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WORKLOAD, REST, AND WELL-BEING AMONG NURSE EDUCATORS IN THE COLLEGES OF NURSING IN PRIVATE HIGHER EDUCATIONAL INSTITUTIONS IN REGION IV-A

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Abstract

This study dealt with workload, rest, and well-being among 356 nurse educators in private higher education institutions in CALABARZON was examined. Using the descriptive- correlational design, the study evaluated demographic profile, workload perceptions, multi dimensional rest , ad well-being in order to formulate a scientifically-based course of action for promoting faculty well-being. Findings indicate an overwhelming proportion of women respondents at 76.10% and high levels of experience with 28.9% having worked over 30 years. The findings further indicate that the educators were dedicated professionals as indicated by the highest scores in "Meaning and Purpose" (WM= 3.61) yet face substantial physical challenges. Overall well-being, Multi-dimensional rest, and Workload mean scores obtained were 3.37 (Agree), 3.15 (Agree) and 2.19 (Disagree) respectively. Interestingly, physical rest scored the lowest in sector means (WM=2.81), which suggests inadequate rest ad energy renewal despite feeling good about their lives. Pearson r correlation analysis established significant negative correlation between workload and well-being ($r = -0.263, p < 0.05$) and workload and rest ($r = -0.373, p < 0.05$).

On the other hand, rest was found to be the major factor determining well-being ($r = 0.0684, p < 0.05$). The highlighted rejuvenation is the primary mediator of well-being among nurse educators. It can be concluded that excessive job commitment masking the physical exhaustion experienced by nurse educators. To address this problem, the researcher proposes adopting the Holistic Faculty Rejuvenation Program (HFRP). Some important recommendations include creating a "protective" working environment through "Right to Disconnect" programs, establishing "Clinical Decompression Rooms," and conducting "Cognitive Load Audits."

Introduction

The route to researching this topic did not begin in a library but in the harsh realities of day-to-day practice. Being a practitioner in the area, the researcher has firsthand knowledge of the slow but certain effects of an ever-present overload: those endless hours working late into the weekend, constant exhaustion, and difficult emotional state from having to juggle professional success and personal survival. The colleagues get exhausted one after another, losing their enthusiasm along the way to mechanical survival all because "rest" became a privilege instead of necessity. Autoethnography taught me that employee well-being is not just another point on a checklist for human resource management but a crucial organizational factor that we overlook on purpose. This research aims at exploring the dynamics of workload distribution and its direct effect on the well-being of professionals in our industry.

Significance of Rest Protection is Supported by Alarming Figures From Around the World. On a global level, the World Health Organization found out that those who have been exposed to long working hours (above or equal to 55 hours per week) are 35% more likely to suffer from strokes and have 17% increased risk of death due to ischemic heart disease compared to those with a normal working week which is 35 to 40 hours (Pega et al., 2021). According to the report State of the Global Workplace by Gallup, roughly 40% of workers in corporations feel stressed on a daily basis due to their workplace conditions (Gallup, 2026).

Here locally, this macro-level crisis finds a parallel, albeit with certain unique socio-cultural differences. During development of economic centers and increasing urbanization of the local sector, a very strong culture of working too much, which is often romanticized in terms of professionalism, has resulted in significant deterioration of mental well-being. According to local statistics on labor, if there are structural understaffing and constant availability through digital connectivity, then almost 65% of professionals suffer from signs of advanced burnout, making full recovery psychologically impossible (Philippine Institute for Development Studies [PIDS], 2024).

It is evident from the empirical findings that overwork adversely impacts the well-being of humans, but there is an obvious disconnect: while companies have continued raising the bar on their performance indicators, they have not changed their support structures. This is because the issue at hand is the inability to institutionalize rest. The problem with the current body of literature is that while it extensively explores the signs and symptoms of burnout, it fails to understand how local institutional policies hinder recovery processes.

Moreover, this study does not only rely on the altruistic nature of businesses, but it is based on legally binding provisions. The legislation on the importance of rest and well-being is very well reflected not only in the international framework of human rights but also in the labor laws of the country. In the global aspect, Article 24 of the United Nations Universal Declaration of Human Rights says that "Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay" (United Nations, 1948).

This legislation is supplemented by the basic labor legislation of the State and Republic Act No. 11036, or Mental Health Act. According to this law, employers are obliged to introduce methods and interventions for maintaining mental health directly at the

place of employment. Therefore, work places should protect, respect and improve the well-being of the employees (Mental Health Act, 2018). Thus, this research is planned to assess the compliance of the current business practices with the legal standards and reveal the problems and human cost of excessive workload.

Statement of the Problem

The study dealt with the assessment of workload, rest, and well-being among nurse educators in the colleges of nursing in private higher educational institutions in Region IV-A.

Specifically, the study sought to answer the following questions:

1. What is the profile of the nurse educators in the private colleges of nursing of in Region IV-A terms of:

- 1.1 age,
- 1.2 sex,
- 1.3 civil status,
- 1.4 rank,
- 1.5 position,
- 1.6 highest educational attainment,
- 1.7 years of experience as a faculty,
- 1.8 number of working hours per week,
- 1.9 level of students handled, and
- 1.10 employment status?

2. What is the assessment of the respondents of their workload in terms of:

- 2.1 general workload,
- 2.2 resources,
- 2.3 student demands,
- 2.4 work life balance,
- 2.5 technology integration, and
- 2.6 cultural pressures?

3. What is the assessment of the respondents of their rest in terms of:

- 3.1 physical,
- 3.2 mental,
- 3.3 spiritual,
- 3.4 emotional,
- 3.5 social, and
- 3.6 creative?

4. What is the assessment of the respondents of their well-being in terms of:

- 4.1 life satisfaction
- 4.2 physical health,
- 4.3 mental health,
- 4.4 meaning and purpose,
- 4.5 character and caring,
- 4.6 relationships,

4.7 financial status and stability, and

4.8 affect?

5. What are the challenges affecting the respondents in terms of their:

5.1 workload,

5.2 rest, and

5.3 well-being?

6. Is there a significant difference in the assessment of the respondents of their workload when grouped according to their profile?

7. Is there any significant difference in the assessment of the respondents of their well-being when grouped according to their profile?

8. Is there any significant difference in the assessment of the respondents on the description of their rest when grouped according to their profile?

9. Is there any significant relationship on the challenges between workload, well-being, and rest among the respondents?

10. Is there any significant relationship between workload, well-being, and rest among the respondents?

11. Based on the findings of the study, what action plan can be recommended to enhance the (a) well-being and (b) rest of the respondents?

Hypotheses

The following hypotheses are presented:

There is no significant difference in the assessment of workload when grouped by demographic profiles.

There is no significant difference in the assessment of well-being when grouped by demographic profile.

There is no significant difference in the assessment of rest when grouped by demographic profiles.

There is no significant relationship between the perceived challenges and the respondents' workload, well-being and rest.

There is no significant relationship between workload and well-being, workload and rest, and rest and well-being among nurse educators

Significance of the Study

The study is beneficial to the following:

Nurse Educators. The results of this study provided insights into their well-being, identified factors that could contribute to their burnout, and offered strategies to improve their rest practices. It helped improve their working conditions, reduce their workload, and provide more support for well-being, leading to better work-life balance. .

Nursing Students. The findings of this study contributed to the creation of a more positive and supportive learning environment for nursing students. The well-rested and well-supported nurse educators were better equipped to provide high-quality education to nursing students. Also, it helped students to develop strategies for managing stress and maintaining well-being in their own careers.

Policy Makers. The results of this study informed policy decisions to improve working conditions and resource allocation, and to support the well-being of nursing educators. This study helped

them develop and implement effective strategies to promote the well-being of Filipino nurse educators, contributing to a more sustainable and high-quality nursing education system in the Philippines.

Association of Deans of Philippine Colleges of Nursing (ADPCN). The results of this study helped identify and address the root causes of burnout among faculty, leading to a more supportive and sustainable work environment.

Community. The results of this study contributed to public health efforts to promote well-being and prevent burnout among healthcare professionals. It is used to raise awareness of the challenges faced by nurse educators and to educate the community about the importance of rest and well-being to support healthcare professionals.

Commission on Higher Education (CHED). The results of this study informed the development of accreditation standards for nursing schools that address faculty well-being. It was used in developing curriculum guidelines for nursing programs that include content on well-being, stress management, and rest. Also, it guided CHED in delivering faculty development programs focused on well-being and burnout prevention.

Nursing Education. The study served as a guide for improving nursing education.

Researcher. The study's results deepened the researcher's understanding of the workload, rest, and well-being of nurse educators. Through the study, the researcher gained deeper insights into the factors influencing faculty responsibilities, rest patterns, and overall well-being. This enhanced understanding enabled the researcher to appreciate the challenges faced by nurse educators and strengthened her competence in conducting academic research, analyzing data, and making evidence-based decisions. The findings also contributed to the researcher's professional growth and to the researcher's commitment to promoting healthier and more supportive academic environments.

Future Researchers. The results of this study, together with the development of the suggested Holistic Faculty Rejuvenation Program, were helpful to future scholars researching the relationships among academic workload, occupational well-being, and policy issues. First, the program gave future researchers a concrete example of how an institutional intervention into faculty members' academic workload might be implemented in practice and tested in different locations or in other academic disciplines except for nursing. In addition, the integration of rest, workload indicators, and legal obligations into the program provides future researchers with a structured way to identify gaps in the existing literature on occupational well-being and to design further hypotheses and experiments.

Scope and Limitations of the study

The study assessed the workload, rest, and well-being among nurse educators in the colleges of nursing in private higher educational institutions in Region IV-A, CALABARZON, Philippines.

The variables investigated were workload, rest practices, and well-being. Data were collected using a structured questionnaire during the study period. Specifically, it aimed to assess the workload experienced by nurse educators, evaluate their rest practices, measure their well-being, identify challenges, explore potential

relationships among workload, rest, and well-being, and develop a holistic rest action plan based on the findings.

The study utilized a quantitative approach with descriptive, evaluative, comparative, and correlational designs. Data were collected via online surveys administered using Google Forms.

Due to the limitations, the findings may not be generalized to other regions or types of nursing schools in the Philippines. The study relied on self-reported data collected through questionnaires, which can introduce biases. The study used a cross-sectional design. Also, the study acknowledged that findings may not fully capture the unique cultural context and challenges faced by Filipino nurse educators. It focuses on the six dimensions of rest but does not delve into the specific activities nurse educators engage in to achieve each type of rest.

In the present study, sensory rest was not included among the dimensions of rest examined in nurse educators. While existing literature has recognized sensory rest as an important component of recovery, particularly in environments with high levels of sensory stimulation, the study deliberately focused on the dimensions of rest most directly relevant to the professional experiences and workload of nurse educators.

Rest has been conceptualized as a multidimensional construct encompassing physical, mental, emotional, social, spiritual, and creative domains. These dimensions were selected because they had been more explicitly linked to occupational stress, workload, and well-being outcomes in educational and healthcare settings. According to Li et al. (2025), recovery experiences such as psychological detachment, relaxation, and emotional restoration played a significant role in improving nurses' well-being and reducing burnout. Similarly, Ruini et al. (2024) emphasized that mental, emotional, and physical aspects of recovery were more directly associated with job performance and overall well-being among healthcare professionals.

Although sensory rest, which refers to the reduction of overstimulation from environmental inputs such as noise, light, and digital exposure, has been acknowledged in broader discussions of wellness, it has been less frequently operationalized in studies focusing on academic and professional workload contexts. Weaver et al. (2024) noted that factors such as sleep quality, fatigue, and workload demands were more prominent predictors of well-being among nurses than sensory factors. As such, the inclusion of physical and mental rest in the study had already encompassed key elements related to fatigue and recovery that were strongly associated with occupational demands.

Furthermore, the scope of the study required selecting variables that were measurable, contextually relevant, and directly linked to the Statement of the Problem. Including sensory rest could have introduced conceptual overlap with physical and mental rest, potentially affecting the analysis's clarity and focus. Saintila et al. (2024) emphasized that sleep, recovery time, and workload intensity remained the most critical determinants of burnout and well-being among healthcare professionals. Thus, the study prioritized the remaining dimensions most directly aligned with work-related fatigue and recovery.

In addition, sensory rest was considered less central to nurse educators' experiences than other dimensions of rest. While healthcare workers in clinical settings might have been more exposed to high sensory stimulation, nurse educators primarily

engaged in teaching, academic tasks, and student supervision. Therefore, dimensions such as mental, emotional, and social rest were deemed more relevant in capturing the challenges associated with their professional roles.

Overall, the exclusion of sensory rest did not diminish the study's comprehensiveness, as the selected rest dimensions adequately captured the key aspects of recovery related to workload and well-being. The study maintained theoretical alignment by focusing on the most empirically supported and contextually appropriate dimensions of rest, ensuring clarity, relevance, and consistency with existing research on nurse educators.

The research was conducted from June 2025 to March 2026.

Definition of Terms

The following terms are defined conceptually and operationally

Affect is measured by the number of positive and negative emotions reported using the survey tool. It refers to the underlying experience of feeling, emotion, attachment, or mood. Hogg et al. (2010).

Both Clinical Instructor and Lecturer (Dual Role) are educators who fulfill responsibilities for theoretical classroom teaching and clinical hospital training within the academic workload period, and are functionally represented by the majority group of the respondent population (51.4%).

Character and Caring refers to evaluating through survey items related to ethical conduct and sympathy. Character encompasses the moral and ethical traits that define an individual, influencing their behavior and decision-making. An individual's values, beliefs, and behaviors related to ethical conduct, compassion, and empathy. VanderWeele, (2022).

Clinical Coordinator refers to an administrative head who handles contracts for institutional placement and schedules training with training facilities. This term, in this study, refers to the faculty members who coordinate clinical rotations at different affiliated hospitals and community health centers.

Clinical Instructor is a professional nurse educator who facilitates, supervises, and evaluates nursing students during practical care in a medical setting, as represented by the study's respondents, whose full-time load is focused on clinical shifts.

Creative Rest refers to being assessed through engagement in creative activities such as writing or painting. Creative rest is a type of rest that reawakens the awe and wonder inside each of us. Dalton- Smith, (2017).

Cultural pressure refers to ratings from survey questions about expectations and demands related to the institution's culture, such as working long hours or being available to students outside regular hours. It refers to the social expectations, norms, and values that influence an individual's behavior and choices. Lee Engstrom (2010).

Dean refers to the highest administrative and academic head of a college of nursing, who oversees institutional leadership, curriculum development, and compliance, and represents the study respondents, who are in charge of all administrative operations and management of private Higher Educational Institutions (HEIs) in Region IV-A.

Emotional Rest refers to responses measured through emotional expression and support systems. Dalton-Smith (2017) defines emotional rest as the freedom to express feelings authentically and to eliminate people-pleasing behaviors.

Faculty/Academic Coordinator is an academic head who organizes faculty schedules for instruction. In this study, the term refers to the respondents responsible for auditing faculty workloads, semester schedules, and pedagogical distributions.

Financial Status and Stability refers to the evaluation of survey items on financial confidence and stability. It is capable of efficiently allocating resources, assessing and managing financial risks, maintaining employment levels close to the economy's natural rate, and eliminating relative price movements of real or financial assets that affect monetary stability or employment levels. Čihák, (2007).

General workload is the assessed total amount of work and tasks that nurse educators are responsible for, including teaching, clinical practice, administrative duties, research, and professional development. It refers to the amount of work assigned to or undertaken by an individual, team, or system within a specific period. Paul (2021).

Lecturer refers to an academic staff member who conducts theoretical instruction in classroom settings and evaluates cognitive learning outcomes, typically represented by respondents whose full-time load is focused on classroom teaching.

Life Satisfaction refers to an assessed sense of contentment and happiness with one's life. It encompasses a subjective evaluation of various aspects of life, including work, relationships, personal achievements, and overall life experiences. It is a subjective evaluation of one's overall well-being and happiness with their life as a whole. Veenhoven, (1996).

Meaning and Purpose is an assessed belief that their life has a greater significance and that their actions contribute to something larger than themselves. This refers to an individual's sense of purpose and meaning in life. VanderWeele, (2017).

Mental Health encompasses assessed aspects such as stress management, coping mechanisms, emotional regulation, and the ability to maintain a positive outlook on life. An individual's emotional, psychological, and social well-being. VanderWeele, (2017).

Mental Rest refers to structured activities such as meditation, mindfulness, deep-breathing exercises, listening to calming music, and spending time in nature to reduce stress and improve focus. Refers to activities that help the mind relax and de-stress. Dalton- Smith, (2017).

Physical Health refers to overall physical health and well-being, encompassing aspects such as energy levels, sleep quality, physical fitness, and the absence of chronic health conditions. A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1948).

Physical Rest refers to measured and assessed activities such as sleep, stretching, massage, and breaks from physically demanding tasks. Activities that allow the body to relax and recover from physical exertion. Dalton- Smith, (2017).

Program Head is the academic head in charge of managing, coordinating, and evaluating a particular academic program. In

this study, the term represents the respondents, the nurse educators in charge of overseeing the BSN curriculum, faculty workload, and student concerns within the department.

Relationships refer to the quality and strength of an individual's relationships with family, friends, colleagues, and community members. It encompasses aspects like social support, connection, and belonging. From a psychological perspective, relationships are often defined by the quality and nature of interactions, emotional support, trust, communication, and mutual respect (Baumeister & Leary, 1995).

Research Coordinator is an administrator or academic who is appointed in order to develop and assess the research productivity in institutions of higher learning, functionally represented by the nurse educators who coordinate the thesis loads, conduct ethics reviews, and mentor students' research groups in the defense process.

Resources are recognized as essential elements that organizations leverage to gain a strategic advantage (Barney, 1991). The availability and accessibility of resources needed to effectively manage the workload, such as technology, equipment, support staff, and professional development opportunities.

Rest is a multidimensional approach to rest that encompasses physical, mental, emotional, social, and spiritual dimensions, aiming to enhance overall well-being. According to the American Psychological Association (APA), rest involves not only sleep but also activities that promote relaxation and reduce mental and physical strain. American Psychological Association (2013).

Spiritual Rest refers to an activity that connects individuals to a sense of meaning, purpose, and transcendence. It can include activities like prayer, meditation, spending time in nature, engaging in religious practices, or connecting with a spiritual community. Spiritual rest involves connecting with one's spiritual beliefs and values. Dalton- Smith, (2017).

Social Rest refers to an assessed activity that allows an individual to connect with others in a meaningful and supportive way, such as spending time with loved ones, engaging in social activities, and participating in community events. The importance of positive social interactions as a form of restorative social rest was highlighted, suggesting that supportive relationships and time spent in emotionally fulfilling environments play a key role in reducing burnout and stress (Hunter, 2021).

Student demands are the expectations placed on nurse educators by their students, including the need to be available outside regular class hours, to address challenging student behaviors, and to provide individualized attention. Refers to the expectations, requirements, and pressures that students face in their academic, personal, and social lives. Misra and McKean (2000).

Technology Integration is the process of linking various technological systems and applications across business functions to streamline operations, improve data flow, and enhance decision-making. (Laudon & Laudon, 2019).

Well-being refers to a multidimensional concept encompassing optimal physical, spiritual, mental, and social health, extending beyond the mere absence of illness. It emphasizes a holistic approach to living a fulfilling and satisfying life. According to Ryff (1989), well-being encompasses multiple dimensions, including self-acceptance, personal growth, purpose in life,

environmental mastery, autonomy, and positive relationships with others.

Work-life imbalance refers to a state in which the demands of one's work significantly interfere with one's ability to effectively manage personal or family responsibilities, leading to stress, burnout, and decreased overall well-being. Greenhaus and Allen (2011).

Review of Related Literature

This chapter entails the literature that guided in the conceptualization of the study. The theoretical framework and the conceptual framework were also discussed for clear understanding.

Nurse Educators

From a global perspective, nurse educators were responsible for educating future nurses and other health care professionals through orientation and continuing education and training in educational institutions (WHO, 2016, as cited in Oermann & Frank, 2021). In Europe, nurse educators' educational requirements vary across countries (Salminen et al., 2021, as cited in Campos Silva et al., 2022).

American Association of Colleges of Nursing (2023) stated that the average ages of doctorally prepared nurse faculty holding the ranks of professor, 2 associate professor, and assistant professor were 61.2, 55.6, and 49.6 years, respectively. For master's-degree-prepared nurse faculty, the average ages of professors, associate professors, and assistant professors were 55.0, 54.7, and 47.5 years, respectively. This suggests a potential relationship between age and academic rank, which could influence workload, rest practices and well-being.

Rothacker-Peyton et al. (2022) found that female nurse educators were more likely to experience burnout than their male counterparts. This could be due to several factors, such as sex-based differences in work-life balance, societal expectations, and career progression.

Vauhkonen et al. (2024) found that educator's profile significantly influence their experiences and stress levels. This suggested that sex, age, educational attainment, ranking, civil status, length of experience as a faculty member, number of working hours per week, and level of students handled. Employment status could be a significant factor in understanding this research.

Stable employment status (e.g., tenure, full-time employment contract) was associated with better mental resources, such as reduced burnout, mental exhaustion, and anxiety (Arian et al., 2018; Zangaro et al., 2023). There were also findings indicating a higher prevalence of burnout among those with tenure or a full-time work contract (Rothacker-Peyton et al., 2022). Work experience was found to be associated with personal resources. For those educators who had more work experience, fewer mental resources were experienced compared with those who had less work experience (Rothacker-Peyton et al., 2022).

King et al. (2023) highlighted the need for a specialized terminal degree, the Doctor of Nursing Education (DNE), to prepare graduates for expert roles in nursing education. This suggests that higher educational attainment may be associated with greater workload demands and expectations, which could impact well-being.

Workload

Beck and Lopez (2022) explored how the increasing workload of nurse educators is linked to job dissatisfaction and burnout. The findings suggest that unmanageable workloads negatively affect both job satisfaction and educator retention.

Midwest Metropolitan University Task Force (2022) highlighted the persistent challenge of managing equitable teaching workloads in nursing education, exacerbated by faculty shortages, increasing class sizes, and rising administrative responsibilities. At Midwest Metropolitan University, nursing faculty expressed dissatisfaction with the existing workload distribution model, citing concerns about inequity, inefficiency, and burnout.

Taylor and Brown (2022) concluded that there is a significant relationship between nurse educator workload and student academic performance. The study emphasized that excessive workloads hinder nurse educators' ability to provide high-quality instruction, which in turn negatively impacts student outcomes. This study is crucial for understanding the broader implications of educator workload for the quality of nursing education. It provides evidence-based recommendations to improve the teaching environment in nursing schools.

This research aimed to explore strategies for reducing the workload of nurse educators, particularly in clinical settings, and to investigate how these strategies can improve clinical education outcomes and overall faculty satisfaction. The study emphasized that managing faculty workload is a critical factor in ensuring that nurse educators can effectively mentor and guide nursing students in clinical environments, which directly influences the quality of care students can provide once they enter the workforce. Nguyen & Patterson (2023).

Barker and Hayes (2023) examined the influence of nurse educators' workload on both faculty well-being and the academic performance of nursing students. Through a multifaceted investigation, the study highlights how increased demands on nurse educators contribute to stress, burnout, and diminished job satisfaction, ultimately impacting the quality of teaching and student outcomes.

Williams and Anderson (2023) explored the workload that contributes to stress among nurse educators, a critical issue that impacts the well-being of faculty and the quality of nursing education. This study identifies several key factors that exacerbate stress and negatively influence job satisfaction and teaching effectiveness. These factors included excessive class sizes, administrative duties, insufficient institutional support, and unrealistic expectations for faculty engagement in research and professional development.

