependency on medical recommendation and teacher-directed adaptation is indicative of a values-based approach to inclusion that values communal care and relational responsibility, which is in line with the findings of the studies on everyday problems and relational negotiations faced by persons with chronic neurological condition in schools (Rohrer-Baumgartner et al., 2024).

Discussion

This study attempts to learn how inclusion practices that faculty apply to Physical Education (PE) lessons can influence the confidence of a college student with a ventricular shunt through foregrounding lived experience, relational dynamic and physically educational settings. In the four stories: student, PE teacher, parent and

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medical staff there is a natural trend, adaptive participation, relational transparency, and interdisciplinary readiness work in collaboration to establish an environment in which the student feels safe, belonging, and has renewed confidence in movement-based learning. The results add to the prior literature that portrays individualized, inclusive practices of Physical Education as beneficial to eschatological well-being as well as to functional activity among students with medical vulnerability (Betz et al., 2022; Ferreira et al., 2025; Kim and Kutscher, 2021). They are also consistent with existing clinical and pedagogic literature that indicates that the participation with ventricular shunts is possible when safety is preventatively managed by organized monitoring and engagement instead of exclusion (McGrath et al., 2024; Mitchell et al., 2021).

Inclusion with dignity: holding difference and belonging together

The narration of the student describes a mixed emotional experience marked with a sense of gratitude for being included in a group as well as sadness related to being different in the eyes of people around him. This strain is symptomatic of wider results which demonstrate that being included and being excluded can often co-exist generally in physically evaluative systems this is the case with PE (Betz et al., 2022; Holland et al., 2023; Tarantino et al., 2022). The inclusive instructional practices considered in this research, i.e. substituting strenuous activities with light-intensities forms of movement and not reducing the practice of being involved in classroom routines reduce overt exclusion at the expense of keeping safe. According to the research, the problem of too protective practices, which strengthen autonomy and self-perception, is that it weakens self-efficacy and identity as a possible mover, whereas scaffolded participation strengthens these qualities (Holland et al., 2023; Kim and Kutscher, 2021; Nowland and Haeghele, 2023). The improvement in power, strength, and normal functioning, as the student reports, and her description of PE as a form of rehabilitation are indicative that adapted physical activity is a source of psychosocial sustainability and functional recovery of the poststroke victims affected by neurological disorders (Ferreira et al., 2025; Varedi et al., 2021).

What teachers do matters: adaptation, explanation, and visible encouragement



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Triangulated stories point to the PE teacher eliminating high-impact movement and replacing graded and low-impact alternatives as he or she initiates peer support and justifies the reasoning behind every change. The practices attribute to the PE inclusive practices that are built on task analysis, individualized adaptation, and continuous communication as its cornerstones (Haegele et al., 2021; Grenier et al., 2023; Kim and Kutscher, 2021; Morley et al., 2020). Meanwhile, the perception of the reduced apparent confirmation of the student demonstrates that the process of adaptation is not entirely enough to explain the development of confidence. The studies reveal that teacher encouragement, operating through the explicit feedback, providing the affective presence, and means of affirming opportunity, is an essential factor in terms of student self-efficacy and motivation in the context of an inclusive setting (Grenier et al., 2023; Kim and Kutscher, 2021; Nowland and Haegele, 2023). The results indicate that inclusion teaching would be the most successful when physical adjustment is combined with firm encouragement, which is apparent and manifests the participation into perceived ability.

Safety without sidelining: interdisciplinary readiness as a condition of inclusion

The narrative of the medical practitioner lays stress on the constant preparedness, surveillance as well as the ability to escalate at the right time, and the practice of consulting parents and medical contributions performed by the teacher renders the safety planning. This triangulation is in line with interdisciplinary recommendations that state that the safe involvement of people with ventricular shunts should rely on distinct screening, monitoring, and response criteria as opposed to the categorical restriction (McGrath et al., 2024; Mitchell et al., 2021; Scarneo-Miller et al., 2020). This preparedness is how the dilemma, observed in the context of education since time immemorial, was resolved: the fear of medical danger may cause an excessive restriction, but organized, systematic measures will allow moderate involvement that will support the person and his/her developmental and psychosocial needs (Mitchell et al., 2021; Sunderland et al., 2022; Varedi et al., 2021). The results thus add a practice-proximate example of how safety and inclusion can be at play together in the ordinary Physical Education.