Martin and Davis (2023) concluded that the impact of faculty workload on nursing education is profound, affecting not only the well-being of educators but also the quality of education and student outcomes. Their systematic review highlighted workload as a significant predictor of educator burnout and stressed the importance of institutional support in managing faculty workload. They called for proactive efforts from nursing schools to reduce faculty stress, improve workload management, and enhance teaching quality, ultimately benefiting both educators and students.

King, O'Brien, Anderson, and Melnyk (2023) addressed the critical shortage of nurse educators in the United States. This article highlighted the need for a specialized terminal degree, the

Doctor of Nursing Education (DNE), to prepare graduates for expert roles in nursing education. The article emphasizes the importance of addressing the unique demands of the nurse educators' role.

Canadian Nursing Education Network (2023) found that faculty teaching three or more courses reported higher levels of burnout compared to those with lighter teaching loads.

Rinne et al. (2023) shed light on the challenges faced by nurse educators in Finland. The study highlighted a research gap regarding interventions promoting occupational well-being and acknowledged the heavy workload affecting nurse educators' well-being. This research emphasized the need for evidence-based interventions to support nurse educators' personal resources at work.

Despins and Scott (2023) highlighted how the pandemic increased nurse educators' workloads, adversely affecting their work-life balance and emotional well-being, leading to heightened stress and burnout.

Bliss and Rosenfield (2023) found that nursing schools implementing a combination of these strategies reported higher faculty satisfaction and lower turnover rates. By reducing the workload burden and offering better support systems, nurse educators were able to focus more on their teaching and professional responsibilities without the overwhelming stress of excessive workloads. The study also highlighted that nursing schools with a proactive approach to managing faculty workload, including regular feedback from educators on workload concerns, were more successful in creating an environment that fostered job satisfaction and long-term faculty retention.

Lovern et al. (2023) stated that Nurse educators face heavy workloads, often juggling teaching, clinical practice, and administrative tasks. This contributed to stress and burnout. Lack of research on Filipino Nurse Educators: The document emphasized the lack of research specifically focused on the well-being of Filipino nurse educators, making this study a significant contribution to the field.

Vauhkonen et al. (2023) noted that nurse educators experience high mental workloads, backlogs, and a lack of support for improving their well-being. A study examined the growing issue of burnout among nursing faculty in the United States, driven largely by inequities in workload distribution. This research highlights how the academic nursing profession, already constrained by faculty shortages, faces additional challenges in managing the workload of current faculty members. These challenges include juggling teaching responsibilities, administrative duties, and research expectations. (Smith & Johnson, 2024)

Roberts and Taylor (2024) examined the crucial role that institutional support plays in managing the workload of nurse educators. The study focused on how nursing schools and healthcare institutions can provide structural, emotional, and administrative support to ease the burden on educators and enhance their ability to deliver high-quality education.

Clinical Voices (2024) explored the strategies to improve well-being and reduce burnout among nurse educators. This article emphasized the importance of workplace strategies, such as mindfulness training, resilience building, and fostering a supportive work culture. It highlighted the need for a joint

initiative between employers and employees to promote educator well-being.

Rest

The literature on stress management techniques, such as mindfulness, relaxation exercises, and time management strategies, offered practical approaches for promoting well-being among nurse educators. Studies on work-life balance provided insights into the factors that contribute to work-life imbalance and strategies for promoting a healthier balance. (Moyer, 2022 as cited by Blodgett et al., 2022).

Rothacker-Peyton et al. (2022) found that nurse educators with more work experience were less likely to have sufficient mental resources. This suggested that experience may be associated with increased workload and stress, potentially leading to a decline in mental well-being.

In the Journal of Nursing Administration, researchers examined the critical relationship between nurse educator workload and job satisfaction, with a particular focus on faculty well-being. The research highlighted the challenge of balancing teaching responsibilities, which often include preparing lectures, grading assignments, supervising clinical practice, and managing administrative tasks, with maintaining faculty health and well-being. The authors explored strategies to improve job satisfaction through well-structured rest and mental health breaks, offering insights into how institutional support for work-life balance can directly impact nurse educators' satisfaction and overall effectiveness in teaching. (Mason & Clarke, 2022)

Gray and Walker (2022) critically examined the various rest and recovery practices essential for nurse educators to mitigate burnout, maintain mental and physical health, and ultimately improve teaching outcomes. Nurse educators often face intense work pressures, including long working hours, demanding student needs, and administrative responsibilities, leading to high rates of burnout and job dissatisfaction. The study synthesized existing literature on physical and psychological rest strategies and their impact on educators' well-being and performance.

Jackson and Smith (2023) concluded that addressing workload through structured rest, mental health leave, and flexible working hours is critical for reducing burnout among nurse educators. These strategies not only protected faculty well-being but also enhanced their ability to perform effectively in their roles, ultimately benefiting both students and the broader field of nursing education.

Stutting (2023) explored the relationship between rest breaks and professional burnout among nurses, highlighting the importance of incorporating rest breaks into nursing practice to prevent burnout.

Wilson and Price (2023) explored the relationship between high workload and nurse educators' stress, emphasizing faculty retention and the critical role of adequate rest in mitigating burnout and improving mental health. The study built on the growing concern that nursing educators are experiencing increased stress levels due to escalating teaching demands, large class sizes, administrative tasks, and emotional exhaustion from student interactions.

Adams and Brown (2023) concluded that ensuring nurse educators receive adequate rest is essential for maintaining high levels of student engagement. Institutions that prioritize workload management and integrate rest opportunities into their policies

foster an educational environment where educators can excel, and students can thrive.

Roberts & Wallace (2023) emphasized the role of structured breaks in alleviating workload stress. These breaks, which include planned intervals during the workday and longer periods for rejuvenation, allow educators to recharge and maintain their energy levels. The study highlighted that structured breaks improve educators' focus, creativity, and problem-solving abilities, enabling them to deliver higher-quality teaching and maintain better relationships with students.

Harris and Jones (2023) explored the critical issue of burnout among nurse educators and investigated the effectiveness of various rest strategies to counteract this issue. Their research identified several types of rest and sleep, relaxation exercises, and vacations, and evaluated how each impacts the well-being and professional performance of nurse educators. With the increasing demands of nursing education, including heavy workloads, emotional labor, and the pressure to maintain high teaching standards, burnout has become a significant concern for nurse educators. The study offered insight into how specific rest strategies can be integrated into educators' daily routines to improve mental and physical health, reduce burnout, and enhance teaching effectiveness.

Roberts and Lee (2024) explored mindful rest as a strategic approach to reducing workload-related stress and enhancing the well-being and teaching effectiveness of nurse educators. Given the high demands of nursing education, which include managing heavy teaching loads, administrative responsibilities, and emotional labor, the study investigates how mindful rest practices can serve as tools for recovery and stress reduction.

Turner and Harries (2024) delved into the relationship between nurse educator burnout, administrative support, workload, and management, focusing on how these factors facilitate rest and prevent professional exhaustion. By implementing policies that enable rest and reduce workload stress, institutions can not only support the well-being of their faculty but also improve teaching quality and student success.

Nelson and Wright (2024) underscored the critical role of rest in maintaining nurse educator efficacy and student success. The findings showed that adequate rest enables educators to perform at their best, which not only enhances the quality of their teaching but also directly impacts student learning outcomes. The study suggested that ensuring adequate rest for nurse educators should be a priority for educational institutions, as it fosters a healthier, more productive workforce and creates a better learning environment for students.

Nelson and Wright (2024), published in the *Journal of Clinical Nursing*, explore how workload-related rest influences nurse educator efficacy and its subsequent effects on student learning outcomes. This study highlighted the critical importance of balancing workload with opportunities for rest to enhance nurse educator job satisfaction. By prioritizing structured rest periods and addressing workload challenges, institutions can foster a more satisfied and engaged faculty. This not only improves faculty retention but also enhances the quality of nursing education, benefiting students and the broader healthcare system.

Martin and Anderson (2024) highlighted the importance of physical and mental rest in mitigating the effects of stress and

fatigue. By adopting a holistic approach to balancing clinical teaching responsibilities with personal health, nurse educators can sustain their performance and remain committed to their roles.

Well-being

Occupational well-being management was important not only for educators themselves but also for their students, who need support in managing their well-being at school. Burnout and stress among nurse educators can undermine their ability to foster a positive, supportive learning environment, which is essential for students' academic success and overall well-being. (Klusmann et al., 2008 as cited by Aldrup et al., 2020).

Every profession, including that of educators, had their own occupational well-being management issues due to different job descriptions (Hascher & Waber, 2021). Rapid changes in the working life of educators, such as digitalization, have created new challenges: psychosocial risks are experienced as more difficult to manage, work includes more interruptions, prolonged sitting time, and work intensity has increased.

Smith and Brown (2022) explored resilience as a critical factor in improving the well-being of nurse educators. The authors identified resilience-building activities such as mindfulness training, peer support programs, and professional development opportunities. These interventions reduced stress and enhanced nurse educators' ability to manage their demanding workloads effectively.

Lee and Taylor (2022) identified key stressors for nurse educators, such as administrative demands and student performance pressures, and presented coping mechanisms, including relaxation techniques, delegation, and institutional resources.

Walker and Simpson (2022) examined how burnout is mitigated in different countries through work-life balance policies, workload management, and access to wellness programs for nurse educators.

As stated by Rinne et al. (2022), Nursing educators played a crucial role in shaping the future of the nursing profession. Their well-being was paramount, as it directly affected their ability to teach, mentor, and support students effectively. A thriving and healthy nursing educator workforce is essential for ensuring high-quality nursing education and, ultimately, for producing competent and compassionate nurses.

There were fewer studies investigating educators' physical resources at work, physical health (e.g., voice and cardiovascular functioning), fitness (e.g., flexibility and movement), and vigor (e.g., energy/fatigue). Educators have been shown to face challenges in meeting the demands of physical activity at work and during leisure time due to increased emphasis on technology use and online teaching (Main et al., 2017; Sturgeon et al., 2017, as cited in Riess et al., 2023). There were indications of educators experiencing a moderate level of physical fatigue (Poole & Spies, 2022).

Parker and Hill (2023), they explored the transformative potential of digital tools in reducing workload-induced stress and enhancing the mental health of nurse educators. Their research focused on how technology-driven solutions, including scheduling applications, learning management systems, and digital teaching tools, can streamline administrative and educational tasks, leading to improved efficiency and well-being among nurse educators.

Taylor and Green (2023) examined the impact of mental health resources and institutional support on nurse educators' emotional well-being. They recommended regular mental health check-ins, counseling services, and stress management workshops to alleviate the emotional toll of teaching.

Through interviews, this study investigated how nurse educators balance professional and personal responsibilities. Findings highlight the importance of flexible work arrangements, time management strategies, and support from colleagues to maintain wellbeing. (Wilson & Carter, 2023)

Thomas and Evans (2023) emphasized the critical role of professional development in fostering the well-being of nurse educators. The study underscored how engagement in professional growth activities, such as attending conferences, training programs, seminars, and certificate courses, can significantly enhance both job satisfaction and mental health among nursing faculty.

Lovern et al. (2023) stated that Strategies to promote nurse educator well-being and prevent burnout. This synthesized existing research on strategies to promote well-being and prevent burnout among nurse educators.

Martin and Price (2024) concluded that structured rest practices are essential for nurse educators to maintain their physical vitality, mental sharpness, and emotional resilience. They stressed that institutions play a pivotal role in fostering a culture where rest is valued and encouraged. By incorporating strategies such as mandated breaks, promoting work-life balance, and educating faculty on the science of rest, nursing schools can enhance both educators' well-being and students' outcomes.

Anderson and Roberts (2024) explored how peer support networks improve nurse educators' well-being by creating a sense of belonging and reducing isolation. They emphasized mentoring programs and collaborative teaching models as effective approaches.

Challenges

Nurse educators played a pivotal role in shaping the future of the nursing workforce, yet they face numerous challenges that can impede their effectiveness in academic and clinical settings. The literature identified these challenges as spanning several domains: workload management, faculty shortages, technological advancements, curriculum design, and the balance between teaching and scholarship responsibilities.

One of the most pressing issues faced by the nurse educators was the shortage of qualified faculty, often attributed to an aging workforce and the lure of higher-paying roles in clinical practice. Studies have shown that many nursing programs struggle to maintain adequate student-to-faculty ratios, limiting their capacity to admit qualified students (American Association of Colleges of Nursing [AACN], 2022). This shortage was exacerbated by insufficient funding for nursing education and the need for advanced degrees, which are time-consuming and costly to obtain (Roberts et al., 2021).

Nurses frequently cited high workloads as a significant challenge. This included responsibilities in teaching, curriculum development, research, and service commitments. The demands of balancing these roles often lead to burnout and job dissatisfaction (Gambino, 2020). Furthermore, the increasing complexity of nursing curricula to meet evolving healthcare demands is placing pressure on the

development of innovative teaching strategies (National League for Nursing [NLN], 2021).

The integration of technology in nursing education, such as simulation-based learning and virtual platforms, had revolutionized teaching methodologies but also presents challenges. Nurse educators often require additional training to utilize these tools effectively, and inadequate institutional support can hinder their implementation (Davis et al., 2022). Additionally, disparities in students' access to technology create inequalities in learning outcomes.

Another recurring issue was the lack of accessible professional development opportunities. Continuing education is essential for educators to stay up to date on best practices, emerging technologies, and evolving healthcare needs. However, limited funding and time constraints often prevent faculty from participating in these activities (Suplee et al., 2020).

The dual expectations of excelling in teaching and maintaining a strong record of scholarly activity pose challenges, particularly in academic settings with high expectations for research outputs. Nurse educators often reported feeling underprepared for conducting research due to limited prior experience and time constraints (Sawatzky & Enns, 2020).

The lack of mentorship and structured succession planning in nursing education contributed to difficulties in onboarding new educators and fostering leadership development. Experienced nurse educators often report insufficient time or institutional frameworks to mentor junior faculty effectively (Benner et al., 2021)

The aging nurse educator workforce was a consistent challenge, with many nearing retirement age. This trend exacerbates the existing faculty shortage, limiting the capacity to admit qualified nursing students and meet the growing demand for nurses. Faculty shortages are also linked to a lack of competitive salaries compared to clinical practice roles. (AACN, 2022)

There was a lack of racial and ethnic diversity among nurse educators, which impacts efforts to create culturally responsive teaching and learning environments. The lack of diversity also limited role modeling for underrepresented minority students. (Noone, 2020)

Theoretical Framework

This is grounded in the Holistic Rest Theory developed by Dalton-Smith (2017). The theory defines rest as a multi-dimensional and purposeful activity that goes beyond physical sleep. As per Dalton-Smith, people need seven different types of rest, such as physical, mental, emotional, spiritual, social, sensory, and creative rest, to ensure optimum well-being, resilience, and productivity. A lack of rest in any of these categories can result in burnout, emotional exhaustion, or reduced work performance (Clark & Jennings, 2022).

Physical Rest is an activity that enables the body to recover and relax from physical activity. It encompasses both passive forms, such as sleeping, and active forms, such as stretching, massage, and rest from physically strenuous activities (Zhang & Park, 2023).

Mental Rest comprises practices that help clear mental clutter and improve mental clarity. These are mindfulness, meditation, deep breathing, and taking regular breaks during the day to regain concentration (Liu & Chen, 2021).

Emotional Rest enables one to express feelings genuinely without fear of judgment. Some strategies include journaling, talking to a close friend or a therapist, and practicing self-compassion (Thompson, Reyes, & Alim, 2024).

Spiritual Rest has been defined as the feeling of being attuned to a greater purpose or faith system. It could be prayer, reflection, time in nature, or spiritual practices that build meaning and transcendence (Gonzales & Rivera, 2022).

Social Rest focuses on nourishing, not draining, relationships. It describes interactions that offer connection, support, and positive energy, for example, being with loved ones or having good conversations (Nguyen & Holmes, 2020).

Sensory Rest is about managing sensory overstimulation, such as from digital screens, intense lighting, ambient noise, or multitasking spaces. People can practice sensory rest by restricting screen time, relaxing in quiet spaces, or applying tools to manage sensory overload (Kaur & Li, 2023).

Creative Rest allows people to restore their sense of awe and inspiration. It is done by engaging in art, music, nature, or other activities that stimulate creative and imaginative aspects (Williams & Choi, 2021).

Dalton-Smith (2017) stresses that the best well-being can only be achieved by maintaining balance across all these forms of rest. The latest research supports this, showing that deliberate rest across several areas enhances emotional control, performance, and mental well-being (Clark & Jennings, 2022, as cited in Thompson et al., 2024).

To effectively situate the variables under investigation within a nursing context, this research uses Myra Levine's Conservation Model, which holds that nursing practice should aim to ensure adaptation and wholeness by preserving an individual's energy (Levine, 1973). In the context of an academic setting, nurse educators encounter various environmental pressures—such as increased workloads, the constant use of new technologies, and student demands—that continually exhaust their adaptive energy. According to Myra Levine, health can be achieved by following four principles: conservation of energy, structural integrity, personal integrity and social integrity. In this research, faculty exhaustion and low physical rest scores are signs of failure in energy conservation and structural integrity. Drawing on both Levine's theory and the theory of holistic rest, this research examines multi-dimensional rest not as a passive state but as a vital process of energy conservation necessary to restore wholeness.

Conceptual Framework

This conceptual framework explored the relationship among various factors influencing the well-being of nurses teaching in nursing schools at Private Higher Institutions, drawing on the Holistic Rest Theory. This study aimed to understand how different aspects of nurse educator's life, including personal characteristics, work demands, and rest practices, contribute to their overall well-being.

Well-being was the core concept, encompassing multiple dimensions, including physical health, mental health, meaning and purpose, relationships, social support, financial stability, and life satisfaction.

The independent variables like profile of respondents encompassed a range of personal characteristics of

faculty members, including: age- can influence factors like experience, career stage, and personal priorities; Sex can impact work-life balance, career progression, and social support networks; civil status can influence time management and stress levels; designation can affect workload, autonomy, and recognition; highest educational attainment can influence research expectations, teaching styles, and professional development; length of experience as a faculty can shape perspectives, coping mechanisms, and professional networks; number of working hours per week can significantly impact well-being and negatively affect physical health, mental health and emotional health, leading to increased stress, fatigue and burnout; level of students, a large number of students can increase workload, demands on time, and the pressure to provide individualized attention that led to stress, anxiety, and the feelings of being overwhelmed; and employment status can influence job security, workload and autonomy.

The first dependent variable was the workload which represents the external pressures and demands faced by faculty including: general workload contributed to stress and burnout, resources can hinder productivity and satisfaction, student demands and expectations added to workload and stress, work-life imbalance was challenging leading to stress and fatigue, technology integration keeping up with rapidly evolving technologies and integrating them into teaching and research can be demanding, cultural pressures influenced work-life balance, career ambitions, and personal values.

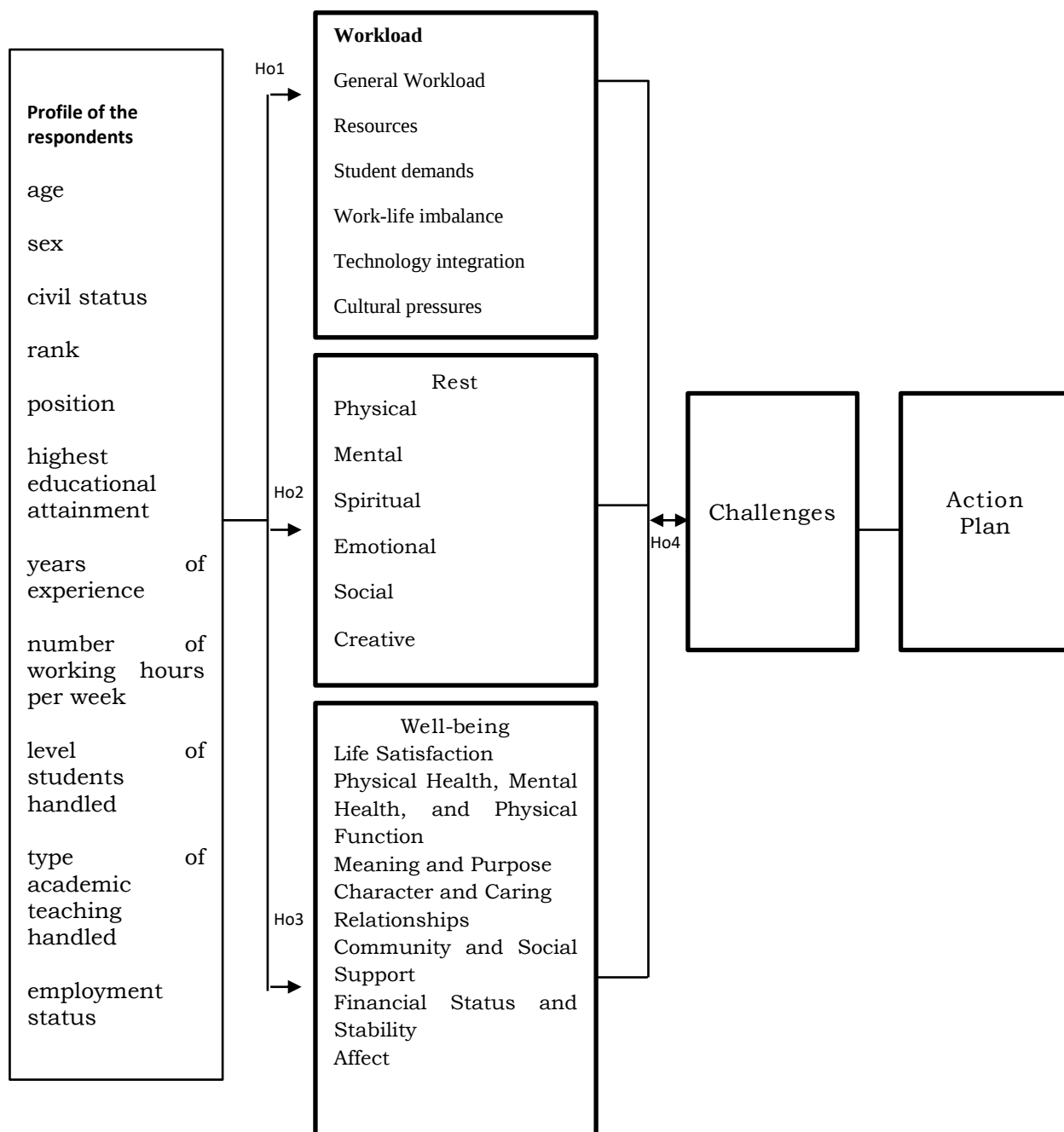
The second dependent variable was rest. Rest was another key outcome variable, measured across different types, such as physical, mental, spiritual, emotional, social, and creative.

The third dependent variable was well-being. Well-being was the primary outcome of interest in the study. It is a multidimensional concept encompassing physical health, mental health, life satisfaction, meaning and purpose, relationships, financial stability, and affect.

This conceptual framework proposed that the profile of nurse educators can influence their workload, rest, and well-being (dependent variable). The action plan provided a framework for understanding the workload, its effects on the different dimensions of rest, and how they can contribute to well-being.

Hypothesis 1, which concerned the profile of the respondents, including personal characteristics and professional experiences, influenced workload, while Hypothesis 2, which concerned the profile of the respondents, could negatively impact rest. Hypothesis 3 referred to the profile of the respondents, which can affect well-being. Hypothesis 4: workload, rest, and well-being helped in the formulation of the action plan.

This conceptual framework suggested that promoting holistic rest practices, along with addressing faculty workloads, significantly contributed to their well-being. It highlighted the importance of considering both individual characteristics and external factors in understanding and supporting faculty well-being.



Research Methodology

The chapter contained research designs, the locale of the study, population and sampling, instruments used, validation of research instrument, ethical consideration, how data were gathered, and statistical treatment utilized to analyze results are presented in this chapter.

Research Design

This study utilized a quantitative research design employing descriptive-evaluative, descriptive-comparative, and descriptive-correlational research designs to provide a comprehensive analysis of the professional lives of nurse educators. The descriptive-evaluative component was used to assess and critically examine the current state of workload, multi-dimensional rest, and overall well-being among faculty members in private Higher Educational Institutions (HEIs), providing the necessary evidence base for the proposed Holistic Faculty Rejuvenation Program (HFRP). The

descriptive-comparative design was employed to determine if significant differences exist in these variables when respondents are grouped according to their demographic profiles- such as age, position, and length of experience- thereby identifying specific subgroups most vulnerable to occupational strain. Finally, the descriptive correlational design was utilized to investigate the significant relationships among workload, rest, and well-being, establishing how these factors interact to influence the overall health and retention of nursing faculty in Region IV-A.

Workload, rest, and well-being scores of nurse educators, based on their demographic profiles and professional characteristics, were compared using this design. It helped identify significant differences between groups but will not establish causality. This approach was consistent with findings from Vauhkonen et al. (2024), which demonstrated that educators' profiles significantly influence their experiences and stress levels.

The descriptive correlational analysis aimed to uncover relationships among workload, rest, and well-being as assessed by the respondents. It was used to identify significant associations between variables. Research, such as that by Weinstein (2023), underscores the interplay between excessive workload and insufficient rest, which together exacerbate burnout and diminish overall well-being. These relationships are pivotal in developing institutional strategies to improve educators' work-life balance and foster resilience (Vauhkonen et al., 2024).

Locale of the study

The study focused on private nursing schools in CALABARZON, Region IV-A, Philippines. This region is located in the southwestern part of Luzon. It was selected for its diverse population and robust healthcare sector, which includes several public and private nursing schools.

By targeting private nursing schools accredited by the Commission on Higher Education (CHED), the study aimed to accurately represent the real-life experiences of nurse educators regarding their workload, rest, and well-being. Choosing this locale ensured that the study captured a variety of perspectives while maintaining the confidentiality of specific institutions. This selection was also strategic, as Region IV-A has a significant number of private nursing schools, making it an ideal setting for examining the challenges and conditions affecting nurse educators.



Figure 1. Region IV-A Map

Population of the Study:

The population of the study consisted of nurse educators in private colleges of nursing in Region IV-A (CALABARZON), specifically in the provinces of Cavite, Laguna, Batangas, Rizal and Quezon, during the academic year 2025- 2026. A total population of 942 nurse educators was identified across the selected institutions. From this population, 356 nurse educators met the study's inclusion criteria.

The study utilized stratified Random Sampling to determine the final number of participants. This technique was employed to ensure that each subgroup (stratum), specifically the different private Higher Education Institutions (HEIs) across the provinces of Region IV-A, is represented in the sample in proportion to its size in the total population. This method enhances the generalizability of the findings and reduces sampling bias compared to a simple random sample.

This study intended to include all nurse educators who met the inclusion criteria across the selected colleges of nursing.

To maintain confidentiality, all respondents were assigned unique codes and identified accordingly (e.g., A-1, A-2, and so on) throughout the study. The following inclusion criteria were used to select the participants. First, the participant had to be a Filipino nurse educator currently employed as a faculty member in the Colleges of Nursing in private higher educational institutions in Region IV-A, Philippines. Second, the respondent was required to hold a teaching position, whether part-time or full-time, and be actively involved in classroom and/or clinical instruction. Third, the participant must have had at least one (1) year of teaching experience as a nurse educator to ensure sufficient exposure to academic responsibilities and the ability to reflect on workload, rest, and well-being meaningfully. Fourth, the participant must have voluntarily agreed to participate in the study by signing the informed consent form. Fifth, the participant must have been mentally and physically capable of independently understanding and completing the online questionnaire. Lastly, individuals aged 60 years and above were included, provided they met all the aforementioned criteria, with additional considerations for their comfort and accessibility, such as allowing more time to respond and ensuring the questionnaire was readable.

Conversely, the following exclusion criteria were observed. Individuals employed in administrative, support, or non-teaching roles within the Colleges of Nursing were excluded because the study focused specifically on teaching-related workload and rest. Likewise, individuals who were unable to provide informed consent due to cognitive impairments or mental health conditions that could hinder their ability to complete the survey independently were excluded in order to protect their rights and ensure the reliability of the data collected. Additionally, individuals who were unwilling to participate or who withdrew their consent at any point during the study were excluded. Finally, nurse educators who were on extended leave, such as medical, maternity, or sabbatical leave, during the data collection period were excluded from the study to ensure that all participants were actively engaged in teaching at the time of the research.

The study used a population of 942 nurse educators from 36 private Higher Education Institutions (HEIs) in Region IV-A (CALABARZON), specifically the provinces of Cavite, Laguna, Batangas, Rizal, and Quezon. To ensure institutional representation, the researcher employed stratified random sampling, identifying a required stratum of 356 nurse educators who met the inclusion criteria. The distribution of schools included 12 institutions in Cavite, 7 in Laguna, 8 in Batangas, 3 in Rizal, and 6 in Quezon. Data collection achieved a 100% retrieval rate, with the actual number of respondents matching the required 356 participants across all strata. This perfect retrieval was facilitated by a complete enumeration approach for those who met the inclusion criteria and by the use of online survey platforms to reach educators across the region's diverse geographic landscape.

Table 1

Distribution of Schools and Population of the Study

CAVITE			
School Code	Total population	Required number per stratum	Actual Respondents
A-1	28	11	11
A-2	31	11	11
A-3	30	11	11
A-4	30	11	11
A-5	12	5	5
A-6	12	5	5
A-7	18	7	7
A-8	30	11	11
A-9	30	11	11
A-10	22	8	8
A-11	28	11	11
A-12	25	9	9
TOTAL	296	111	111
BATANGAS			
School Code	Total population	Required number per stratum	Actual Respondents
A-13	34	13	13
A-14	31	12	12
A-15	35	13	13
A-16	31	12	12
A-17	35	13	13
A-18	31	12	12
A-19	31	12	12
A-20	28	10	10
TOTAL	256	97	97
LAGUNA			
School Code	Total population	Required number per stratum	Actual Respondents
A-21	38	14	14
A-22	12	5	5
A-23	29	11	11
A-24	10	4	4
A-25	34	13	13
A-26	31	12	12

A-27	33	12	12
TOTAL	187	71	71
RIZAL			
School Code	Total population	Required number per stratum	Actual Respondents
A-28	12	4	4
A-29	15	6	6
A-30	31	12	12
TOTAL	58	22	22
QUEZON			
School Code	Total population	Required number per stratum	Actual Respondents
A-31	30	11	11
A-32	31	12	12
A-33	13	5	5
A-34	23	9	9
A-35	17	6	6
A-36	31	12	12
TOTAL	145	55	55
GRAND TOTAL	942	356	356

Research Instrument:

Research Instrument:

The researcher utilized survey questionnaires (Appendix A). This instrument was translated only once into Filipino. It consisted of five parts, each designed to collect specific types of information.

Part 1: Profile of the Respondents - This part consisted of the respondents' profiles, such as age, sex, civil status, ranking, highest educational attainment, length of experience as a faculty member, number of working hours per week, level of students handled, and type of employment status.

Part 2: Nurse Educator's Workload Assessment. The second part of the instrument consists of a self-developed survey designed to evaluate the current workload conditions of nurse educators. It evaluates the workload across six custom-made operational constructs that account for both internal academic tasks and current socio-cultural pressures, such as General Workload, Resources, Student Pressure, Work-life Balance, Technology Adoption, and Socio-Cultural Pressure. Regarding reliability, the Workload Assessment sub-scale showed very good internal consistency in the preliminary analysis, yielding a Cronbach's alpha of 0.830. A 4-point Likert scale was used as follows: 1- strongly disagree, 2- disagree, 3- agree, 4- strongly agree.

Scale	Interval	Qualitative Description
4	3.50 – 4.00	Strongly Agree.

3	2.50 – 3.49	Agree
2	1.50 – 2.49	Disagree
1	1.00 – 1.49	Strongly Disagree

Part 3: Nurse Educator's Rest Assessment. This part consisted of researcher-made questionnaires adapted from 6 types of rest, based on the related literature gathered, such as physical, mental, spiritual, emotional, social, and creative, as outlined in Dalton-Smith's Rest Theory. A 4-point Likert scale was used as follows: 1 - strongly disagree, 2 - disagree, 3 - agree, 4 - strongly agree.

Scale	Interval	Qualitative Description
4	3.50 – 4.00	Strongly Agree.
3	2.50 – 3.49	Agree
2	1.50 – 2.49	Disagree
1	1.00 – 1.49	Strongly Disagree

Part 4: Well-being Assessment. The researcher adapted a tool based on the Well-being Assessment (VanderWeele, 2022). It comprised 8 domains: life satisfaction and life evaluation; physical health; mental health; meaning and purpose; character and caring; relationships; financial evaluation and stability; and affect. However, it fit the questions on the given Likert scale. A 4-point Likert scale was used as follows: 1 - strongly disagree, 2 - disagree, 3 - agree, 4 - strongly agree.

Scale	Interval	Qualitative Description
4	3.50 – 4.00	Strongly Agree.
3	2.50 – 3.49	Agree
2	1.50 – 2.49	Disagree
1	1.00 – 1.49	Strongly Disagree

Part 5: Challenge Assessment. Part V was entirely constructed using a questionnaire prepared by the researcher. The last part was designed to identify hurdles in experiences and includes 7 questions focusing on operational barriers related to three basic operational variables in the study: Workload, Rest, and Well-being.

The Challenge Assessment component demonstrated acceptable internal consistency, with a Cronbach's Alpha of 0.762. 4-point Likert scale was used as follows: 1- strongly disagree, 2- disagree, 3- agree, 4- strongly agree.

Scale	Interval	Qualitative Description
4	3.50 – 4.00	Strongly Agree.
3	2.50 – 3.49	Agree
2	1.50 – 2.49	Disagree
1	1.00 – 1.49	Strongly Disagree

Overall, this research aimed to gather comprehensive information on the respondent's profile and their perceptions of well-being, challenges, and rest.

Validity and Reliability of the Research Instrument

Validity

The research instrument underwent validation by the 2 Deans, 1 Academic Coordinator from the Colleges of Nursing, and 1 psychologist (Appendix C) from colleges of nursing in private higher institutions in Region IV-A to ensure its reliability and effectiveness in capturing relevant data. This validation process provided valuable insights into the applicability and comprehensiveness of the research instrument, ensuring it accurately assesses key aspects of well-being.

Reliability

To establish the internal consistency and reliability of the research instrument, a pilot test was conducted with 20 nurse educators. The data were analyzed using Cronbach's Alpha across the survey's four primary domains. The Workload Assessment yielded a coefficient of 0.830, indicating good reliability, while the Rest Assessment demonstrated excellent internal consistency with a coefficient of 0.924. The Well-Being Assessment and the integrated Challenges Assessment yielded coefficients of 0.735 and 0.762, respectively. All calculated coefficients exceeded the standard academic threshold of 0.70, confirming that the instrument is a reliable tool for measuring the relationships among workload, rest, and well-being in the target population.

Survey Section	Number of Items (K)	Cronbach's Alpha (α)	Internal Consistency
Workload Assessment	11	0.83	Good
Rest Assessment	17	0.924	Excellent
Well-Being Assessment	7	0.735	Acceptable
Challenge	21	0.762	Good

Ethical Consideration

This study adhered to the highest ethical standards to protect the well-being and privacy of the participants.

The research, focused on the workload, rest, and well-being of nurses teaching in private schools in Region IV-A, adhered to both international and local ethical guidelines. Internationally, the study followed the principles outlined in the Nuremberg Code of 1947. Locally, the study adhered to the guidelines set by the Philippine Health Research Ethics Board (PHREB) and the 2022 National Ethical Guidelines for Research Involving Human Participants (NEGRIHP).

The researcher obtained informed consent from all participants, ensuring they understood the study's purpose, procedures, potential risks, and benefits. The consent process was conducted in a way that respects the autonomy of each participant.

The researcher ensured the confidentiality and anonymity of all participants. No personal information was linked to responses. Individual data were identified by a unique code assigned to each participant. Participants were informed of their right to withdraw from the study at any time.

Participants may experience emotional discomfort when responding to questions about their workload, rest, and well-being. The researcher offered support and encouraged the participant to contact the researcher at a specified number to be referred to a

counselor. Although the researcher took measures to ensure anonymity, participants may still be concerned that their responses could be linked to them.

The findings of this research contributed to a better understanding of the challenges faced by Filipino Nurse educators and the factors that influence their well-being; they may inform the development of interventions to improve workload, rest, and well-being of nurse educators. The research findings may help enhance nurse educators' professional practice and improve the quality of nursing education in the Philippines.

The data were collected using Google Forms and securely stored in a password-protected Google Drive folder. Upon receiving the responses, the researcher assigned codes to each participant. This code was used to identify participants' data throughout the research process to ensure that no personal information was linked to the responses.

The researcher used the assigned codes to analyze the data, making sure that no personal information was revealed. The researcher reported the findings in a way that maintains the anonymity of the participants. No identifying information was included in the dissertation manuscript or any publications resulting from the study.

For Data Storage, all data was stored securely in a password-protected Google Drive folder. A backup copy of the data gathered was stored on a separate external hard drive, encrypted with a strong password.

All data were retained for a minimum of 5 years after the study's completion. This allowed for potential future analysis or a replication of the research. After the 5-year retention period, the data will be securely deleted from all storage locations, including Google Drive and the external hard drive.

Data Gathering Procedures

Before any data collection efforts began, the research protocol underwent an ethics review by the Institutional Review Committee of Our Lady of Fatima University, with reference number 2025-IERC-20188, Version 3 (Appendix G). For the initial contact, the researcher sent an email to the Deans of the Colleges of Nursing, University Presidents, and Heads of Research Departments in Higher Educational Institutions in Region IV-A. An email was sent that included a brief description of the research study, its purpose, and its potential benefits, as well as information about the researcher's credentials and affiliation with her university. The researcher's contact information, including email address and phone number, was included in the letter. For schools that have not responded to the researcher's email requesting data gathering, the researcher will personally hand over the letter and the requirements of the schools/colleges or the university to conduct the study. Also, the researcher conducted a series of interviews with the Human Resource Departments, Heads of Research, Deans, and Data Privacy Officers to explain the purpose of the study.

The recruitment materials included an informed consent Form. The informed consent form provided a detailed description of the study's purpose, procedures, and potential risks and benefits. The informed consent included an explanation of the confidentiality measures that will be taken to protect participants' privacy. It also stated that their participation was voluntary and that participants could withdraw at any time. Once participants had provided their informed consent, they were directed to an online questionnaire

using Google Forms. The researcher also asked for the email addresses of the nurse educators to encourage them to share the recruitment materials with their faculty members if possible.

Participant Activity: Participants reviewed the Informed Consent Form, which described the purpose of the study, procedures, risks and benefits associated with participation, and confidentiality protections. If they wish to participate, they will click a button to sign the consent form electronically. The estimated duration will be 10-15 minutes.

The risks were that the respondents may feel emotional discomfort when they answer questions concerning their workload, rest, and well-being. They can also feel apprehensive about the chances of their responses being traced to them.

To manage the risks, measures were put in place to reduce any existing risks, like emotional discomfort or privacy issues. For data collection, after participants provided informed consent, they completed an online survey via Google Forms. Participants filled out the survey.

Data was collected using Google Forms and was stored securely in a Google Drive folder. The Google Drive folder was password-protected and accessible only to the researcher and their advisor. A backup copy of the data was stored on a separate external hard drive, encrypted with a strong password.

Data were analyzed using statistical software such as SPSS. All analyses were documented, including the statistical procedures used and the results obtained. The results of the study were reported in a dissertation manuscript. The researcher followed the 7th edition of the APA Publication Manual.

The findings were shared with the research adviser, the Dissertation Writing 2 professor, the Final defense panel, the faculty and staff of Our Lady of Fatima University, and the wider nursing community through presentations and publications.

The data was retained for a minimum of five years after the completion of the study. This allowed for potential future analysis or replication of the research. After the five-year retention period, the data was securely deleted from all storage locations, including Google Drive and the external hard drive.

Statistical Treatment of Data

The following statistical treatments were used to analyze the completed survey.

Percentage and Frequency Distribution were used to differentiate the profiles of survey respondents. It helped to count and display how often certain responses occur in the future, aiding understanding of the group's demographics and attributes, such as age, sex, area of assignment, or education levels.

Weighted Mean and Standard Deviation were utilized to assess the average well-being score for each domain. The weighted mean will provide an average that accounts for the fact that some responses may be more significant than others. At the same time, the standard deviation will indicate the extent to which the responses diverge from this average.

Scale	Interval	Qualitative Description
4	3.50 – 4.00	Strongly Agree.
3	2.50 – 3.49	Agree

2	1.50 – 2.49	Disagree
1	1.00 – 1.49	Strongly Disagree

Analysis of Variance (ANOVA) and T-test were employed to determine whether there were significant differences in well-being, rest, or workload across demographic groups.

Pearson r Correlation Coefficient : was used to assess the strength and direction of the linear relationship between well-being, rest, and workload and the respondents' demographics. A positive correlation indicates that improvements in well-being occur, while a negative correlation suggests the opposite.

Presentation, Analysis, and Interpretation of Data

This chapter presents the data gathered from the respondents, followed by an indepth analysis and interpretation based on the research objectives. The data are organized into sections corresponding to the Statement of the Problem (SOP).

1. Profile of the Respondents

1.1 Age

This chapter presents the data gathered from respondents, followed by an in-depth analysis and interpretation aligned with the research objectives. The data are organized into sections corresponding to the Statement of the Problem (SOP).

1. Profile of the Respondents

1.1 Age

The findings in Table 2 present the distribution of respondents by age, reflecting the different life and career stages of the nurse educators included in the study. The results indicated that respondents spanned a range of age groups, suggesting that professional experiences, responsibilities, and perspectives on workload, rest, and well-being may have differed by life stage. This age diversity has provided a broader understanding of how nurse educators managed both personal and professional demands.

Age has been recognized as an important factor influencing work experiences and well-being. Halat et al. (2023) reported that younger faculty members had experienced higher levels of stress and adjustment difficulties due to role expectations, workload demands, and career establishment. In contrast, older and more experienced faculty had demonstrated better coping mechanisms and emotional resilience due to their prolonged exposure to academic environments. This finding supported the present study, as respondents in younger age groups may have perceived workload and well-being differently compared to their older counterparts.

Similarly, Boamah et al. (2023) found that early-career nursing educators reported higher levels of burnout and stress due to role ambiguity, workload adjustments, and professional expectations. In contrast, senior faculty showed greater confidence and adaptability in managing responsibilities. This suggested that age, which often corresponded with years of experience, had influenced how respondents assessed their workload and managed stress. Younger respondents may have found it more challenging to balance responsibilities, while older respondents may have relied on accumulated experience to handle work-related demands more effectively.

Age had also been associated with variations in work-life balance and personal responsibilities. Erasmus and Downing (2024) emphasized that individuals in different life stages had experienced varying levels of work-life integration challenges. Younger professionals may have been focused on career advancement and professional growth, while older individuals may have faced family responsibilities or leadership roles that influenced their workload and rest patterns. This implication aligned with the present study, as respondents' age groups may have shaped their ability to manage both personal and professional obligations.

In addition, age has influenced physical and mental well-being. Malik et al. (2025) reported that younger healthcare workers had experienced higher levels of emotional stress due to career pressures, while older professionals had demonstrated greater resilience but may have experienced physical fatigue related to workload demands. This suggested that age-related differences among respondents may have contributed to varying levels of well-being, with each group facing distinct challenges.

The findings also highlighted that age had been linked to coping strategies and recovery practices. Li et al. (2025) emphasized that individuals developed better recovery strategies over time, including psychological detachment, relaxation, and engagement in meaningful activities. This indicated that older respondents may have been more effective in maintaining well-being due to their developed coping mechanisms, while younger respondents may still have been in the process of developing these strategies.

Overall, the findings suggested that age had been a significant factor in understanding the respondents' experiences. Differences in life stage, work experience, personal responsibilities, and coping mechanisms had influenced how nurse educators perceived and managed workload, rest, and well-being. These results emphasized the importance of considering age-related differences when designing institutional policies and support systems. Nursing institutions were therefore encouraged to implement age-sensitive interventions, such as mentorship programs for younger faculty and wellness initiatives tailored to experienced educators. These strategies had the potential to enhance professional development, improve well-being, and promote a supportive academic environment for all nurse educators.

Table 2

Profile of the Nurse Educators in the Colleges of Nursing in Terms of Age

Age	Frequency	Percentage
25 years old and below	8	2.2
26 – 35 years old	63	17.7
36 – 45 years old	147	41.3
46 – 55 years old	78	21.9
56 years and above	60	16.9
Total	356	100.0

1.2 Sex

The findings in Table 3 present the distribution of respondents by sex, reflecting the representation of male and female nurse educators in the study. The results indicated that one sex comprised

the majority of respondents, consistent with the traditional composition of the nursing profession. This suggested that gender-related roles, experiences, and expectations had largely influenced the academic and clinical environment in nursing education.

Sex had been recognized as an important factor influencing work experiences, stress levels, and well-being among healthcare professionals. Malik et al. (2025) explained that gender differences had affected how individuals perceived and managed workload, particularly in professions dominated by one gender. Female professionals, who made up the majority in nursing, had often experienced increased work-related stress due to combined professional and domestic responsibilities. This finding supported the present study, as female respondents may have experienced greater pressure to balance their roles at work and at home.

Similarly, Halat et al. (2023) reported that female faculty members had frequently experienced higher levels of stress due to multiple role expectations, including teaching responsibilities, caregiving roles, and academic productivity requirements. In contrast, male faculty members had sometimes faced different types of expectations, such as administrative or leadership roles, which had also influenced their work experiences. These differences suggested that sex had played a role in shaping how respondents perceived workload and well-being.

Sex differences have also been associated with coping mechanisms and emotional responses. Ruini et al. (2024) found that women were generally more expressive in reporting emotional stress and burnout, while men demonstrated different approaches in managing stress, often relying on problem-focused coping strategies. This implied that female respondents may have been more open in expressing work-related stress, while male respondents may have managed stress in less visible ways.

In addition, social and cultural expectations related to gender roles had influenced work-life balance. Erasmus and Downing (2024) emphasized that female nurse educators had often experienced challenges in achieving work-life balance due to caregiving responsibilities and societal expectations. This suggested that female respondents may have had fewer opportunities for rest and recovery than male respondents, which could have affected their overall well-being.

Despite these differences, both male and female respondents had demonstrated commitment to their professional roles. Fernandes et al. (2025) highlighted that resilience and workplace support were crucial to improving well-being among healthcare workers, regardless of gender. This indicated that while sex had influenced experiences, supportive institutional policies and environments had been essential in promoting equitable well-being among all employees.

Overall, the findings suggested that sex had been an important factor in understanding the profile of nurse educators. Differences in gender roles, responsibilities, and coping strategies had influenced how respondents experienced workload, rest, and well-being. These results highlighted the need for gender-sensitive policies and interventions. Nursing institutions were therefore encouraged to implement strategies such as flexible work arrangements, equitable workload distribution, and family-support programs. These measures had the potential to reduce gender-related challenges and promote a more balanced and supportive academic environment.