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Culture, family, and the local academic context

Parental warning is very influential in making the student realize the risk of the student especially in high impact movement and stressors of the surroundings. Studies indicate that family support and engagement are the key factors behind the educational and psychosocial outcome of patients with chronic neurological conditions (Betz et al., 2022; Rohrer-Baumgartner et al., 2024). Parental prudence does not override decision making in this study it is discussed with the medical advice and teacher modification so as to maintain the involvement without relegating the student. This correspondence is an indication of how confidence can be built by sharing the responsibility and direction between family, educators, and health professionals, which strengthens the results of relational coherence in systems necessary to practice inclusively (Carballo et al., 2021; Kim and Kutscher, 2021; Trungu et al., 2022).

A practice framework grounded in the narratives

The compilation of the stories and congruent literature reveals the results according to which a practice model is proposed, the key features of which can be identified as collaborative planning and graded engagement, visible support, and clinical preparedness. Transparency and shared planning consist of early disclosure (Betz et al., 2022). The possibility of involvement without any stigma through task modification with clear progression has been shown (Haegele et al., 2021; Tarantino et al., 2022; Trungu et al., 2022). Not just having access, visible feedback builds confidence, further enhancing it (Kim and Kutscher, 2021; Nowland and Haegele, 2023). Lastly, interdisciplinary coordination provides non-exclusiveness in terms of safety (McGrath et al., 2024; Mitchell et al., 2021). These factors in combination introduce confidence as a resultant effect of relational pedagogy buttressed by medical vigilance.

Theoretical and practical contributions

The paper makes a contribution to the debate of inclusive education by conceptualizing confidence as a relational and situationally built capacity and not as a personal characteristic. The expression of confidence is demonstrated to grow in case of adapting of teachers and affirming, parental support and consent, and medical staff



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monitoring and reassuring. Such a view helps to grow the debates on disability inclusion beyond procedural accommodation to relationally minded practice based on lived experience (Carballo et al., 2021; Kim and Kutscher, 2021). The study provides an opportunity to widen the literature base that has focused more on a pediatric or non-local context, making the inclusion, which is culturally embedded and relationship-oriented, relevant to a Philippine higher education context (Betz et al., 2022; Rohrer-Baumgartner et al., 2024; Trungu et al., 2022).

Strengths, limitations, and directions for future research

The main strength of the study associated with the inclusion of the perspectives of the students, teachers, parents, and medical personnel is that it provides comprehensive perspective of how the issue of confidence is co-constructed in PE. But the single-case narrative design has an issue of transferability and is based on self-reported experience and not objective performance measures. In the future, the studies can be combined with the approach of mixed methods, dividing the outcomes into the insights of the narratives and the functional evaluations of balance, endurance, or frequency of participation and applying the study to neuroeffector organizations (Varedi et al., 2021; Stanuszek et al., 2021). The enrollment of inclusive PE practices by institutional resources, staffing, and policy frameworks may also be studied using multi-site studies conducted in higher learning institutions (Tarantino et al., 2022).

Conclusion

This study shows that with the combination of relational transparency and interdisciplinary preparedness, inclusive practices in Physical Education are meaningful towards the establishment of confidence in students with ventricular shunts. Through task adaptation, communication of instructional choices, visible encouragement, and clinical preparedness, Physical Education faculty and campus health teams will change the perceived exclusion aspect into possibilities of development. The practices assert the power and the security and help establish confidence as something relational, relationally supported and it is not a personal attribute. The results also demonstrate that the preparation of pedagogical adaptation is harmonized with empathy, trust, and family and



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medical practitioners coordinated help, which is conducive to confidence. This kind of alignment renders the concept of inclusive education into practice and not just a policy discourse, but it is embedded in the everyday practices of schools, in which students with chronic neurological problems do not feel marginal but can participate. These relationally responsive and evidence-based conduct have resulted in Physical Education becoming a subject through which inclusion is practiced with care, dignity and possibility, enabling students to enlarge what they think they can do, in movement-based learning, as well as beyond.

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