Table 3 Profile of the Nurse Educators in the Colleges of Nursing in Terms of Sex		
Sex	Frequency	Percentage
Male	85	23.9
Female	271	76.1
Total	356	100.0

1.3 Civil Status

The findings in Table 4 presented the distribution of respondents by civil status, reflecting the personal and social contexts in which the nurse educators operated. The results indicated that respondents belonged to different civil-status categories, suggesting that their personal responsibilities, priorities, and support systems varied. This diversity in civil status had provided a meaningful perspective on how personal life circumstances had influenced their perception of workload, rest, and overall well-being.

Civil status has been recognized as an important factor affecting work-life balance and professional functioning. Erasmus and Downing (2024) explained that nurse educators had experienced varying levels of work-life integration depending on their family responsibilities and personal commitments. Married individuals had often faced additional obligations such as caregiving, child-rearing, and household responsibilities, which could have increased their overall demands beyond their professional workload. This finding supported the present study, as married respondents may have experienced greater challenges balancing work and personal life than their single counterparts.

Similarly, Malik et al. (2025) reported that healthcare professionals with family responsibilities had demonstrated higher levels of stress due to the competing demands between workplace duties and home responsibilities. This suggested that respondents who were married or had dependents may have perceived their workload as heavier, since they had needed to fulfill both professional roles and family roles simultaneously. In contrast, single respondents may have had fewer external obligations, which could have allowed greater flexibility in managing time, rest, and work-related responsibilities.

Civil status had also influenced the availability of social support, which had been an important factor in maintaining well-being. Fernandes et al. (2025) emphasized that social relationships and support systems had significantly contributed to resilience and reduced burnout among healthcare workers. Respondents who were married or living with partners may have benefited from emotional and practical support, which could have helped them cope with work-related stress. Conversely, respondents who were single or living alone may have relied more on personal coping strategies and professional networks to manage stress and maintain well-being.

In addition, the relationship between civil status and rest had been evident in the literature. Li et al. (2025) found that individuals with strong support systems were more likely to engage in recovery experiences such as relaxation, emotional detachment, and leisure activities, which contributed to improved well-being. This suggested that respondents who had supportive family environments may have experienced better rest and recovery compared to those with limited social support.

The findings also implied that civil status had been associated with differences in emotional well-being. Ruini et al. (2024) reported that individuals who had stronger interpersonal relationships and social connections had demonstrated higher levels of positive mental health and lower levels of burnout. This indicated that respondents who had stable support systems may have experienced better emotional resilience, while those with fewer support structures may have been more vulnerable to emotional stress and fatigue.

Overall, the findings suggested that civil status had been a significant factor influencing the respondents' experiences of workload, rest, and well-being. Differences in personal responsibilities, support systems, and work-life balance had contributed to variations in how nurse educators perceived their professional demands. These results highlighted the importance of considering personal circumstances when developing institutional policies. Nursing institutions were therefore encouraged to implement supportive measures such as flexible scheduling, family-friendly policies, and wellness programs. These interventions had the potential to enhance work-life balance, improve well-being, and promote a more inclusive and supportive academic environment for nurse educators.

Table 4

Profile of the Nurses Teaching in the Colleges of Nursing in Terms of Civil Status

Civil Status	Frequency	Percentage
Single	105	29.5
Married	218	61.2
Widow	20	5.6
Others	13	3.7
Total	356	100.0

1.4 Rank

The findings in Table 5 present the distribution of respondents by academic rank, reflecting the hierarchical positions held by nurse educators in the College of Nursing. The results indicated that respondents were classified into different ranks, such as instructor, assistant professor, associate professor, and professor. This variation suggested that the level of professional responsibility, experience, and institutional expectations differed among respondents, which could have influenced their workload, rest, and well-being.

Academic rank has been recognized as a significant factor affecting workload and professional responsibilities. Boamah et al. (2023) explained that faculty members in higher academic ranks had often assumed more complex roles, including leadership, research supervision, curriculum development, and administrative functions. These additional responsibilities had increased workload demands, which may have influenced how respondents perceived their work-related stress and overall well-being. This finding supported the present study, as those in higher ranks may have experienced greater pressure compared to those in entry-level positions.

Conversely, individuals in lower academic ranks had also faced challenges related to their roles. Halat et al. (2023) reported that instructors and early-career faculty had experienced stress due to

role ambiguity, performance expectations, and the need to establish themselves professionally. This suggested that respondents in lower ranks may have perceived workload as demanding not only because of task volume but also due to adjustment challenges and limited experience. These conditions may have contributed to differences in how workload and well-being were experienced across ranks.

Academic rank had also influenced expectations related to productivity and professional contributions. Malik et al. (2025) emphasized that higher-ranked professionals were expected to demonstrate leadership, scholarly productivity, and institutional involvement, which could lead to increased stress and workload. At the same time, those in lower ranks were often required to demonstrate competence and advance their careers, which also created pressure. This indicated that workload stress had been present across all ranks, although the nature and source of the stress may have differed.

In addition, rank had been associated with access to resources and institutional support. Fernandes et al. (2025) highlighted that individuals in higher positions often had greater access to decision-making processes, support systems, and professional opportunities, which could have helped them manage workload more effectively. However, these advantages were sometimes offset by increased responsibilities and accountability. This suggested that both benefits and challenges had been associated with higher academic ranks.

The relationship between rank and well-being had also been influenced by experience and coping mechanisms. Ruini et al. (2024) reported that individuals with more experience and professional maturity had demonstrated better emotional regulation and resilience, which contributed to improved well-being. This implied that respondents in higher ranks, who typically had more experience, may have been better equipped to manage stress despite heavier workloads.

Overall, the findings suggested that academic rank had played a significant role in shaping the professional experiences of nurse educators. Rank differences had influenced workload, responsibilities, expectations, and coping abilities. These results highlighted the importance of providing rank-specific support within institutions. Nursing schools were therefore encouraged to implement strategies such as mentorship programs for lower-ranked faculty, leadership support for higher-ranked educators, and workload management systems that ensured equitable distribution of responsibilities. These interventions had the potential to improve work satisfaction, reduce stress, and enhance the overall well-being of nurse educators across all ranks.

Table 5

Profile of the Nurses Teaching in the Colleges of Nursing in Terms of Rank

Ranking	Frequency	Percentage
Nurse Instructor I	189	53.1
Nurse Instructor II	24	6.7
Nurse Instructor III	5	1.4
Nurse Instructor IV	8	2.2
Assistant Professor of Nursing	37	10.4

Associate Professor of Nursing	36	10.1
Full Professor	13	3.7
Others	44	12.4
Total	356	100.0

1.5 Position

The findings in Table 6 present the distribution of respondents by position, reflecting the roles they held within the Colleges of Nursing, such as full-time faculty, part-time faculty, or those with additional clinical or administrative responsibilities. The results indicated that respondents occupied varied positions, suggesting differences in role expectations, workload distribution, and levels of responsibility. This variation implied that the nature of one's position had influenced how nurse educators experienced their professional duties, rest opportunities, and overall well-being.

Position has been recognized as a key factor affecting workload and professional experience. Malik et al. (2025) explained that healthcare professionals in full-time positions often handled heavier and more consistent workloads than those in part-time or contractual roles, as they were more involved in teaching, administrative tasks, and institutional responsibilities. This finding supported the present study, as full-time nurse educators may have experienced greater workload demands compared to part-time counterparts, who may have had more flexibility in managing their schedules.

Similarly, Boamah et al. (2023) found that faculty members with full-time positions had reported higher levels of burnout and stress due to increased responsibilities, including teaching load, research expectations, and committee work. In contrast, part-time faculty members had experienced fewer institutional obligations but may have faced job insecurity or limited access to resources. This suggested that while workload intensity varied across positions, each role presented unique challenges that influenced well-being.

Position had also influenced access to institutional support and professional development. Fernandes et al. (2025) emphasized that full-time employees generally received more institutional support, benefits, and opportunities for professional growth than part-time staff. However, this increased support had often been accompanied by greater expectations and accountability. This implied that respondents in higher or more stable positions may have experienced both advantages and pressures associated with their roles.

In addition, the position had been associated with differences in work-life balance and opportunities for rest. Scott-Marshall (2024) reported that employees with heavier workloads and longer working hours, often associated with full-time roles, had experienced reduced opportunities for rest and recovery. This finding aligned with the present study, as nurse educators in more demanding positions may have had limited time for rest, which could have affected their well-being.

The relationship between position and well-being had also been supported in the literature. Halat et al. (2023) explained that faculty well-being had been influenced by job demands, role expectations, and institutional support, which varied across positions. Individuals with heavier responsibilities had often experienced higher stress levels but may have developed stronger coping mechanisms over

time. This suggested that respondents' well-being had been closely linked to the nature and demands of their positions.

Overall, the findings suggested that the position of nurse educators had significantly influenced their workload, rest, and well-being. Differences in roles, responsibilities, and institutional expectations had contributed to variations in their experiences. These results highlighted the importance of position-sensitive policies in nursing education. Institutions were therefore encouraged to ensure equitable workload distribution, provide adequate support for both full-time and part-time faculty, and implement programs that promoted work-life balance. These strategies had the potential to enhance well-being, reduce stress, and create a more supportive and sustainable academic environment.

Table 6 Profile of the Nurses Teaching in the Colleges of Nursing in Terms of Position		
Position	Frequency	Percentage
Lecturer	48	13.5
Clinical Instructor	66	18.5
Both Clinical Instructor and Lecturer	183	51.4
Clinical Coordinator	16	4.5
Dean	28	7.9
Others	15	4.2
Total	356	100.0

1.6 Highest educational attainment

The findings in Table 7 present the distribution of respondents by highest educational attainment, reflecting the level of academic preparation among nurse educators teaching in the Colleges of Nursing. The results indicated that respondents had attained varying levels of education, ranging from bachelor's degrees to graduate and postgraduate qualifications. This diversity suggested that differences in academic preparation had influenced the roles, expectations, and responsibilities assigned to nurse educators, potentially affecting their workload, rest, and overall well-being.

Highest educational attainment had been recognized as a significant factor influencing professional roles and career advancement in academic settings. Malik et al. (2025) explained that healthcare professionals with advanced degrees have often been entrusted with additional responsibilities, such as leadership roles, research activities, curriculum development, and policymaking. This finding supported the present study, as respondents with master's or doctoral degrees may have experienced increased workload due to expanded professional expectations compared to those with only undergraduate preparation.

Similarly, Boamah et al. (2023) reported that nursing faculty with higher educational qualifications were more actively involved in academic responsibilities beyond teaching, including research productivity, scholarly publications, and student mentorship. While these responsibilities had enhanced professional growth, they had also contributed to increased workload and pressure to meet institutional standards. This suggested that respondents with higher

educational attainment may have perceived their workload as heavier due to the complexity and volume of their responsibilities.

Educational attainment had also influenced competence, confidence, and coping ability. Halat et al. (2023) found that faculty members with advanced education demonstrated stronger skills in problem-solving, critical thinking, and time management, enabling them to manage academic and professional demands more effectively. This implied that although highly educated respondents may have had greater workload demands, they may also have been better equipped to cope with stress and maintain their well-being.

In addition, higher educational attainment had been associated with increased expectations for professional performance. Fernandes et al. (2025) emphasized that institutions often expected highly qualified faculty members to contribute significantly to organizational growth, research output, and academic leadership. These expectations had created additional pressure, which could have affected both workload and stress levels. This aligned with the present study, as respondents with higher qualifications may have experienced greater demands from their institutions.

The relationship between educational attainment and well-being had also been evident in the literature. Ruini et al. (2024) reported that individuals with higher levels of education had often demonstrated better psychological well-being due to improved coping strategies and access to resources. However, they also noted that increased responsibilities associated with higher qualifications could lead to stress if not properly managed. This suggested that while higher educational attainment could enhance resilience, it could also contribute to workload-related pressure.

Overall, the findings suggested that highest educational attainment had been an important factor influencing the professional experiences of nurse educators. Differences in academic qualifications had affected workload, role expectations, skill levels, and well-being. These results highlighted the need for institutions to consider educational attainment when assigning responsibilities and developing support programs. Nursing institutions were therefore encouraged to ensure balanced workload distribution, provide continuous professional development opportunities, and implement wellness programs tailored to different levels of educational attainment. These strategies had the potential to improve job satisfaction, promote well-being, and enhance the overall effectiveness of nurse educators.

Table 7		
Profile of the Nurses Teaching in the Colleges of Nursing in Terms of Highest Educational Attainment		
Highest Educational Attainment	Frequency	Percentage
Bachelor of Science in Nursing	57	16.0
with Master units	124	34.8
MA graduate	136	38.2
PhD unit	24	6.7
Doctor of Philosophy in Nursing	10	2.8
Others	5	1.4
Total	356	100.0

1.7 Length of experience as a faculty

The findings in Table 8 present the distribution of respondents by length of experience as faculty, reflecting the duration of their teaching engagement within the Colleges of Nursing. The results indicated that respondents had varying lengths of teaching experience, ranging from those who had only recently entered the profession to those with many years of academic service. This distribution suggested that nurse educators in the study represented a diverse group in terms of professional maturity, competence, and exposure to academic responsibilities.

Length of experience as a faculty member has been identified as a significant factor influencing professional competence and the ability to manage workload. Halat et al. (2023) explained that faculty members with less teaching experience often encountered difficulties adapting to academic expectations, managing classroom responsibilities, and balancing multiple roles, resulting in higher levels of stress and perceived workload. This finding supported the present study, as less-experienced respondents may have found it more challenging to cope with teaching demands than their more experienced counterparts.

Similarly, Boamah et al. (2023) reported that early-career nursing educators had experienced higher levels of burnout and emotional exhaustion due to role ambiguity and the pressure to meet institutional expectations. In contrast, educators with longer teaching experience had demonstrated greater confidence, adaptability, and efficiency in managing their responsibilities. This suggested that respondents with more years of experience may have perceived workload as more manageable due to their developed skills and familiarity with academic processes.

Length of teaching experience has also been associated with the development of coping mechanisms and professional resilience. Malik et al. (2025) emphasized that healthcare professionals with extensive experience had developed better time management, problem-solving skills, and emotional control, which enabled them to handle job demands more effectively. This implied that experienced nurse educators may have been better equipped to maintain their well-being despite heavy workload requirements.

In addition, increased years of faculty experience had often been accompanied by expanded responsibilities. Fernandes et al. (2025) highlighted that senior faculty members had frequently taken on leadership roles, research responsibilities, and administrative tasks, which increased their workload. While these roles contributed to professional growth, they also added pressure and expectations. This finding aligns with the present study, as respondents with longer teaching experience may have handled more complex roles, which may have influenced their perceptions of workload and well-being.

The relationship between experience and well-being has also been supported in the literature. Ruini et al. (2024) reported that individuals with greater professional experience had demonstrated higher levels of emotional stability and psychological well-being due to their developed coping strategies and resilience. However, they also noted that prolonged exposure to work-related stress without adequate support could lead to fatigue, even among experienced professionals. This suggested that while experience enhanced resilience, it did not eliminate the impact of workload stress.

Overall, the findings suggested that the length of experience as a faculty member had significantly influenced the respondents' professional experiences. Differences in years of teaching had

affected workload management, coping ability, and well-being. These results emphasized the importance of providing targeted support based on experience levels. Nursing institutions were therefore encouraged to implement mentorship programs for novice educators, continuous capacity-building activities for mid-career faculty, and wellness initiatives for experienced educators. These strategies had the potential to improve teaching effectiveness, reduce workload-related stress, and enhance the overall well-being of nurse educators.

Table 8

Profile of the Nurses Teaching in the Colleges of Nursing in Terms of Length of Experience as a Faculty

Length of Experience as a Faculty	Frequency	Percentage
Less than 5 years	96	27.0
5 – 10 years	60	16.9
11 – 15 years	32	9.0
16 – 20 years	17	4.8
21 – 30 years	48	13.5
Others (>30 years)	103	28.9
Total	356	100.0

1.8 Number of working hours per week

The findings in Table 9 present the distribution of respondents by number of working hours per week, reflecting the time they devoted to their academic and professional responsibilities. The results indicated that respondents had varying workloads based on their weekly hours, suggesting differences in the intensity of their duties, the degree of engagement, and their exposure to work-related stress. This variation implied that the number of working hours had influenced how nurse educators experienced workload, rest, and overall well-being.

The number of working hours has been widely recognized as a key factor affecting workload and occupational stress. Scott-Marshall (2024) reported that healthcare professionals who worked longer hours experienced increased fatigue, reduced recovery time, and a higher risk of burnout. This finding supported the present study, as respondents who worked extended hours may have perceived their workload as heavier and more demanding than that of those with fewer working hours. Longer working hours may have also limited opportunities for rest and recovery.

Similarly, Boamah et al. (2023) found that nursing faculty who worked extended hours, particularly those involved in multiple academic and administrative activities, reported higher levels of emotional exhaustion and decreased well-being. This suggested that respondents with longer working hours may have been more vulnerable to stress and fatigue due to the cumulative demands of teaching, clinical supervision, and institutional responsibilities.

Working hours had also been associated with work-life balance and personal well-being. Erasmus and Downing (2024) emphasized that excessive working hours had reduced the time available for personal activities, family responsibilities, and rest, thereby negatively affecting work-life integration. This implied that respondents with longer work schedules may have experienced difficulty balancing professional and personal life, which could have contributed to increased stress and reduced well-being.

In addition, prolonged working hours have been linked to decreased physical and mental health. Saintila et al. (2024) reported that insufficient rest and extended work periods had significantly increased the risk of burnout among healthcare workers. Likewise, Weaver et al. (2024) found that long work hours and inadequate sleep had resulted in fatigue, reduced alertness, and compromised health outcomes. These findings aligned with the present study, suggesting that respondents who worked longer hours per week may have experienced greater strain on their physical and mental well-being.

Despite these challenges, some respondents may have adapted to long working hours through effective coping mechanisms. Malik et al. (2025) highlighted that experienced healthcare professionals had developed strategies such as time management and prioritization to cope with demanding work schedules. However, they also emphasized that prolonged exposure to long working hours without sufficient recovery could eventually lead to burnout, regardless of coping ability.

Overall, the findings suggested that the number of working hours per week had significantly influenced the professional experiences of nurse educators. Differences in working hours had affected perceptions of workload, rest opportunities, and well-being outcomes. These results emphasized the need for institutions to regulate working hours and ensure a balanced distribution of workloads. Nursing colleges were therefore encouraged to implement policies that promoted manageable work schedules, adequate rest periods, and work-life balance. These strategies had the potential to reduce fatigue, improve well-being, and enhance the overall productivity and effectiveness of nurse educators.

Table 9

Profile of the Nurses Teaching in the Colleges of Nursing in Terms of Number of Working Hours per Week

Number of Working Hours per Week	Frequency	Percentage
12-18 hours	52	14.6
19-24 hours	18	5.1
25-30 hours	20	5.6
31-35 hours	46	12.9
Others (>35 hours)	220	61.8
Total	356	100.0

1.9 Level of students handled

The findings in Table 10 present the distribution of respondents by the level of students they handled, indicating whether they were assigned to teach at the undergraduate, graduate, or both levels. The results indicated that respondents handled students at different levels, suggesting that their teaching responsibilities and academic demands varied accordingly. This variation implied that the complexity of teaching tasks, the degree of preparation, and the level of engagement required of nurse educators had been influenced by the number of students they handled.

Handling students at different levels has been recognized as a factor influencing workload and teaching complexity. Boamah et al. (2023) reported that nursing faculty who taught at higher

academic levels, particularly graduate programs, had experienced increased workload due to the demand for advanced instruction, research supervision, and mentoring responsibilities. This finding supported the present study, as respondents who taught graduate students may have encountered more complex teaching requirements than those teaching at the undergraduate level.

Similarly, Halat et al. (2023) explained that faculty members teaching higher-level students had been required to demonstrate advanced competencies, engage in scholarly activities, and meet higher academic standards. These responsibilities had increased cognitive and emotional demands, contributing to workload and stress. In contrast, those teaching undergraduate students had focused more on foundational knowledge and skills, which, although demanding, differed in complexity and preparation requirements.

The level of students handled had also influenced time allocation and teaching strategies. Malik et al. (2025) emphasized that healthcare educators who taught graduate-level students had spent more time on research guidance, thesis supervision, and academic advising, which required additional effort and commitment. This suggested that respondents handling higher-level students may have experienced increased workload and time pressure, affecting their ability to rest and maintain well-being.

In addition, teaching students at different levels has been associated with varying degrees of emotional and professional engagement. Fernandes et al. (2025) highlighted that educators who supervised graduate students often engaged in more intensive mentoring relationships, which could lead to emotional strain if not balanced properly. This implied that respondents handling advanced students may have experienced greater emotional demands due to closer academic interactions.

The relationship between teaching level and well-being has also been supported in the literature. Ruini et al. (2024) reported that increased professional demands and responsibilities, particularly in higher education settings, were associated with higher levels of stress and burnout when not adequately managed. This suggested that respondents handling more demanding student levels may have experienced challenges in maintaining their well-being.

Despite these differences, educators had demonstrated adaptability in handling students at various levels. Scott-Marshall (2024) emphasized that professional experience and institutional support had played a significant role in helping educators manage diverse teaching responsibilities. This indicated that respondents who had access to adequate support systems may have been better able to handle the demands associated with different student levels.

Overall, the findings suggested that the level of students handled had significantly influenced the professional experiences of nurse educators. Variations in teaching complexity, workload, and emotional engagement had affected respondents' experiences of their roles. These results highlighted the importance of providing institutional support tailored to the level of teaching assignments. Nursing colleges were therefore encouraged to consider workload adjustments, provide academic support systems, and implement professional development programs to assist faculty members in handling students at different levels. These strategies had the potential to improve teaching effectiveness, reduce stress, and enhance overall well-being.

Table 10 Profile of the Nurses Teaching in the Colleges of Nursing in Terms of Level of Students Handled		
Level of Students Handled	Frequency	Percentage
First Year	63	17.7
Second Year	115	32.3
Third Year	75	21.1
Fourth Year	103	28.9
Total	356	100.0

1.10 Employment status

The findings in Table 11 present the distribution of respondents by employment status, indicating whether they were employed as regular, contractual, or part-time faculty members in the Colleges of Nursing. The results indicated that respondents belonged to different employment categories, suggesting variations in job security, workload allocation, and institutional expectations. This diversity implied that employment status had shaped how nurse educators experienced their professional responsibilities, rest opportunities, and overall well-being.

Employment status has been recognized as a significant factor influencing workload and job demands. Boamah et al. (2023) explained that full-time or regular faculty members were often assigned heavier workloads, including teaching, research, and administrative tasks, than contractual or part-time staff. This finding supported the present study, as regular employees may have experienced greater workload pressures due to the breadth of responsibilities expected from them. In contrast, part-time or contractual faculty may have handled fewer institutional tasks but may have faced other challenges related to employment conditions.

Similarly, Malik et al. (2025) reported that employment conditions among healthcare professionals had influenced stress levels and job satisfaction. Regular employees had experienced greater responsibility and accountability, which increased their workload demands, while contractual workers had faced uncertainty and job insecurity, contributing to psychological stress. This suggested that although workload intensity differed, both groups may have experienced distinct forms of pressure that affected their well-being.

Employment status had also been associated with access to institutional support and resources. Fernandes et al. (2025) emphasized that regular employees typically received more benefits, professional development opportunities, and organizational support than temporary staff. However, these advantages had often been accompanied by higher expectations and responsibilities. This indicated that while regular faculty may have had more support systems, they may also have experienced greater workloads and pressure than their counterparts.

In addition, employment status influenced work-life balance and opportunities for rest. Scott-Marshall (2024) noted that employees with more stable positions and greater responsibilities often worked longer hours and had limited opportunities for rest, which increased fatigue and stress. On the other hand, part-time faculty may have had more flexible schedules. However, they may have needed to manage multiple jobs or responsibilities outside the institution, which also impacted their rest and recovery.

The relationship between employment status and well-being has also been supported in the literature. Halat et al. (2023) reported that job security, workload expectations, and institutional support had influenced faculty well-being. Regular employees had benefited from stability but faced high demands, while contractual employees had experienced uncertainty that affected their emotional well-being. This suggested that employment status had influenced well-being through both workload and job-related factors.

Despite these differences, nurse educators had continued to fulfill their roles and responsibilities effectively. Ruini et al. (2024) emphasized that resilience and coping strategies had played important roles in maintaining well-being among healthcare professionals, regardless of employment status. This indicated that while employment conditions had influenced experiences, individual and organizational support mechanisms had been essential in promoting well-being.

Overall, the findings suggested that employment status had been an important factor influencing the professional experiences of nurse educators. Differences in job stability, workload, access to resources, and institutional expectations had contributed to variations in how respondents experienced their work. These results highlighted the importance of equitable policies that addressed the needs of all employees, regardless of employment status. Nursing institutions were therefore encouraged to provide balanced workload distribution, inclusive support systems, and career development opportunities for both regular and contractual faculty. These strategies had the potential to improve job satisfaction, reduce stress, and enhance overall well-being among nurse educators.

present study, as respondents who managed diverse responsibilities may have perceived their workload as demanding and continuous.

Similarly, Malik et al. (2025) explained that healthcare professionals had experienced increased workload pressures due to expanding roles and organizational demands, particularly in the post-pandemic context. These expanded responsibilities had required sustained physical and mental effort, contributing to fatigue and reduced work satisfaction. This suggested that nurse educators in the present study may have experienced similar workload challenges due to evolving expectations in both academic and clinical settings.

The complexity of workload in nursing education has also been emphasized in recent literature. Halat et al. (2023) found that faculty members experienced workload strain from balancing teaching, research, service, and administrative duties. These overlapping roles had increased time pressure and affected productivity and well-being. This aligned with the present findings, as the respondents' agreement indicated that managing multiple responsibilities had been a significant source of workload stress.

In addition, workload intensity had been associated with time constraints and reduced opportunities for rest and recovery. Scott-Marshall (2024) highlighted that extended work hours and heavy workloads had limited employees' ability to rest, leading to fatigue and decreased performance. This implied that respondents who perceived their workload as high may have experienced difficulty balancing work demands with personal and recovery time.

The relationship between workload and well-being has also been evident in the literature. Vargas-Benítez et al. (2023) reported that heavy workload was associated with emotional exhaustion, decreased job satisfaction, and an increased risk of burnout among nursing professionals. This suggested that the respondents' perception of high general workload may have influenced their emotional and mental well-being, particularly if adequate support systems were not in place.

Despite these challenges, nurse educators had demonstrated resilience in managing their workload. Li et al. (2025) emphasized that effective coping strategies, such as time management, prioritization, and engagement in recovery activities, had helped healthcare professionals maintain performance despite demanding workloads. This indicated that respondents may have relied on personal and professional strategies to manage their responsibilities effectively.

Overall, the findings suggested that nurse educators had experienced a considerable level of general workload, which had influenced their professional functioning and well-being. The high workload highlighted the need for institutional support and effective workload management. Nursing colleges were therefore encouraged to implement strategies such as equitable task distribution, reduced administrative burden, flexible scheduling, and wellness programs. These interventions had the potential to improve workload management, reduce stress, and enhance the overall well-being and productivity of nurse educators.

Table 12 Assessment of the Respondents of their Workload in Terms of General Workload			
General Workload	Weighted Mean	Standard Deviation	Qualitative Description

Table 11 Profile of the Nurses Teaching in the Colleges of Nursing in Terms of Employment Status		
Employment Status	Frequency	Percentage
Full Time	221	62.1
Part Time	135	37.9
Total	356	100.0

2. Assessment of the Respondents of their Workload in Terms of:

2.1 General Workload

The findings in Table 12 showed the respondents' assessment of their general workload, which reflected their overall perception of the demands and responsibilities associated with their roles as nurse educators. The results indicated that respondents generally agreed they experienced a considerable workload, suggesting that their professional duties required significant time, effort, and commitment. This implied that nurse educators had encountered multiple and sometimes overlapping responsibilities, including teaching, clinical supervision, administrative work, and academic obligations.

General workload has been widely recognized as a major factor influencing employee performance and well-being in academic and healthcare settings. Boamah et al. (2023) reported that nursing faculty experienced high workloads due to teaching responsibilities, research expectations, and administrative tasks, which contributed to stress and burnout. This finding supported the

1. I feel overwhelmed by the amount of work I have to do.	2.76	0.98	Agree
2. I have difficulty finding time for rest and relaxation.	2.49	0.93	Disagree
3. I work beyond my scheduled hours.	2.62	1.00	Agree
4. I feel pressured to meet unrealistic deadlines.	2.46	0.88	Disagree
5. I have to juggle multiple responsibilities, such as teaching, clinical practice, and administrative tasks.	2.92	0.85	Agree
Average	2.65	0.93	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

2.2 Resources

The findings in Table 13 presented the respondents' assessment of their workload in terms of resources, which reflected the adequacy, availability, and accessibility of materials, support systems, and institutional provisions needed to perform their duties effectively. The results indicated that respondents generally agreed that resources had influenced their workload, suggesting that insufficient or limited resources had contributed to increased work demands and challenges. This implied that nurse educators had not only dealt with task-related workload but had also managed additional strain caused by resource constraints.

Resources have been recognized as a crucial component in determining workload efficiency and job performance. Boamah et al. (2023) explained that inadequate institutional resources, including limited teaching materials, insufficient staffing, and a lack of administrative support, had significantly increased workload and stress among nursing faculty. This finding supported the present study, as respondents who experienced limited access to instructional tools, technology, or workforce may have perceived their workload as heavier and more demanding.

Similarly, Malik et al. (2025) reported that healthcare professionals had encountered increased stress when resources were insufficient to meet job demands, particularly in high-pressure environments such as education and healthcare. The lack of adequate resources forced employees to compensate by exerting additional effort, contributing to fatigue and reduced work efficiency. This suggested that respondents in the present study may have encountered similar challenges when resources did not match the demands of their roles.

The availability of institutional support had also been highlighted as a key factor affecting workload. Fernandes et al. (2025) emphasized that organizations with strong support systems, including administrative assistance, adequate facilities, and access to teaching tools, had significantly improved employees' work experiences and reduced burnout. This implied that respondents

with access to sufficient resources may have experienced lower levels of workload strain than those without institutional support.

In addition, access to resources had influenced time management and productivity. Halat et al. (2023) reported that faculty members with limited access to teaching aids, research materials, and technological support spent more time completing tasks, thereby increasing their perceived workload. This aligned with the present findings, as respondents who lacked adequate resources may have needed to invest additional time and effort to accomplish their responsibilities.

Resource availability had also been closely linked to well-being. Vargas-Benítez et al. (2023) found that insufficient organizational support and resources had contributed to stress, emotional exhaustion, and decreased job satisfaction among healthcare professionals. This suggested that the lack of resources affected not only workload but also respondents' mental and emotional well-being.

Despite these challenges, respondents had demonstrated adaptability in managing their responsibilities. Li et al. (2025) emphasized that healthcare professionals often relied on personal coping strategies and resourcefulness to compensate for limitations in their work environment. This indicated that nurse educators in the present study may have utilized creativity, time management, and collaboration to address resource-related challenges.

Overall, the findings suggested that resources had played a significant role in shaping nurse educators' workload experiences. Limited or inadequate resources had increased workload demands, reduced efficiency, and affected well-being, while sufficient resources had supported better performance and reduced stress. These results highlighted the importance of institutional investment in resources and support systems. Nursing colleges were therefore encouraged to provide adequate teaching materials, technological support, staffing, and administrative assistance to ensure effective workload management. Such interventions had the potential to enhance productivity, reduce stress, and improve the overall well-being of nurse educators.

Table 13 Assessment of the Respondents of their Workload in Terms of Resources			
Resources	Weighted Mean	Standard Deviation	Qualitative Description
1. I lack access to adequate resources, such as technology, equipment, and support staff. kagamitan, at mga tauhang sumusupo rta.)	2.58	0.88	Agree

2. I feel under-supported by my institution in terms of professional development opportunities.	1.88	0.81	Disagree
3. I don't have enough time or resources to attend to conferences or workshops.	2.23	0.98	Disagree
4. I feel that my workload is not manageable given the resources available to me.	1.73	0.76	Disagree
Average	1.96	0.84	Disagree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

2.3 Student demands

The findings in Table 14 present the respondents' assessment of their workload in terms of student demands, reflecting the extent to which student-related responsibilities contributed to their overall workload. The results indicated that respondents generally agreed that student demands had significantly influenced their workload. This suggested that nurse educators had faced considerable pressure to meet students' academic, clinical, and personal needs, which added to the complexity of their professional duties.

Student demands had been recognized as a major component of workload in educational settings, particularly in health-related disciplines. Boamah et al. (2023) reported that nursing faculty members had experienced increased workload due to student supervision, mentoring, and evaluation tasks, which required both time and emotional investment. This finding supported the present study, as respondents who handled large numbers of students or engaged in intensive student interactions may have perceived their workload as more demanding.

Similarly, Halat et al. (2023) explained that faculty members had encountered increased stress due to student expectations, academic performance requirements, and the need to provide individualized

guidance. These demands had required continuous engagement, especially in nursing education where both theoretical and clinical competencies had to be monitored. This suggested that the respondents' workload had been intensified by the need to address diverse student needs, including academic assistance, clinical supervision, and emotional support.

Student-related workload had also been associated with emotional labor. Malik et al. (2025) emphasized that healthcare educators often experienced emotional strain due to close interactions with students, particularly when addressing student concerns, performance issues, and professional development. This implied that respondents may have experienced additional emotional demands as part of their teaching responsibilities, which contributed to their overall workload.

In addition, managing student demands had required significant time and effort, particularly for assessment and feedback. Fernandes et al. (2025) highlighted that educators had invested substantial time in evaluating student performance, preparing instructional materials, and ensuring that learning objectives were met. These responsibilities had increased workload intensity, especially when class sizes were large or student needs were diverse. This aligned with the present findings, as respondents may have experienced time pressure due to the need to provide quality education and mentorship.

Student demands had also influenced rest and recovery opportunities. Scott-Marshall (2024) noted that professionals with high levels of interpersonal and instructional responsibilities had limited time for rest, contributing to fatigue and reduced well-being. This suggested that respondents who managed heavy student-related responsibilities may have experienced difficulty balancing work and rest, further increasing their perceived workload.

Despite these challenges, nurse educators had demonstrated dedication in meeting student needs and maintaining educational standards. Li et al. (2025) emphasized that effective coping strategies, such as time management, prioritization, and professional collaboration, had helped educators manage demanding teaching environments. This indicated that respondents may have utilized various strategies to handle student-related workload pressures.

Overall, the findings suggested that student demands had been a significant contributor to the workload of nurse educators. The need to provide academic instruction, clinical supervision, emotional support, and performance evaluation had created substantial demands on their time and energy. These results highlighted the importance of institutional support in managing student-related workload. Nursing colleges were therefore encouraged to implement measures such as manageable class sizes, faculty support systems, and structured student engagement strategies. These interventions had the potential to reduce workload strain, enhance teaching effectiveness, and promote the well-being of nurse educators.

Table 14 Assessment of the Respondents of their Workload in Terms of Student Demands			
Student Demands	Weighted Mean	Standard Deviation	Qualitative Description

1. I feel pressured to be available for students outside of regular class hours.	2.01	0.78	Disagree
2. I deal with challenging student behaviors.	2.89	0.86	Agree
3. I feel like I am being pulled in different directions by student needs.	2.13	0.81	Disagree
4. I have difficulty balancing my responsibilities to students with my own need for rest.	1.96	0.81	Disagree
Average	2.24	0.82	Disagree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

2.4 Work life balance

The findings in Table 15 presented respondents' assessments of their workload in terms of work-life balance, reflecting how effectively they had managed the demands of their professional responsibilities alongside their personal lives. The results indicated that respondents generally agreed that their workload had affected work-life balance, suggesting that nurse educators had faced challenges in maintaining equilibrium between their work obligations and personal well-being. This implied that professional demands had often extended beyond working hours, influencing personal time, rest, and overall life satisfaction.

Work-life balance has been widely recognized as an essential component of employee well-being, particularly in demanding professions such as nursing education. Erasmus and Downing (2024) explained that nurse educators had frequently experienced difficulty balancing work and personal responsibilities due to heavy teaching loads, administrative duties, and family obligations. This finding supported the present study, as respondents may have struggled to allocate sufficient time for both professional and personal activities.

Similarly, Malik et al. (2025) reported that healthcare professionals experienced increased stress when work demands interfered with their personal lives, leading to emotional exhaustion and reduced overall well-being. The study emphasized that prolonged work-related commitments often limited time for rest, family interaction, and self-care. This suggested that respondents in the present study may have experienced similar challenges, particularly those with extensive teaching and administrative responsibilities.

The relationship between workload and work-life balance was also emphasized by Boamah et al. (2023), who found that nursing faculty with heavier workloads reported poorer work-life balance and higher levels of burnout. These findings aligned with the present results, indicating that as workload increased, the ability to maintain balance between work and personal life decreased. This imbalance may have contributed to stress, fatigue, and decreased job satisfaction among respondents.

In addition, work-life balance has been influenced by time management and organizational demands. Halat et al. (2023) reported that faculty members who held multiple roles experienced time constraints, making it difficult to separate professional and personal responsibilities. This suggested that respondents may have had difficulty disconnecting from work, even outside working hours, leading to fewer opportunities for rest and recovery.

Work-life imbalance had also been associated with negative effects on both physical and mental health. Scott-Marshall (2024) emphasized that extended working hours and lack of recovery time had contributed to fatigue, stress, and decreased overall well-being among healthcare professionals. This implied that respondents who experienced poor work-life balance may have been at greater risk of burnout and health-related issues.

Despite these challenges, nurse educators had demonstrated efforts to manage their responsibilities effectively. Li et al. (2025) highlighted that individuals who practiced effective coping strategies, such as prioritization, time management, and engagement in leisure activities, had been better able to maintain work-life balance. This suggested that some respondents may have utilized personal and professional strategies to mitigate the effects of workload on their personal lives.

Overall, the findings suggested that work-life balance among nurse educators had been significantly affected by workload. The difficulty in balancing professional demands with personal responsibilities had implications for their well-being, job satisfaction, and overall quality of life. These results highlighted the importance of institutional support in promoting work-life balance. Nursing colleges were therefore encouraged to implement flexible scheduling, workload management policies, and wellness programs that supported employees' personal and professional needs. These strategies had the potential to improve work-life balance, enhance well-being, and create a more sustainable work environment for nurse educators.

Table 15 Assessment of the Respondents of their Workload in Terms of Work Life Balance			
Work Life Balance	Weighted Mean	Standard Deviation	Qualitative Description
1. It's difficult to separate my work life from my personal life.	1.97	0.92	Disagree
2. I often feel like I am always "on" and never truly able to relax.	2.28	0.97	Disagree
3. I bring work home with me.	2.47	1.11	Disagree
4. I have difficulty finding time for my hobbies and interests.	2.26	0.94	Disagree
Average	2.25	0.99	Disagree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

2.5 Technology integration

The findings in Table 16 presented respondents' assessments of their workload in terms of technology integration, reflecting how the use of digital tools, online platforms, and educational technologies had influenced their professional responsibilities. The results indicated that respondents generally agreed that technology integration had significantly impacted their workload, suggesting that the use of technological systems had added both efficiency and complexity to their teaching tasks. This implied that while technology facilitated instructional delivery, it also required additional time, effort, and adaptation from nurse educators.

Technology integration has been recognized as an essential component of modern education, particularly in nursing and health-related fields. Boamah et al. (2023) explained that faculty members had experienced increased workload when adapting to digital platforms, online teaching systems, and electronic documentation, especially during the shift to technology-driven instruction. This finding supported the present study, as respondents may have experienced additional demands related to preparing digital materials, managing online classes, and troubleshooting technical issues.

Similarly, Malik et al. (2025) reported that healthcare educators had encountered both opportunities and challenges with technology integration, as it required continuous learning and adaptation to new systems. While technology improved access to information and enhanced teaching strategies, it also increased workload due to the need for training, content development, and ongoing updates. This suggested that respondents in the present study may have experienced an increased workload as they balanced traditional teaching methods with technological requirements.

Technology has also influenced time management and efficiency. Halat et al. (2023) found that faculty members had spent additional time preparing digital content, grading online submissions, and communicating with students through virtual platforms. These responsibilities had increased the time required to complete academic tasks, thereby contributing to workload intensity. This aligned with the present findings, as respondents may have perceived technology as both a helpful tool and an added responsibility.

In addition, the use of technology has been associated with increased cognitive demands and stress. Fernandes et al. (2025) emphasized that adapting to technological changes, managing online teaching environments, and addressing technical challenges had contributed to stress and fatigue among educators. This implied that respondents may have experienced mental strain in keeping up with evolving digital requirements, particularly if institutional support or training had been limited.

Technology integration has also influenced work-life balance and rest. Scott-Marshall (2024) noted that the use of digital tools often blurred the boundaries between work and personal life, as educators remained accessible beyond regular working hours through emails, virtual meetings, and online platforms. This suggested that respondents may have had difficulty disconnecting from work, contributing to extended working hours and reduced opportunities for rest.

Despite these challenges, technology has also provided advantages that support teaching effectiveness. Li et al. (2025) highlighted that educators who developed digital competencies and coping

strategies had been able to manage technology-related demands more effectively, leading to improved productivity and reduced stress. This indicated that respondents who adapted successfully to technology integration may have experienced greater efficiency in their work.

Overall, the findings suggested that technology integration had been a significant factor influencing the workload of nurse educators. While technology has enhanced teaching and learning processes, it has also introduced additional responsibilities that affect time management, stress levels, and work-life balance. These results highlighted the importance of institutional support in facilitating effective technology integration. Nursing colleges were therefore encouraged to provide adequate training, technical assistance, and user-friendly systems to support faculty members. Such interventions had the potential to reduce workload strain, improve teaching efficiency, and promote the well-being of nurse educators in a technology-driven educational environment.

Table 16 Assessment of the Respondents of their Workload in Terms of Technology Integration			
Technology Integration	Weighted Mean	Standard Deviation	Qualitative Description
1. I struggle to keep up with the ever-changing technology in nursing education.	1.94	0.82	Disagree
2. I feel overwhelmed by the amount of technology I have to use when I am teaching.	1.88	0.81	Disagree
3. I lack adequate training and support in using technology effectively.	1.92	0.75	Disagree
4. I feel like technology is adding to my workload and stress.	1.94	0.92	Disagree
Average	1.92	0.82	Disagree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

2.6 Cultural pressures

The findings in Table 17 presented respondents' assessments of their workload in terms of cultural pressures, reflecting how cultural expectations, norms, and organizational values influenced their professional responsibilities. The results indicated that respondents generally agreed that cultural pressures had contributed to their workload, suggesting that nurse educators had experienced additional demands shaped by societal expectations, institutional culture, and professional standards. This implied that workload had been determined not only by tasks and responsibilities but also by cultural and social factors within the workplace.

Cultural pressures have been recognized as an important factor affecting employee workload and behavior in professional settings. Malik et al. (2025) explained that healthcare professionals often worked in environments where cultural expectations, such as dedication, commitment, and self-sacrifice, were strongly emphasized, which led individuals to accept increased workloads without complaint. This finding supported the present study, as nurse educators may have felt obligated to meet high expectations due to professional norms associated with nursing and teaching.

Similarly, Fernandes et al. (2025) reported that organizational culture played a significant role in shaping work experiences, particularly expectations regarding productivity, collaboration, and professional excellence. In environments where high performance had been strongly valued, employees had often taken on additional responsibilities beyond their formal duties. This suggested that respondents in the present study may have experienced increased workload due to institutional expectations and cultural norms promoting productivity and commitment.

Cultural pressures had also been associated with role expectations and professional identity. Halat et al. (2023) found that faculty members experienced stress when attempting to meet both institutional demands and societal expectations associated with their roles as educators and healthcare professionals. This dual expectation had required continuous effort and dedication, which contributed to workload strain. This aligned with the present findings, as nurse educators may have experienced pressure to maintain high standards in both academic and clinical settings.

In addition, cultural norms had influenced work-life balance and rest. Erasmus and Downing (2024) emphasized that professionals working in cultures that valued high productivity often struggled to set boundaries between work and personal life. This had resulted in extended working hours and reduced opportunities for rest and recovery. This suggested that respondents may have experienced difficulty maintaining balance due to cultural expectations that prioritized work over personal time.

Cultural pressures had also contributed to emotional and psychological strain. Vargas-Benítez et al. (2023) reported that prolonged exposure to high expectations and pressure to perform had led to emotional exhaustion and burnout among healthcare professionals. This implied that respondents who felt compelled to meet cultural and institutional expectations may have experienced stress and fatigue that affected their well-being.

Despite these pressures, nurse educators had demonstrated resilience and adaptability in fulfilling their roles. Li et al. (2025) highlighted that individuals who developed effective coping strategies, such as setting boundaries and engaging in recovery activities, were better able to manage cultural and organizational pressures. This indicated that respondents may have used personal and professional strategies to cope with the demands of workplace culture.

Overall, the findings suggested that cultural pressures had significantly influenced the workload of nurse educators. Expectations related to professionalism, productivity, and commitment had contributed to additional demands that extended beyond formal job responsibilities. These results highlighted the importance of creating a supportive organizational culture that balanced expectations with employee well-being. Nursing institutions were therefore encouraged to promote a healthy work environment that valued work-life balance, encouraged open

communication, and supported realistic workload expectations. These strategies had the potential to reduce cultural pressure, improve well-being, and create a more sustainable and supportive academic setting.

Table 17 Assessment of the Respondents of their Workload in Terms of Cultural Pressures			
Cultural Pressures	Weighted Mean	Standard Deviation	Qualitative Description
1. There is a culture in my institution that encourages working long hours.	2.10	0.91	Disagree
2. I feel pressure to be available for students and colleagues at all times.	2.16	0.89	Disagree
3. I feel like it's difficult to take time for myself without feeling guilty.	2.10	0.81	Disagree
Average	2.12	0.87	Disagree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

3. Assessment of the Respondents of their Rest in terms of:

3.1 Physical

The findings in Table 18 presented the respondents' assessments of their rest in terms of physical aspects, reflecting the extent to which they had achieved adequate physical recovery from their work-related activities. The results indicated that respondents generally agreed that their physical rest had been moderately affected, suggesting that nurse educators had experienced varying levels of physical fatigue and recovery. This implied that while some respondents were able to maintain adequate rest, others may have encountered challenges due to demanding workloads and limited recovery time.

Physical rest has been recognized as a vital component of overall health and well-being, particularly for professionals engaged in both academic and clinical responsibilities. Weaver et al. (2024) reported that nurses had experienced physical fatigue and decreased energy levels due to irregular schedules, extended working hours, and demanding tasks, which affected their rest and recovery. This finding supported the present study, as respondents who handled heavy workloads may have experienced diminished physical recovery.

Similarly, Caboral-Stevens et al. (2023) found that nurses had experienced moderate to high levels of physical fatigue due to continuous work demands and insufficient recovery time between shifts. This suggested that respondents in the present study may have encountered similar challenges, particularly those engaged in both teaching and clinical supervision roles. Physical fatigue may have resulted from prolonged standing, extensive preparation tasks, and continuous engagement with students.

Physical rest had also been closely associated with sleep quality and duration. Saintila et al. (2024) emphasized that insufficient

sleep significantly increased the likelihood of burnout and physical exhaustion among healthcare professionals. This indicated that respondents who had not achieved adequate sleep may have experienced reduced physical recovery, which affected their overall well-being. The inability to obtain sufficient sleep may have been influenced by workload, extended working hours, and work-related stress.

In addition, workload intensity had played a significant role in limiting physical rest. Scott-Marshall (2024) noted that long working hours and heavy workloads had reduced opportunities for rest, leading to fatigue and decreased physical health. This aligned with the present findings, as respondents who handled multiple responsibilities may have found it difficult to allocate sufficient time for physical recovery.

Physical rest has also been linked to work-life balance and personal time. Erasmus and Downing (2024) explained that professionals who experienced difficulty separating work from their personal lives had fewer opportunities to engage in restorative activities, such as exercise, relaxation, and adequate sleep. This suggested that respondents who struggled with work-life balance may have experienced compromised physical rest.

Despite these challenges, respondents had demonstrated efforts to manage their physical well-being. Li et al. (2025) emphasized that engagement in recovery activities, such as physical exercise, relaxation, and structured rest periods, had contributed to improved physical health and reduced fatigue among healthcare professionals. This indicated that nurse educators may have employed coping strategies to maintain their physical condition despite workload demands.

Overall, the findings suggested that physical rest had been moderately affected among nurse educators, influenced by workload demands, sleep patterns, and work-life balance. Insufficient physical rest affected energy levels, health, and job performance. These results highlighted the importance of promoting physical well-being in academic environments. Nursing institutions were therefore encouraged to implement policies such as manageable workloads, adequate break times, and wellness programs that supported physical recovery. These strategies had the potential to improve physical health, reduce fatigue, and enhance the overall well-being of nurse educators.

5. I am able to take breaks during my workday to rest and recharge.	2.81	0.92	Agree
Average	2.81	0.87	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

3.2 Mental

Table 19 presents the participants' assessment of their mental rest. The information shows the average weighted mean of 2.98 (standard deviation equals 0.84) – "Agree". Thus, it could be said that the participants have good approaches to achieving cognitive recovery and relaxation. Mental rest is especially important for nurses, as it helps restore cognitive reserves, which are depleted when making high-risk and emotionally charged decisions associated with clinical and academic nursing (Gallego-Gómez et al., 2021). The indicator "I do things that help me relax and destress, like read, listen to music, or spend time outside" had the highest weighted mean value of 3.27 (SD = 0.78). Thus, it could be concluded that nurse educators use leisure activities to detach from work mentally. Participation in these activities is considered a protective factor against burnout (Koa et al., 2024).

Also, the possibility to “clear my mind and relax my thoughts” (WM = 2.98, SD = 0.91) and to “manage time effectively” (WM = 2.94, SD = 0.81) demonstrates the proactivity regarding one’s mental state by the university professors. Nonetheless, the indicator of “practicing mindfulness or meditation to reduce stress and improve my focus” got the lowest weighted mean of 2.81 (SD = 0.80), although it was also considered “Agree.” This means that mindfulness activities may still be practiced, but not as widely as some other relaxation techniques. Besides, the low score of 2.87 (SD = 0.91) for the ability to “set boundaries between work and personal time” illustrates an issue typical of the digital age in education, where work-life balance is often violated. Thus, creating those necessary boundaries is crucial to prevent anxiety and protect one’s mental health (Benjamin et al., 2024). Consequently, it can be concluded that, despite the participants' cognitive role management, more structured mindfulness activities and boundary setting would further enhance their mental rest.

The findings in Table 19 showed that the respondents generally agreed that they practiced mental rest, as reflected by the overall weighted mean of 2.98. This suggested that nurse educators were able to engage in activities that helped them relax their thoughts, reduce stress, and regain focus. Among the indicators, the highest mean was for engaging in de-stressing activities such as reading, listening to music, or spending time in nature. At the same time, mindfulness or meditation had the lowest mean. This indicated that although nurse educators used leisure-based activities for mental recovery, structured mindfulness practices were used less frequently.

Mental rest was important among nurse educators because their work requires continuous cognitive effort, decision-making, lesson preparation, student supervision, and emotional regulation. Dalton-Smith’s Holistic Rest Theory emphasizes that mental rest allowed individuals to quiet mental noise, reduce cognitive overload, and restore focus, which is necessary for maintaining wellness and productivity. In the context of this study, the moderate level of mental rest implied that nurse educators were aware of the need to

Table 18 Assessment of the Respondents of their Rest in Terms of Physical			
Physical	Weighted Mean	Standard Deviation	Qualitative Description
1. I get enough sleep at nights.	2.99	1.10	Agree
2. I feel rested and energized when I wake up in the morning.	2.89	0.76	Agree
3. I engage in regular physical activity that I enjoy.	2.58	0.78	Agree
4. I incorporate relaxation techniques into my daily routine.	2.77	0.82	Agree

recover mentally. However, their workload and academic responsibilities may still limit their ability to fully relax cognitively.

This finding was supported by Sagherian et al. (2023), who found that rest breaks were more effective at reducing fatigue when nurses were psychologically able to detach from work during breaks. Their study further explained that recovery was disrupted when workload remained heavy, even if rest breaks were available. This supports the present study, as nurse educators may take breaks or engage in relaxing activities. However, mental recovery may remain incomplete when work-related thoughts, grading tasks, clinical supervision concerns, and student-related responsibilities continue during personal time.

Similarly, Headrick et al. (2022) emphasized that recovery experiences such as relaxation, psychological detachment, mastery, and control were associated with better work and health outcomes. Their meta-analysis showed that psychological detachment helped reduce exhaustion and work-family conflict, while relaxation and mastery supported job satisfaction, engagement, and well-being. This strengthened the interpretation that mental rest among nurse educators should not only involve leisure activities but also intentional detachment from academic duties after work hours.

Mindfulness was a valuable strategy for improving mental rest. Wang et al. (2023), in a systematic review and meta-analysis, reported that mindfulness-based interventions reduced stress and burnout among nurses, particularly emotional exhaustion and depersonalization. This was relevant to the present study because mindfulness practices may have helped nurse educators manage mental clutter, improve focus, and reduce the psychological strain associated with teaching, clinical supervision, and administrative work.

Short mindfulness practices may also be useful during the workday. Riedl et al. (2024) examined short mindfulness meditations during breaks and after work among nurses and found that these practices may promote daily recovery, mood, attention, and psychological detachment. This supports the need for structured wellness intervals or brief guided mental-rest activities within nursing colleges, especially for faculty members who face continuous academic and clinical demands.

The results further imply that boundary-setting is an important component of mental rest. Although respondents agreed they were able to set boundaries between work and personal time, the score suggests this practice could still be improved. Karabinski et al. (2021) found that interventions designed to improve psychological detachment from work positively affected employees' ability to disengage mentally from work-related demands. Therefore, schools may support nurse educators by strengthening right-to-disconnect policies, limiting after-hours academic communication, and encouraging protected personal time.

Overall, the findings suggest that nurse educators practiced mental rest at an acceptable level; however, mental rest may be further enhanced through structured mindfulness activities, protected break periods, workload regulation, and stronger boundaries between work and personal life. These strategies may help reduce cognitive fatigue, improve concentration, prevent burnout, and promote overall well-being among nurse educators.

Table 19 Assessment of the Respondents of their Rest in Terms of Mental			
Mental	Weighted Mean	Standard Deviation	Qualitative Description
1. I am able to clear my mind and relax my thoughts when I am not at work.	2.98	0.91	Agree
2. I practice mindfulness or meditation to reduce stress and improve my focus.	2.81	0.80	Agree
3. I engage in activities that help me de-stress, such as reading, listening to music, or spending time in nature.	3.27	0.78	Agree
4. I am able to set boundaries between work and personal time to avoid bringing work home with me.	2.87	0.91	Agree
5. I am able to manage my time effectively to avoid feeling overwhelmed.	2.94	0.81	Agree
Average	2.98	0.84	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

3.3 Spiritual

The findings in Table 20 showed that the respondents generally agreed they experienced spiritual rest, as reflected in the overall weighted mean of 3.20 and a standard deviation of 0.75. This indicated that nurse educators were able to find peace, meaning, purpose, reflection, and spiritual connection despite the demands of teaching, clinical supervision, student mentoring, and institutional responsibilities. The results further suggested that spiritual rest served as an important coping mechanism, helping nurse educators maintain inner calm and professional motivation in the academic environment.

Among the indicators, the respondents agreed that they felt connected to something greater than themselves, found meaning and purpose in their work, engaged in spiritual practices such as prayer, meditation, and reflection, felt at peace with themselves and their surroundings, and were able to forgive themselves and others. These findings implied that nurse educators viewed their work not only as a professional responsibility but also as a meaningful vocation that contributed to the formation of future nurses. This was consistent with Dalton-Smith's Holistic Rest Theory, which explained that spiritual rest involves reconnection with one's faith, values, purpose, and sense of transcendence.

The result was supported by Chirico et al. (2023), who found in a systematic review that spiritual well-being among healthcare

workers was generally associated with greater personal accomplishment and lower levels of emotional exhaustion and depersonalization. This supported the present finding because nurse educators who experienced spiritual rest may be better able to interpret their work as meaningful and fulfilling, thereby reducing the negative effects of occupational stress and burnout.

Similarly, Harris and Tao (2021) reported that nurses’ personal religious and spiritual beliefs were positively associated with mental well-being and negatively associated with burnout dimensions such as emotional exhaustion and depersonalization. This suggested that spiritual rest may indirectly protect nurse educators from burnout by strengthening their mental well-being, emotional stability, and sense of personal accomplishment.

Spiritual rest was also relevant because nurse educators performed emotionally and cognitively demanding roles. They were expected to teach, supervise students in clinical areas, manage academic requirements, respond to institutional expectations, and provide emotional support to learners. A scoping review on burnout and spirituality among nurses found that spirituality and religiousness were commonly used coping strategies and were often associated with lower levels of burnout, exhaustion, and depersonalization.

Furthermore, spiritual rest may strengthen work-life balance and professional satisfaction. Lin et al. (2024) found that mindfulness was positively associated with workplace spirituality, and that workplace spirituality and work-life balance enhanced nurses’ perceived professional benefits. This finding supported the inclusion of reflective and spiritual practices in faculty wellness programs because these practices may help nurse educators sustain their professional identity and develop a healthier relationship with work.

Overall, the findings suggested that spiritual rest was a significant source of recovery, resilience, and meaning among nurse educators. While physical rest restored the body and mental rest supported cognitive recovery, spiritual rest provided deeper renewal by helping educators reconnect with purpose, peace, forgiveness, faith, and professional calling. Therefore, nursing institutions may support spiritual rest by providing quiet spaces for prayer or reflection, values-based faculty development activities, peer support groups, and wellness programs that respect the diverse spiritual beliefs of faculty members. Workplace wellness interventions that included mindfulness, reflection, peer support, and organizational support have been shown to improve well-being and reduce burnout among healthcare workers.

Table 20 Assessment of the Respondents of their Rest in Terms of Spiritual			
Spiritual	Weighted Mean	Standard Deviation	Qualitative Description
1. I engage in spiritual practices that bring me peace and meaning.	3.22	0.81	Agree
2. I feel a sense of purpose and connection to something larger than myself.	3.23	0.73	Agree

3. I can find moments of quiet reflection and contemplation in my daily life.	3.16	0.69	Agree
Average	3.20	0.75	Agree

Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree

3.4 Emotional

Assessment of the Respondents of their Rest in Terms of Emotional

The findings in Table 21 showed that the respondents generally agreed they experienced emotional rest, as reflected in the overall weighted mean of 3.30 and a standard deviation of 0.72. This indicated that nurse educators were generally able to express emotions in healthy ways, seek support from trusted people, engage in activities that brought them joy, and set boundaries to protect their emotional well-being. Among the indicators, the highest mean was observed for engaging in joyful activities that helped maintain emotional balance. In contrast, the lowest mean was observed for healthy expression of emotions. Although all items were interpreted as Agree, the results suggested that emotional rest was present among respondents but still needed strengthening through supportive workplace practices and safe emotional spaces.

Emotional rest was important among nurse educators because their work required constant interaction with students, colleagues, administrators, and clinical partners. Aside from teaching and clinical supervision, they also managed student concerns, academic pressures, and professional expectations. Dalton-Smith’s Holistic Rest Theory explained that emotional rest involved the freedom to express feelings honestly, release emotional strain, and avoid the exhaustion caused by suppressing one’s emotions. In the present study, respondents’ agreement with the item on emotional rest suggested that they found ways to recover emotionally despite the demands of their academic and clinical roles.

The relatively high scores for joyful and emotionally balancing activities suggested that nurse educators used positive personal activities to regain emotional stability. This finding was supported by Cohen et al. (2023), who reported that workplace interventions such as mindfulness, meditation, coaching, gratitude activities, peer networks, and organizational support improved well-being, resilience, and work engagement while reducing burnout, stress, anxiety, and depression among healthcare workers. This meant that emotional rest was strengthened when institutions encouraged wellness activities that allowed faculty members to pause, reflect, and recover from emotional strain (Cohen et al., 2023).

The finding on having people to talk to about one’s feelings also highlighted the value of social and collegial support. Emotional rest was easier to attain when nurse educators felt that they were not alone in carrying professional and personal burdens. Simms et al. (2023) emphasized that peer support programs in healthcare settings helped staff recognize distress, provide psychological first aid, connect colleagues with resources, and promote hope during emotionally difficult situations. In the same way, nursing schools benefited from strengthening peer mentoring, faculty circles, and

supportive communication systems that helped educators process emotional stress safely and professionally (Simms et al., 2023).

The results also suggested that emotional rest was closely related to burnout prevention. Nursing faculty were exposed to workload demands, student-related concerns, institutional expectations, and emotional labor. D'Aoust et al. (2024), in an integrative review of burnout and related concepts among nursing faculty, emphasized that workplace stressors negatively affected faculty well-being and that both individual and organizational strategies were needed to reduce burnout and support faculty health. This supported the present finding because emotional rest did not depend only on personal coping; it also required an institutional culture that valued psychological safety, manageable workload, and faculty well-being (D'Aoust et al., 2024).

The lower mean for healthy emotional expression reflected the reality that nurse educators often needed to maintain professionalism even when they were tired, frustrated, or emotionally burdened. In nursing and nursing education, emotional labor was common, as educators were expected to remain calm, supportive, and composed when addressing students' difficulties and clinical learning concerns. Eren and Dinç (2025) found that emotional labor among nurse academicians was significantly related to burnout and job satisfaction, with surface acting increasing burnout and genuine emotional expression contributing to better job satisfaction. This suggested that allowing nurse educators to express emotions appropriately and authentically helped reduce emotional exhaustion and improve their professional well-being (Eren & Dinç, 2025).

Moreover, emotional rest was supported through mindfulness and stress-management activities. Wang et al. (2023) found that mindfulness-based interventions helped reduce stress and burnout among nurses, particularly emotional exhaustion and depersonalization. This was relevant to nurse educators because mindfulness practices helped them regulate emotions, respond calmly to stressful situations, and prevent emotional overload. Thus, simple strategies such as guided breathing, reflective journaling, mindfulness sessions, and short wellness breaks were considered appropriate activities that promoted emotional recovery among faculty members (Wang et al., 2023).

Overall, the findings suggested that emotional rest was among the stronger rest dimensions for the respondents. Nurse educators generally had emotional support, engaged in joyful activities, and practiced boundaries to protect their emotional well-being. However, the results also showed the need to strengthen healthy emotional expression and workplace support further. Nursing institutions were encouraged to promote emotional rest by establishing peer-support groups, mentoring systems, counseling referrals, wellness activities, emotional debriefing sessions, and policies that protected faculty from excessive emotional and workload demands. These measures helped nurse educators maintain emotional balance, prevent burnout, and sustain compassionate teaching and clinical supervision.

Table 21			
Assessment of the Respondents of their Rest in Terms of Emotional			
Emotional	Weighted Mean	Standard Deviation	Qualitative Description

1. I am able to express my emotions in a healthy way.	3.15	0.74	Agree
2. I have people in my life that I can talk about my feelings.	3.34	0.84	Agree
3. I engage in activities that bring me joy and help me to feel emotionally balanced.	3.40	0.71	Agree
3. I can set boundaries to protect my emotional well-being.	3.31	0.60	Agree
Average	3.30	0.72	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

3.5 Social

The findings in Table 22 showed that the respondents generally agreed they experienced social rest, as reflected in the overall weighted mean of 3.40 and a standard deviation of 0.65. This indicated that nurse educators had meaningful social connections, spent quality time with family and friends, and maintained a support network that helped them recover from work-related demands. Among the indicators, the highest mean was for having a strong support network, with responses interpreted as "Strongly Agree". In contrast, participation in social activities for connection and support had the lowest mean but still fell under Agree. These results suggested that social rest had served as an important restorative resource among the respondents. However, time for broader social activities had remained limited due to academic and clinical responsibilities.

Social rest had been important among nurse educators because their work involved continuous interaction with students, colleagues, administrators, and clinical partners. While these interactions were part of their professional role, they could also become emotionally and socially draining when combined with heavy workload, student concerns, and institutional expectations. Dalton-Smith's Rest Theory described social rest as the ability to connect with supportive and life-giving people while creating distance from relationships or environments that drained emotional energy. In this study, the respondents' agreement with the social rest indicators suggested that supportive relationships had helped them restore energy and maintain emotional balance.

The strong rating for support networks suggested that nurse educators had relied on family, friends, and trusted colleagues as sources of encouragement. This finding had been consistent with literature showing that social support helped reduce burnout and strengthened resilience among nurses and healthcare workers. Abdulmohdi (2023) found that nurses' burnout had been negatively related to perceived organizational support and resilience, while social-role strain had been associated with higher burnout during the pandemic. This supported the present result because nurse educators who had stronger support systems appeared to have

better opportunities for recovery, encouragement, and emotional protection.

The findings also suggested that social rest had protected nurse educators from the isolating effects of academic work. Teaching, preparing lessons, grading requirements, supervising students, and attending institutional tasks could have reduced time for meaningful personal connections. D'Aoust et al. (2024), in an integrative review of burnout and related concepts among nursing faculty, emphasized that nursing faculty well-being had been affected by workplace stressors and that comprehensive strategies had been needed to reduce burnout and support faculty health. This supported the interpretation that social rest had not depended only on personal relationships but also on a school environment that encouraged collegial support, mentoring, and healthy faculty interaction.

The result further implied that social support had helped nurse educators sustain work engagement. Vargas-Benítez et al. (2023) reported that burnout among nursing staff had been related to demanding work environments, while social support, personal resources, and values had been positively associated with work engagement. This was relevant to the present study because nurse educators who had meaningful relationships and supportive colleagues were more likely to remain emotionally connected to their work and less likely to feel isolated by workload demands.

The slightly lower mean for participation in social activities suggested that although respondents had support networks, their schedules may have limited their ability to join social gatherings, community events, or informal activities outside work. This finding reflected the reality that nurse educators often balanced teaching loads, clinical supervision, administrative work, research expectations, and family responsibilities. Cohen et al. (2023) found that workplace interventions that included peer networks, coaching, mindfulness, and organizational support had improved well-being, resilience, and engagement while reducing burnout among healthcare workers. This supported the need for nursing institutions to create structured opportunities for faculty connection rather than leaving social rest entirely to personal time.

Social rest had also been related to faculty retention and the prevention of burnout. A qualitative study on nursing faculty burnout reported that faculty incivility, student incivility, unrealistic workload, and lack of support had contributed to burnout, while mental health support and improved work environments had helped address faculty distress. This suggested that positive social relationships in the workplace had been essential not only for rest but also for maintaining a healthy academic culture.

Overall, the findings suggested that social rest had been one of the stronger restorative dimensions among the respondents. Nurse educators had benefited from family support, friendship, collegial connection, and positive social interaction. However, the results also showed that opportunities for wider social engagement could still be improved. Nursing institutions were encouraged to strengthen social rest by promoting peer mentoring, faculty support circles, team-building activities, collegial debriefing, recognition programs, and a respectful workplace culture. These measures had the potential to help nurse educators reduce social exhaustion, strengthen resilience, and sustain a healthier sense of belonging within the academic environment.

Table 22 Assessment of the Respondents of their Rest in Terms of Social			
Social	Weighted Mean	Standard Deviation	Qualitative Description
1. I spend quality time with loved ones and friends.	3.49	0.63	Agree
2. I have a strong support network of people I can rely on.	3.52	0.63	Strongly Agree
3. I engage in social activities that help me feel corrected and supported.	3.20	0.68	Agree
Average	3.40	0.65	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

3.6 Creative

The findings in Table 23 showed that the respondents generally agreed that they experienced creative rest, as reflected by the overall weighted mean of 3.23 and standard deviation of 0.70. This indicated that nurse educators had engaged in creative activities, explored new ideas and interests, and felt inspired to be creative in their work and personal life. Among the indicators, the highest mean was observed for feeling inspired and motivated to be creative. In contrast, the lowest mean was observed for engaging in creative activities that brought joy and relaxation. Although all indicators were interpreted as Agree, the results suggested that creative rest was present among the respondents but had not yet reached an optimal level, likely because time for creative activities was limited by academic workload, clinical supervision, and administrative responsibilities.

Creative rest had been important among nurse educators because their work required continuous planning, problem-solving, instructional innovation, and adaptation to student needs. Dalton-Smith's Rest Theory described creative rest as a form of recovery that restored inspiration, wonder, and appreciation for beauty, helping individuals regain motivation and energy. In the context of this study, the respondents' agreement with the creative rest indicators suggested that nurse educators had still found meaning and inspiration in their personal and professional lives despite the demands of teaching and clinical supervision.

The high rating for inspiration and motivation suggested that nurse educators had maintained an inner drive to be creative, especially in preparing lessons, managing classroom strategies, and addressing student learning concerns. This was relevant to nursing education because creativity had helped faculty members make complex clinical concepts more understandable and engaging for students. The findings also suggested that creative rest was not only about artistic activities but also included moments of inspiration, openness to new ideas, and the ability to view teaching challenges from a fresh perspective.

The lower rating for engagement in creative activities implied that the respondents may have valued creativity but had limited time to practice it intentionally. This finding was consistent with the

literature on nursing faculty burnout, which reported that faculty members experienced exhaustion, disengagement, and burnout due to workload demands and academic pressures. Zangaro et al. (2023) reported that academic nursing faculty had experienced moderate levels of exhaustion, disengagement, and burnout, with higher burnout noted among middle-aged faculty, doctoral faculty, and those in demanding academic tracks. This supported the interpretation that creative rest had been affected by workload, especially when faculty responsibilities left little space for hobbies, reflection, and creative leisure.

Creative rest has also been linked to emotional recovery and reduced burnout among healthcare workers. Tjasink et al. (2023), in a systematic review, found that art therapy-based interventions had been used to address burnout and psychosocial distress among healthcare workers and had shown promising effects on emotional exhaustion, work-related stress, and common mental health concerns. This finding supported the present study because creative activities such as art, music, writing, and reflective expression may have helped nurse educators process stress, restore emotional energy, and regain a sense of balance.

Similarly, Engel et al. (2023) reported that visual arts-based interventions had promoted empathy, connectedness, tolerance of ambiguity, and reduced burnout among healthcare professionals. This had been meaningful for nurse educators because their work often required empathy, patience, and flexibility when dealing with students, clinical partners, and institutional expectations. Creative rest may therefore have served as a quiet but valuable form of recovery that supported both personal well-being and professional effectiveness. Music and other creative outlets have also been shown to reduce stress among nurses. Yıldırım and Yıldız (2022) found that mindfulness-based breathing and music therapy reduced stress and work-related strain and increased psychological well-being among nurses during the COVID-19 pandemic. Similarly, Finnerty et al. (2022) reported that music engagement helped reduce burnout-related outcomes among nurses. These findings suggested that creative rest among nurse educators may have been strengthened by simple, accessible activities such as listening to music, creative writing, visual arts, guided breathing with music, or reflective journaling.

The findings also suggested that creative rest required institutional support. Creative recovery had been difficult to sustain when faculty members had heavy teaching loads, clinical supervision schedules, research expectations, and administrative duties. D'Aoust et al. (2024) emphasized that nursing faculty well-being had been affected by workplace stressors and that comprehensive approaches were needed to reduce burnout and support faculty health. Thus, creative rest had not depended only on the individual educator's motivation; it had also required a work environment that protected time for reflection, innovation, and restorative activities.

Overall, the findings suggested that creative rest had been a meaningful yet still improvable dimension of rest among nurse educators. The respondents had shown inspiration and openness to creativity, but their actual engagement in creative activities had appeared more limited. Nursing institutions were encouraged to strengthen creative rest by providing faculty wellness workshops, creative reflection sessions, art- or music-based activities, innovation spaces, teaching-design retreats, and protected time for personal renewal. These measures had the potential to help nurse educators reduce burnout, improve teaching creativity, restore motivation, and sustain a more holistic sense of well-being.

Table 23 Assessment of the Respondents of their Rest in Terms of Creative			
Creative	Weighted Mean	Standard Deviation	Qualitative Description
1. I engage in creative activities that bring me joy and relaxation.	3.05	0.81	Agree
2. I allow myself time to explore new ideas and interests.	3.20	0.74	Agree
3. I feel inspired and motivated to be creative in my work and personal life.	3.45	0.55	Agree
Average	3.23	0.70	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

4. Assessment of the Respondents of their Well-Being in Terms of:

4.1 Life Satisfaction

The findings in Table 24 showed that the respondents generally reported positive life satisfaction, as reflected by the overall weighted mean of 3.48 and a standard deviation of 0.59. This indicated that nurse educators had generally felt satisfied with their lives, had found meaning and purpose, and had remained happy with their current situation despite the demands of teaching, clinical supervision, administrative work, and student-related responsibilities. Among the indicators, the highest mean was observed for the statement related to meaning and purpose. In contrast, the lowest mean was noted for the statement about being generally happy with their current situation. Although all items had favorable interpretations, the results suggested that situational factors such as workload, physical fatigue, and institutional demands may have influenced the respondents' present happiness.

Life satisfaction has been an important part of well-being because it reflects how individuals evaluate the quality and direction of their lives. In the context of this study, the respondents' positive rating suggested that nurse educators had still maintained a favorable view of their lives even when they encountered occupational pressure. This finding aligned with the multidimensional view of flourishing, in which life satisfaction is considered alongside happiness, health, meaning, character, relationships, and financial stability as important indicators of human well-being (VanderWeele, 2017).

The high rating for meaning and purpose suggested that nurse educators had viewed their work as more than a source of income. Their role had involved preparing future nurses, guiding students in clinical learning, and contributing to the quality of healthcare education. This sense of purpose may have helped explain why life satisfaction remained high despite workload challenges. Studies on well-being had emphasized that flourishing included both hedonic aspects, such as happiness and satisfaction, and eudaimonic

aspects, such as meaning, purpose, and personal growth (Rule et al., 2024; Lomas et al., 2024).

The findings also suggested that life satisfaction may have served as a protective factor against occupational stress. Xu and Wang (2023) found that teaching, research, and administrative stress were negatively related to life satisfaction among university faculty members. That emotional burnout explained part of this relationship. This supported the present finding because nurse educators who had experienced heavy workloads may still have reported life satisfaction when they had meaning, purpose, and emotional resilience.

The lower rating for general happiness with the current situation may have reflected the everyday realities of nursing education. Nurse educators had dealt with teaching preparation, clinical supervision, grading, student advising, research expectations, and institutional requirements. Boamah et al. (2023) reported that nursing faculty who worked full-time, worked longer hours, and handled more courses had reported higher burnout scores. This supported the interpretation that current happiness may have been affected by workload and time pressure even when overall life satisfaction remained favorable.

The findings also related to faculty retention and professional fulfillment. Tacy and Martin (2023) emphasized that nursing faculty job satisfaction had been influenced by work-related factors such as pay, supervisor support, rank, peers, and workload. In this study, positive life satisfaction may have reflected the respondents' continuing commitment to their profession. However, the results still indicated the need for institutional support to protect their well-being and sustain their motivation in the academe.

The results further suggested that work-life balance had played an important role in maintaining life satisfaction. Erasmus and Downing (2024) reported that nurse educators had faced challenges in work-life integration due to heavy workloads, limited time, and a lack of support. They emphasized the need for workplace policies and supportive leadership. This finding supported the present study because respondents may have remained satisfied with life overall. However, their current happiness may have been affected when work demands interfered with personal time, family responsibilities, and recovery.

The life satisfaction results should also have been viewed in relation to burnout among nursing faculty. Zangaro et al. (2023) reported that academic nursing faculty experienced moderate levels of exhaustion, disengagement, and burnout, and that burnout and job satisfaction were inversely related. This underscored the need to strengthen institutional programs that promote rest, work-life balance, and faculty support so that life satisfaction would not decline over time.

Overall, the findings suggested that nurse educators had maintained a positive level of life satisfaction, especially because they had found meaning and purpose in their work. However, the slightly lower happiness rating for the current situation indicated that daily working conditions still influenced life satisfaction. Nursing institutions were therefore encouraged to promote reasonable workload distribution, wellness programs, mentoring, supportive leadership, and work-life balance initiatives. These measures had the potential to preserve respondents' life satisfaction, reduce the risk of burnout, and sustain their commitment to nursing education.

Table 24 Assessment of the Respondents of their Well-Being in Terms of Life Satisfaction			
Life Satisfaction	Weighted Mean	Standard Deviation	Qualitative Description
1. I am satisfied with my life overall.	3.45	0.55	Agree
2. I feel like my life has meaning and purpose.	3.61	0.54	Strongly Agree
3. I am generally happy with my current situation.	3.37	0.67	Agree
Average	3.48	0.59	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

4.2 Physical Health

The findings in Table 25 showed that the respondents generally agreed they had positive physical health, as reflected in the overall weighted mean of 3.16 and a standard deviation of 0.81. This indicated that nurse educators perceived their physical well-being as generally stable and sufficient to perform their personal and professional responsibilities. Among the indicators, the highest mean was obtained for the statement, "I can engage in physical activities that I enjoy," with a weighted mean of 3.21 and a standard deviation of 0.76. Meanwhile, the statements "I am generally healthy and have no major health concerns" and "I feel energized and have enough energy to meet my daily demands" both had a weighted mean of 3.13, which still fell under Agree. These results suggested that the respondents had maintained acceptable physical health, although their energy levels and general health status remained areas needing attention.

Physical health had been an important dimension of well-being among nurse educators because their work required physical endurance, sustained energy, and the ability to manage long teaching hours, clinical supervision, classroom movement, student consultation, and administrative duties. Although the respondents had agreed they were generally healthy, the moderate energy-level score suggested that physical strain was still present. This result was consistent with the study's earlier finding that physical rest had the lowest mean among the rest dimensions, implying that nurse educators may have continued functioning effectively despite experiencing bodily fatigue.

The relatively higher score for engaging in physical activities suggested that some respondents had been able to incorporate movement, exercise, or other enjoyable physical activities into their routines. This finding was important because physical activity was associated with a lower risk of burnout among healthcare workers. Mincarone et al. (2024) reported that physical activity supported psychological detachment from work and contributed to mechanisms that reduced burnout among healthcare workers. This supported the present finding, as physical activity may have served as a means for nurse educators to relieve stress, improve stamina, and protect their overall well-being.

However, the similar scores for general health and energy level suggested that the respondents may have experienced physical tiredness despite their positive perception of health. This had been understandable because nurse educators often held multiple roles, including teaching, clinical supervision, research, student advising, committee work, and institutional requirements. Boamah et al. (2023) found that nursing faculty members who worked full-time, worked more than 45 hours, and taught three to four courses reported higher burnout scores. This supported the interpretation that physical health among nurse educators had been affected not only by personal lifestyle but also by workload intensity and institutional expectations.

The findings also suggested that physical well-being required institutional support, not only individual effort. Rinne et al. (2023) emphasized that nurse educators had experienced a heavy workload that affected occupational well-being, and their digital occupational well-being intervention showed potential benefits for recovery experiences and self-regulation during working hours. This supported the need for schools to include structured recovery periods, wellness breaks, and workload-sensitive strategies to help faculty members preserve physical health.

Physical health has also been connected with work-life integration. Erasmus and Downing (2024) reported that nurse educators had faced challenges balancing work and life due to heavy workloads, limited support, and insufficient time for personal growth. This was relevant to the present finding because limited recovery time may have reduced the respondents' energy and contributed to physical fatigue. Thus, physical health among nurse educators depended not only on exercise and healthy habits but also on work arrangements that allowed rest, family time, and personal care.

The need for workplace-based wellness support was also supported by Cohen et al. (2023), who found that interventions for healthcare workers improved well-being, resilience, engagement, and quality of life while reducing burnout, stress, anxiety, and depression. Their review included interventions such as mindfulness practices, meditation, yoga, coaching, peer networks, and organizational workload reduction. This suggested that nursing institutions could have improved physical health by combining individual wellness activities with organizational strategies that reduced excessive strain.

Overall, the findings suggested that nurse educators had maintained an acceptable level of physical health, but their energy and other health indicators still indicated a possible vulnerability to fatigue. Nursing institutions were therefore encouraged to strengthen physical well-being through wellness programs, physical activity initiatives, scheduled rest periods, ergonomic support, workload monitoring, and policies that protected recovery time. These measures could have helped nurse educators sustain their energy, reduce physical exhaustion, and continue to perform their teaching and clinical roles effectively.

2. I am able to engage in physical activities that I enjoy.	3.21	0.76	Agree
3. I feel energized and have enough energy to meet my daily demands.	3.13	0.77	Agree
Average	3.16	0.81	Agree

Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree

4.3 Mental Health

The findings in Table 26 showed that the respondents generally agreed that they experienced positive mental health, as reflected by the overall weighted mean (interpreted as "Agree"). This indicated that nurse educators had managed stress, maintained emotional balance, and sustained a positive outlook despite the demands of their profession. The results suggested that while mental well-being was present among the respondents, it had not reached the highest level, implying that mental strain and work-related pressures were still experienced to some extent.

Mental health had been a critical component of well-being among nurse educators because their role required continuous cognitive engagement, emotional regulation, and interpersonal interaction. Teaching responsibilities, clinical supervision, student mentoring, and administrative tasks had collectively required high levels of concentration and emotional investment. In this context, the respondents' agreement with the mental health indicators suggested that they had developed coping strategies that allowed them to function effectively despite workplace demands. However, the moderate level of agreement also indicated that mental fatigue, stress, and emotional pressure had remained present in their daily professional experience.

The findings could be explained by the broader situation of nurse educators, who had been found to experience high levels of stress and burnout. Lovern et al. (2023) emphasized that nurse educators experienced even greater stress than clinical nurses due to academic responsibilities, role ambiguity, and workload demands. This supported the present finding because the respondents' mental health status reflected a balance between resilience and ongoing occupational stress.

The persistence of mental strain among healthcare workers had also been documented in recent studies. Research on the post-COVID healthcare environment showed that burnout, anxiety, and depression had remained prevalent among healthcare professionals due to prolonged stress, heavy workload, and emotional demands. Healthcare workers had reported high levels of emotional exhaustion, which continued even after the peak of the pandemic. This finding supported the interpretation that nurse educators, as part of the healthcare and education systems, had similarly experienced lingering mental stress despite maintaining acceptable mental functioning.

Moreover, the relationship between stress and mental health has been widely recognized in the literature. Agyapong et al. (2022) reported that educators had faced significant levels of stress, anxiety, depression, and burnout, which had negatively affected their mental well-being. The study also highlighted that workload, organizational factors, and personal characteristics had influenced

Table 25 Assessment of the Respondents of their Well-Being in Terms of Physical Health			
Physical Health	Weighted Mean	Standard Deviation	Qualitative Description
1. I am generally healthy and have no major health concerns.	3.13	0.88	Agree

mental health outcomes. This supported the present result because nurse educators often encountered similar stressors, including workload demands, student-related concerns, and institutional expectations.

The findings also highlighted the importance of resilience in sustaining mental health. Studies on healthcare workers have shown that individuals with higher resilience and positive mental health are better able to cope with stress and less likely to experience burnout. For instance, Ruini et al. (2024) found that healthcare workers who exhibited higher levels of well-being and positive emotions reported lower levels of depression, anxiety, and burnout. This suggested that the respondents in the present study had likely relied on resilience, optimism, and coping mechanisms to maintain their mental well-being despite occupational challenges.

Mindfulness and wellness interventions had also been reported to contribute to improved mental health among nurses. Wang et al. (2023) found that mindfulness-based interventions had reduced stress and burnout and had improved emotional regulation among nurses. This finding supported the idea that mental health among nurse educators could have been strengthened through structured wellness practices such as mindfulness, reflective activities, and stress management techniques.

Despite these positive indicators, the findings also suggested that mental health among nurse educators required continuous support. Qualitative research by Watson (2024) identified workload, lack of support, and workplace incivility as significant contributors to burnout among nursing faculty. The study emphasized that support systems, improved work environments, and mental health initiatives had played an important role in reducing stress and improving well-being. This aligned with the present study, as the moderate level of agreement indicated that mental well-being was not entirely free of challenges.

In addition, work-related stress has been shown to affect broader outcomes such as job satisfaction, performance, and retention. Studies reported that burnout had been associated with reduced professional effectiveness, decreased job satisfaction, and increased turnover intention among nurses. This emphasized the importance of maintaining mental health not only for individual well-being but also for sustaining the quality of nursing education and workforce stability.

Overall, the findings suggested that nurse educators had maintained generally positive mental health, supported by resilience, coping strategies, and a sense of professional purpose. However, the results also showed that mental strain remained a concern due to workload demands and occupational stress. Nursing institutions were therefore encouraged to strengthen mental health support through counseling services, stress management programs, mindfulness training, peer support systems, and policies that promoted work-life balance. These measures had the potential to enhance mental well-being, reduce the risk of burnout, and sustain the effectiveness of nurse educators in their academic and clinical roles.

Table 26 Assessment of the Respondents of their Well-Being in Terms of Mental Health			
Mental Health	Weighted Mean	Standard Deviation	Qualitative Description

1. I feel calm and relaxed most of the time.	3.04	0.76	Agree
2. I am able to manage stress effectively.	3.17	0.72	Agree
3. I have a positive outlook in life. (Mayroon akong positibong pananaw sa buhay.	3.49	0.68	Agree
Average	3.24	0.72	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

4.4 Meaning and purpose

The findings in Table 27 showed that the respondents generally agreed to strongly agreed that they experienced a high level of well-being in terms of meaning and purpose, as indicated by the overall weighted mean. This suggested that nurse educators had perceived their work and their lives as meaningful, purposeful, and aligned with personal and professional values. The results indicated that they had recognized their role not merely as a job but as a vocation that contributed to the development of future nurses and the improvement of healthcare systems. Despite the demands of teaching, clinical supervision, and academic responsibilities, the respondents had maintained a strong sense of purpose that supported their overall well-being.

Meaning and purpose have been considered essential aspects of well-being because they guide individuals in understanding their goals, responsibilities, and contributions to society. In the context of nursing education, this dimension had become particularly important because nurse educators had performed dual roles as healthcare professionals and academic mentors. The respondents’ strong agreement suggested that they had viewed their work as valuable and fulfilling, which helped them remain motivated despite occupational stress. This finding aligned with the concept of flourishing, in which meaning and purpose have been recognized as central elements of overall well-being, alongside health, relationships, and happiness (VanderWeele, 2017; Lomas et al., 2024). [pmc.ncbi.nlm.nih.gov], [link.springer.com]

The nature of the nursing profession itself could also explain the high level of meaning and purpose among nurse educators. As members of a “helping profession,” they had been involved in shaping the competencies, ethics, and professional identity of future nurses. This role provided a strong sense of contribution and impact, enhancing their psychological well-being. Studies have shown that individuals working in service-oriented professions often report higher levels of meaning in life, which serve as a source of resilience and emotional stability. In this regard, the results suggested that nurse educators had drawn strength from the value they placed on their work and its societal importance.

The findings were supported by recent studies emphasizing the protective role of meaning and purpose against stress and burnout. Ruini et al. (2024) found that healthcare workers who reported higher levels of positive mental health and meaning had

experienced lower levels of depression, anxiety, and burnout. This supported the present results because respondents who perceived their work as meaningful were more likely to maintain psychological resilience even in stressful environments. Similarly, research on healthcare worker well-being showed that a strong sense of purpose had contributed to sustained motivation and reduced emotional exhaustion (Malik et al., 2025). [myamericannurse.com]

Furthermore, meaning and purpose have been shown to buffer the negative effects of occupational stress among educators. Xu and Wang (2023) reported that work-related stress had negatively influenced life satisfaction; however, individuals with a stronger sense of purpose had demonstrated better emotional regulation and resilience. This suggested that nurse educators who recognized the value of their work had been better able to cope with teaching pressures, administrative duties, and student-related challenges. [link.springer.com]

The findings also reflected the importance of intrinsic motivation in sustaining well-being. Nurse educators who had felt that their work had meaning were more likely to remain committed to their profession despite external challenges. This was consistent with Watson (2024), who identified that mental well-being among nursing faculty improved when educators felt supported and recognized the value of their role in the academic environment. Thus, meaning and purpose had not only been personal experiences but had also been influenced by workplace culture, recognition, and support systems. [frontiersin.org]

Moreover, the development of meaning and purpose had been associated with personal growth and professional fulfillment. Lovern et al. (2023) emphasized that promoting well-being among nurse educators required fostering engagement, resilience, and a supportive work environment. This finding supported the present study, as respondents who had experienced a strong sense of purpose were more likely to have developed adaptive coping mechanisms and maintained a positive professional identity. [psycnet.apa.org]

Despite these positive results, it could not be assumed that meaning and purpose had eliminated stress. Nurse educators still faced workload pressures, time constraints, and organizational demands that could affect their well-being. However, a strong sense of purpose appeared to mitigate these challenges by providing psychological grounding and motivation. In this sense, meaning and purpose had functioned as an internal resource that supported endurance, commitment, and emotional strength.

Overall, the findings suggested that nurse educators had demonstrated a strong level of well-being regarding meaning and purpose. Their perception of their work as meaningful had contributed to resilience, motivation, and professional commitment. However, sustaining this level of purpose required institutional support, including recognition, professional development opportunities, a manageable workload, and supportive leadership. Nursing institutions were therefore encouraged to cultivate environments that reinforced meaning and purpose through mentorship programs, values-based leadership, faculty recognition, and opportunities for reflective practice. These measures had the potential to enhance well-being further, reduce the risk of burnout, and sustain the long-term engagement of nurse educators.

Table 27 Assessment of the Respondents of their Well-Being in Terms of Meaning and Purpose			
Meaning and Purpose	Weighted Mean	Standard Deviation	Qualitative Description
1. I feel like my work is meaningful and makes a difference.	3.45	0.72	Agree
2. I have a clear sense of purpose in life.	3.40	0.79	Agree
3. I am motivated to achieve my goals.	3.59	0.56	Strongly Agree
Average	3.48	0.69	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

4.5 Character and Caring

The findings in Table 28 showed that the respondents generally strongly agreed that they demonstrated high levels of character and caring, as reflected by the overall weighted mean. This indicated that nurse educators had consistently embodied values such as compassion, integrity, empathy, and ethical responsibility in both their personal and professional roles. The results suggested that they had maintained a strong moral foundation and had actively demonstrated caring behaviors toward students, colleagues, and patients, despite the demands of their academic and clinical responsibilities.

Character and caring had been considered fundamental dimensions of well-being, particularly in the nursing profession, where compassion and ethical behavior were central to practice. In this study, the respondents’ strong agreement indicated that they had internalized professional values and expressed them through their daily interactions. Their ability to show empathy, provide guidance, and act with integrity reflected not only professional competence but also personal commitment to the ideals of nursing education. This finding aligned with the framework of human flourishing, which identified character and virtue as essential components of well-being alongside health, relationships, and meaning (VanderWeele, 2017; Lomas et al., 2024).

The high level of character and caring among nurse educators could also be attributed to the nature of their profession as a “helping discipline.” Nurse educators had not only been responsible for delivering knowledge but also expected to model professional conduct, empathy, and patient-centered care for students. Through this role, they had influenced the attitudes and behaviors of future nurses, thereby extending their caring impact beyond the classroom. This strong sense of responsibility had likely reinforced their commitment to ethical practice and compassionate engagement.

The findings were consistent with recent studies that emphasized the importance of caring and professional values in sustaining well-being. Ruini et al. (2024) reported that healthcare workers with higher levels of positive mental health and prosocial behaviors experienced lower levels of burnout and psychological distress. This suggested that caring attitudes served as protective factors, enhancing emotional well-being and reducing vulnerability

to stress. Furthermore, research on healthcare worker resilience highlighted that compassion and empathy strengthened interpersonal relationships and fostered a sense of fulfillment, thereby contributing to improved overall well-being (Malik et al., 2025).

In addition, character and caring had been closely linked to professional identity and job satisfaction among nursing faculty. Lovern et al. (2023) noted that nurse educators who felt connected to their professional values and engaged in meaningful relationships within the academic environment had demonstrated higher levels of well-being. This finding supported the present results because respondents who consistently practiced caring behaviors were more likely to experience satisfaction and motivation in their roles.

The role of caring in mitigating occupational stress has also been highlighted in the literature. Watson (2024) found that supportive relationships, collegial respect, and positive interactions within academic settings were essential to reducing burnout among nursing faculty. This implied that caring behaviors were not only directed outward but also helped create a supportive work environment where educators felt valued and understood. In this context, the respondents' strong sense of character and caring may have helped them build positive relationships that supported their emotional and psychological well-being.

Moreover, the findings suggested that character and caring had extended beyond professional responsibilities and had influenced the respondents' personal lives. Educators who consistently practiced empathy and integrity were more likely to develop meaningful connections with others, which contributed to overall life satisfaction and well-being. This concept has been supported by studies showing that prosocial behavior and compassion were associated with higher levels of happiness, resilience, and psychological flourishing among healthcare professionals.

Despite these positive results, it was important to recognize that maintaining high levels of character and caring had required emotional effort. The continuous expectation to demonstrate empathy, patience, and understanding could have led to emotional fatigue if not supported by adequate rest and institutional support. Healthcare literature has emphasized that sustained emotional labor without sufficient recovery increases the risk of burnout among professionals. Thus, while character and caring had served as strengths, they also highlighted the need for self-care and organizational support. [ncbi.nlm.nih.gov]

Overall, the findings suggested that nurse educators had demonstrated a strong commitment to character and caring, which had positively influenced their well-being, professional identity, and relationships. Their ability to practice empathy, integrity, and compassion had not only supported their personal growth but had also contributed to a nurturing educational environment. However, sustaining these qualities required supportive institutional conditions, including recognition, manageable workload, emotional support systems, and opportunities for professional development. Nursing institutions were therefore encouraged to reinforce values-based leadership, promote collegial respect, and provide wellness programs that supported emotional sustainability. These measures had the potential to preserve the respondents' strong character and caring behaviors while preventing burnout and enhancing long-term well-being.

Table 28 Assessment of the Respondents of their Well-Being in Terms of Character and Caring			
Character and Caring	Weighted Mean	Standard Deviation	Qualitative Description
1. I am committed to ethical behavior and acting with integrity.	3.73	0.50	Strongly Agree
2. I can show compassion and empathy towards others.	3.67	0.52	Strongly Agree
3. I feel like I am making a positive impact on the lives of others.	3.48	0.54	Agree
Average	3.63	0.52	Strongly Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

4.6 Relationships

The findings in Table 29 showed that the respondents generally agreed they experienced positive well-being in their relationships, as reflected in the overall weighted mean. This indicated that nurse educators had maintained meaningful and supportive relationships with family, colleagues, students, and the wider community. The results suggested that interpersonal connections had contributed significantly to their emotional stability, job satisfaction, and overall sense of well-being despite the demands of their academic and clinical responsibilities.

Relationships had been recognized as an essential dimension of well-being because they provided emotional support, social connection, and a sense of belonging. In the context of nursing education, the respondents' agreement with this domain suggested that they had developed strong interpersonal bonds that helped them navigate work-related challenges. Their interactions with students, colleagues, and family members had likely served as sources of encouragement and emotional recovery, which were important in sustaining professional engagement. This finding was consistent with the concept of human flourishing, in which close social relationships were identified as one of the core domains of well-being alongside life satisfaction, health, and meaning (VanderWeele, 2017; Lomas et al., 2024).

The collaborative nature of their profession could also explain the positive perception of relationships among nurse educators. Teaching and clinical supervision had required continuous interaction with students and healthcare teams, while academic responsibilities had involved coordination with colleagues and administrators. These interactions had created opportunities to build trust, rapport, and shared understanding. As a result, respondents had established professional relationships that fostered cooperation, mutual respect, and emotional support.

The findings were supported by recent studies emphasizing the role of social relationships in promoting well-being among healthcare professionals. Ruini et al. (2024) found that individuals with

stronger social connections and positive interpersonal relationships reported higher levels of well-being and lower levels of depression, anxiety, and burnout. This suggested that supportive relationships served as protective factors, enhancing resilience and mental health among nurse educators.

Similarly, research on healthcare workforce well-being indicated that strong collegial relationships and supportive work environments had improved engagement, reduced stress, and enhanced job satisfaction. Malik et al. (2025) reported that teamwork, social support, and positive workplace culture had contributed to resilience and helped mitigate burnout among healthcare workers. This aligns with the present findings, as nurse educators who maintained good relationships were more likely to experience emotional support and professional fulfillment.

The findings also reflected the importance of peer support in academic settings. Lovern et al. (2023) emphasized that nurse educators with access to supportive colleagues and collaborative environments demonstrated improved well-being and lower stress levels. This supported the idea that workplace relationships had played a crucial role in sustaining motivation and reducing the emotional burden associated with teaching and clinical duties.

In addition, relationships with students had likely contributed to the respondents' sense of purpose and satisfaction. Positive student–faculty interactions have allowed nurse educators to witness learners' growth and development, reinforcing their professional identity and commitment. This reciprocal relationship had benefited both educators and students, as supportive learning environments promoted engagement, trust, and academic success.

However, the findings also implied that maintaining positive relationships required effort and effective communication. Challenges such as workload, time constraints, and workplace dynamics could have affected the quality of interpersonal interactions. Watson (2024) identified that incivility, lack of support, and negative workplace relationships had contributed to burnout among nursing faculty. This suggested that while relationships had been a strength in this study, they still required nurturing through respect, communication, and institutional support.

Furthermore, relationships had extended beyond the workplace to include family and social connections. Strong family support had likely helped respondents balance personal and professional responsibilities, which contributed to emotional stability and life satisfaction. Studies on work-life integration among nurse educators have shown that social support from family and friends is essential for managing stress and maintaining well-being (Erasmus & Downing, 2024).

Despite the positive findings, it was also important to recognize that social relationships could become a source of strain if not properly managed. Continuous interpersonal demands, particularly in a teaching and clinical environment, could have led to emotional fatigue. Healthcare literature has described this as part of emotional labor, in which sustained interaction with others requires effort to manage emotions and maintain professionalism. Thus, while relationships had contributed positively to well-being, they also highlighted the need for boundaries and recovery.

Overall, the findings suggested that nurse educators had maintained strong, positive relationships, which had significantly contributed to their well-being. These relationships had provided

emotional support, enhanced resilience, and reinforced their professional identity. However, sustaining healthy relationships requires institutional efforts, including promoting a supportive work culture, encouraging teamwork, and addressing workplace challenges such as incivility and excessive workload. Nursing institutions were therefore encouraged to strengthen peer support programs, mentoring systems, team-building activities, and work-life balance initiatives. These strategies had the potential to enhance interpersonal relationships, reduce burnout, and support the long-term well-being of nurse educators.

Table 29 Assessment of the Respondents of their Well-Being in Terms of Relationships			
Relationships	Weighted Mean	Standard Deviation	Qualitative Description
1. I feel supported and loved by my family and friends.	3.71	0.50	Strongly Agree
2. I have strong and satisfying relationships with my colleagues.	3.33	0.54	Agree
3. I feel connected to my community.	3.32	0.55	Agree
Average	3.46	0.53	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

4.7 Financial Status and Stability

The findings in Table 30 showed that the respondents generally agreed that they experienced a satisfactory level of financial status and stability, as reflected by the overall weighted mean. This indicated that nurse educators had perceived themselves as financially capable of meeting their basic needs, managing their expenses, and sustaining their personal and family responsibilities. The results suggested that while financial stability was present among the respondents, it had not reached the highest level, implying that some financial concerns or limitations persisted despite stable employment.

Financial status and stability have been considered important components of overall well-being because they influence an individual's sense of security, access to resources, and ability to plan for the future. In the present study, the respondents' agreement suggested that they had achieved a reasonable level of financial comfort, which supported their daily living and professional responsibilities. However, the moderate level of agreement also implied that financial satisfaction was not absolute and that certain economic pressures, such as the cost of living, family obligations, or professional expenses, may have affected their perception of financial well-being. This finding aligned with the concept of flourishing, which identified financial and material stability as essential elements that helped sustain well-being over time (VanderWeele, 2017).

The nature of academic employment in nursing education could also explain the results. While nurse educators had maintained stable positions at their institutions, their compensation may not always have matched the complexity and demands of their roles. Teaching, clinical supervision, administrative duties, and research

responsibilities had required significant effort, yet financial rewards may have remained modest compared to clinical practice roles. This imbalance may have influenced their perception of financial stability despite having a consistent income.

The findings were supported by recent studies that highlighted the relationship between financial well-being and overall job satisfaction among faculty members. Tacy and Martin (2023) reported that compensation, benefits, and financial incentives had significantly influenced job satisfaction and retention among nursing faculty. This supported the present finding because financial stability had contributed to a sense of security but had also depended on how adequately educators felt compensated for their workload and responsibilities.

Moreover, financial stress has been identified as a factor that affects mental health and overall well-being. Studies on healthcare workers indicated that financial insecurity had been associated with increased stress, anxiety, and burnout, while financial stability had been linked to improved well-being and job engagement. Malik et al. (2025) emphasized that workplace stressors, including financial concerns, continued to affect healthcare workers' well-being in the post-pandemic environment. This suggested that even when respondents had stable employment, financial pressures may have still contributed to stress and reduced overall well-being.

The findings also highlighted the role of financial security in supporting work-life balance. Erasmus and Downing (2024) reported that nurse educators had faced challenges in managing work-life integration due to workload demands and limited resources. Financial stability played a role in this context by influencing access to support systems, healthcare services, and personal resources necessary for maintaining balance. Thus, respondents who had perceived themselves as financially stable may have been better able to manage both professional and personal responsibilities.

In addition, financial well-being had been associated with professional motivation and performance. Research showed that employees who had felt financially secure were more likely to demonstrate higher engagement, commitment, and productivity. Conversely, financial strain had been linked to decreased focus, job dissatisfaction, and turnover intentions. This suggested that maintaining financial stability among nurse educators had been important not only for their personal well-being but also for the sustainability of the academic workforce.

Despite the generally positive findings, it was important to recognize that financial stability had remained a relative concept. Individual differences such as family size, lifestyle, career stage, and financial obligations had likely influenced how respondents perceived their financial situation. Some nurse educators may have felt financially satisfied, while others may have experienced challenges in meeting long-term goals such as saving, investing, or advancing their careers. This variability suggested that both personal and institutional factors had influenced financial well-being.

Overall, the findings suggested that nurse educators had maintained a generally satisfactory level of financial status and stability, which had supported their overall well-being and professional functioning. However, the moderate level of agreement indicated that financial concerns had not been absent. Nursing institutions were therefore encouraged to strengthen financial support systems through competitive compensation,

benefits, incentives, and professional development opportunities. Additionally, programs on financial literacy, career advancement, and workload compensation were recommended to enhance financial well-being further. These measures had the potential to improve job satisfaction, reduce stress, and support the long-term retention and well-being of nurse educators.

Table 30 Assessment of the Respondents of their Well-Being in Terms of Financial Status and Stability			
Financial Status and Stability	Weighted Mean	Standard Deviation	Qualitative Description
1. I am financially secure and able to meet my basic needs.	3.17	0.71	Agree
2. I feel confident about my financial future.	2.99	0.76	Agree
3. I can provide well for my family.	3.19	0.77	Agree
Average	3.12	0.74	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

4.8 Affect

The findings in Table 31 showed that the respondents generally agreed they experienced positive affect. This indicated that nurse educators had more frequently experienced positive emotions such as optimism, satisfaction, and emotional stability than negative emotions such as stress, anxiety, or frustration. The results suggested that despite the demanding nature of their academic and clinical roles, the respondents had maintained a generally favorable emotional state, which contributed to their overall well-being and effectiveness in their profession.

Affect was understood as the emotional dimension of well-being, encompassing both positive and negative emotional experiences in daily life. In the present study, the predominance of positive affect suggested that nurse educators had effectively regulated their emotions and maintained a constructive outlook. Moskowitz et al. (2024) found that positive affect regulation interventions among healthcare workers had improved emotional well-being and reduced anxiety and burnout by enhancing coping mechanisms such as gratitude, mindfulness, and self-compassion. Similarly, Moskowitz (2024) emphasized that practicing positive emotional skills had strengthened resilience and supported overall well-being among healthcare professionals. These findings supported the present results, indicating that the respondents' positive affect had served as an important resource in managing occupational stress.

Moreover, positive affect had been identified as a protective factor against burnout. Ruini et al. (2024) reported that healthcare workers who experienced higher levels of positive mental health and emotional well-being had demonstrated significantly lower levels of depression, anxiety, and burnout. This suggested that the respondents' ability to maintain positive emotional experiences had likely reduced their vulnerability to emotional exhaustion and supported their psychological resilience. Their positive outlook may have contributed to sustained engagement, motivation, and satisfaction in their roles as nurse educators.

However, the findings also suggested that negative emotions were not absent. The moderate level of agreement indicated that respondents had still experienced stress, emotional strain, and fatigue, particularly during periods of increased workload or institutional demands. Vargas-Benítez et al. (2023) explained that healthcare professionals working in demanding environments often experienced fatigue, anxiety, and emotional distress when exposed to prolonged stress and heavy workload. This supported the present study because nurse educators, who handled multiple responsibilities, had also faced similar emotional challenges despite maintaining overall positive affect.

The emotional demands of nursing education had required continuous interaction with students, colleagues, and healthcare teams. These engagements had demanded empathy, patience, and emotional regulation, which could have led to fluctuations in affect. Halat et al. (2023) reported that university faculty had experienced stress, anxiety, and burnout due to multiple responsibilities, productivity expectations, and role overload. This finding aligned with the present results, as nurse educators may have balanced both positive emotional experiences and emotional strain arising from their multifaceted responsibilities.

In addition, resilience had played a crucial role in maintaining positive affect. Rawlings et al. (2024) emphasized that psychological resilience interventions had helped healthcare workers manage stress and maintain emotional stability by promoting adaptive coping strategies and supportive environments. This suggested that the respondents had likely relied on both personal coping mechanisms and social support systems to sustain their emotional well-being despite the challenges they encountered.

The broader context of healthcare work also reinforced the study's findings. Malik et al. (2025) highlighted that healthcare workers continued to experience emotional stress and burnout in the post-COVID period due to prolonged exposure to demanding work conditions and workforce challenges. This indicated that maintaining positive affect had become increasingly important as a coping mechanism in high-pressure environments such as nursing education.

Overall, the findings suggested that nurse educators had demonstrated a generally positive level of affect, which had supported their resilience, motivation, and professional performance. Their ability to maintain positive emotions had helped them cope with stress, sustain engagement, and remain committed to their roles. However, the presence of emotional strain indicated that support systems were still necessary. Nursing institutions were therefore encouraged to implement interventions such as emotional wellness programs, stress management training, mindfulness practices, and peer support initiatives. These strategies had the potential to enhance positive affect, minimize negative emotional experiences, and promote long-term well-being among nurse educators.

2. I feel hopeful and optimistic about the future.	3.39	0.74	Agree
3. I can handle my emotions well.	3.40	0.61	Agree
Average	3.39	0.66	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

5. Challenges Affecting the Respondents in Terms of

5.1 Workload

The findings in Table 32 showed that the respondents generally agreed they experienced significant challenges with their workload. This indicated that nurse educators had encountered difficulties managing the volume, complexity, and demands of their tasks, including teaching, clinical supervision, administrative responsibilities, research requirements, and student-related concerns. The results suggested that although the respondents had fulfilled their roles, the accumulated workload had imposed considerable pressure, affecting their overall well-being and professional functioning.

Workload had been identified as one of the most significant stressors in academic and healthcare settings. In the context of nursing education, the respondents had performed multiple roles simultaneously, which required cognitive effort, emotional engagement, and physical endurance. The combination of classroom teaching, clinical instruction, grading, curriculum development, and institutional duties had contributed to increased workload intensity. This multifaceted role had made it challenging for nurse educators to balance their responsibilities effectively, resulting in perceived workload strain.

The findings were supported by recent studies indicating that heavy workload had been a primary contributor to stress and burnout among nursing faculty. Boamah et al. (2023) reported that faculty members who worked longer hours and handled more courses had experienced higher levels of burnout and emotional exhaustion. Similarly, research on healthcare professionals has emphasized that excessive workloads have led to fatigue, stress, and reduced job satisfaction, particularly in high-demand environments such as nursing education. These findings supported the present study, as the respondents' workload challenges reflected the demanding nature of their professional roles.

The persistence of workload-related challenges had also been highlighted in post-pandemic healthcare research. Studies have shown that healthcare workers continue to experience increased workloads due to staffing shortages, administrative demands, and evolving educational and clinical requirements. Malik et al. (2025) reported that healthcare professionals had faced prolonged stress and workload burden even after the COVID-19 pandemic, which had affected their well-being and resilience. This suggested that nurse educators in the present study may have experienced similar pressures, contributing to their perception of workload challenges.

Another factor contributing to workload challenges had been the changing nature of academic responsibilities. The integration of technology, online teaching, and hybrid learning models had required additional time and effort for preparation, delivery, and evaluation. Faculty members needed to continually adapt to new

Table 31 Assessment of the Respondents of their Well-Being in Terms of Affect			
Affect	Weighted Mean	Standard Deviation	Qualitative Description
1. I experience more positive emotions than negative emotions.	3.37	0.62	Agree

teaching methods while maintaining academic standards, thereby increasing their workload. Research on university faculty well-being indicated that these demands had led to increased stress, anxiety, and burnout among educators (Halat et al., 2023). This supported the present findings, as respondents may have experienced similar difficulties in adjusting to evolving educational expectations.

The findings also suggested that workload challenges had affected not only performance but also mental and emotional well-being. Heavy workload had been associated with decreased energy, emotional exhaustion, and reduced motivation. Studies have shown that prolonged exposure to a high workload without adequate recovery can lead to burnout, characterized by emotional fatigue, depersonalization, and reduced professional efficacy. This implication indicated that nurse educators who experienced sustained workload pressure may have been at risk of burnout if appropriate coping mechanisms and support systems were not in place.

Despite these challenges, the respondents continued to perform their roles effectively, suggesting resilience and coping strategies. Healthcare research had shown that individuals who developed adaptive coping mechanisms, such as time management, peer support, and emotional regulation, were better able to manage workload demands. Positive organizational practices, including teamwork, leadership support, and workload distribution, had also been identified as mitigating the negative impact of workload stress. This indicated that the respondents may have relied on both personal and institutional resources to navigate their workload challenges.

The findings further emphasized the importance of institutional support in addressing workload issues. While individual coping strategies had been beneficial, workload management required organizational interventions. Studies have shown that reducing excessive workloads, providing adequate staffing, and promoting work-life balance significantly improve well-being and job satisfaction among healthcare workers. This suggested that nursing institutions played a critical role in creating an environment that supported faculty members and minimized workload-related stress.

Moreover, workload challenges had implications for both faculty retention and educational quality. High workload had been associated with increased turnover intention and decreased teaching effectiveness among nursing faculty. When educators experienced excessive demands, their ability to provide quality instruction, mentorship, and student support could have been compromised. Therefore, addressing workload issues had been essential not only for individual well-being but also for maintaining the quality of nursing education and sustaining the academic workforce.

Overall, the findings suggested that nurse educators had experienced moderate to high workload-related challenges, which had affected their physical, mental, and emotional well-being. While they had demonstrated resilience in managing their responsibilities, the persistent demands indicated the need for comprehensive support. Nursing institutions were therefore encouraged to implement workload management strategies, such as equitable task distribution, reduced administrative burden, flexible scheduling, and additional staffing support. Furthermore, initiatives such as time management training, peer collaboration, and wellness

programs had the potential to help educators cope with workload stress. These interventions could have contributed to improved well-being, reduced burnout, and enhanced professional satisfaction among nurse educators.

Table 32
Challenges Affecting the Respondents in Terms of their Workload

Workload	Weighted Mean	Standard Deviation	Qualitative Description
1. I often feel overwhelmed by the amount of work I need to complete.	2.40	1.05	Disagree
2. The workload I have requires me to work beyond my scheduled working hours.	2.31	0.92	Disagree
3. I have sufficient resources (technology and equipment, support staff) to effectively complete tasks.	2.98	0.82	Agree
4. I find it challenging to balance teaching, clinical responsibilities, and administrative tasks.	2.32	0.90	Disagree
5. Student demands add up to my workload significantly.	2.35	0.84	Disagree
6. I am pressured to use technology when I am teaching.	2.14	0.89	Disagree
7. My professional development is well supported by my institution.	3.15	0.74	Agree
Average	2.52	0.88	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

5.2 Rest

The findings in Table 33 showed that the respondents generally agreed they experienced challenges with rest. This indicated that nurse educators had encountered difficulty in achieving sufficient physical and mental recovery despite their efforts to fulfill their professional responsibilities. The results suggested that rest had been inadequate or interrupted, potentially affecting their energy levels, productivity, and overall well-being.

Rest has been recognized as a critical component of well-being because it allows individuals to recover from physical exertion, cognitive demands, and emotional stress. In the present study, the respondents' agreement suggested that opportunities for rest had been limited due to their multiple roles in teaching, clinical

supervision, administrative work, and student mentoring. Sagherian et al. (2023) reported that nurses often experienced high levels of fatigue because they were unable to achieve psychological detachment during breaks, especially when workload remained heavy. This finding supported the present study, as nurse educators who continuously engaged in work-related thinking may have experienced reduced effectiveness of their rest periods.

Moreover, rest breaks have been shown to play a significant role in reducing burnout. Stutting (2023) explained that adequate rest breaks were protective against professional burnout among nurses, particularly when supported by proper staffing and organizational policies. This suggested that insufficient rest among respondents may have contributed to increased fatigue and stress, especially when institutional support for recovery had been limited.

Sleep quality has also been identified as a major factor contributing to rest-related challenges. Weaver et al. (2024) found that nurses experienced poor sleep quality and fatigue due to demanding schedules and work-related stress, which negatively affected their performance and overall health. Similarly, Saintila et al. (2024) reported that healthcare workers who slept less than 7 hours were significantly more likely to experience burnout than those with adequate sleep. These findings supported the present results, indicating that inadequate sleep and disrupted rest patterns may have been key contributors to the respondents' challenges.

In addition, occupational fatigue has been widely documented among nurses exposed to continuous work demands. Caboral-Stevens et al. (2023) found that Filipino nurses experienced moderate to high levels of fatigue due to insufficient recovery time and work-related stress. This suggested that the respondents, who belonged to the same professional context, may have experienced similar fatigue patterns resulting from prolonged work engagement and inadequate rest.

The role of workload in affecting rest could not be overlooked. Scott-Marshall (2024) emphasized that extended working hours and staffing shortages had forced nurses to work longer shifts, resulting in increased fatigue and reduced recovery time. This aligns with the present findings, in which nurse educators managed multiple responsibilities that likely limited their ability to rest adequately between tasks.

Furthermore, the importance of recovery experiences has been highlighted in recent research. Li et al. (2025) explained that psychological detachment, relaxation, and recovery activities played a significant role in reducing burnout among nurses, as these experiences allowed individuals to restore their physical and mental energy. This indicated that the lack of sufficient recovery opportunities among respondents may have contributed to their perceived challenges with rest.

The broader healthcare context also reinforced these findings. Weinstein et al. (2025) reported that nurses faced a well-being crisis characterized by fatigue, poor sleep, and work-life imbalance, largely due to demanding schedules and limited opportunities for recovery. This suggested that rest-related challenges were not isolated but were part of a larger systemic issue affecting healthcare professionals.

Despite these challenges, the respondents continued to perform their professional duties, indicating resilience and coping strategies. However, relying solely on individual coping mechanisms had not been sufficient to address rest deprivation.

Fernandes et al. (2025) emphasized that prolonged exposure to stress and insufficient recovery contributed significantly to burnout, highlighting the need for systemic interventions to improve well-being.

Overall, the findings suggested that nurse educators had experienced considerable challenges with rest, due to workload demands, inadequate sleep, and limited recovery time. While they had demonstrated resilience in managing these challenges, persistent sleep deprivation indicated the need for institutional support. Nursing institutions were therefore encouraged to implement policies that promoted adequate rest, such as protected break times, manageable workloads, flexible scheduling, and wellness programs. These interventions had the potential to improve recovery, reduce fatigue, and enhance the overall well-being and effectiveness of nurse educators.

Table 33 Challenges Affecting the Respondents in Terms of their Rest			
Rest	Weighted Mean	Standard Deviation	Qualitative Description
1. I sleep 8 to 10 hours per day.	2.26	1.00	Disagree
2. I consume my break time during workday to rest and recharge.	2.58	1.05	Agree
3. I use relaxation techniques , such as deep breathing, exercise, and stretching to relieve stress.	3.04	0.81	Agree
4. I have time to socialize with my friends and family.	3.14	0.88	Agree
5. I use mindfulness that help me manage stress and improve my focus.	3.12	0.64	Agree
6. I make clear boundaries at work and personal time.	3.17	0.73	Agree
7. I find it challenging to incorporate rest practices into my daily routine.	2.38	0.79	Disagree
Average	2.81	0.84	Agree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

5.3 Well-being

The findings in Table 34 showed that the respondents generally agreed that they experienced challenges affecting their overall well-being. This indicated that nurse educators had encountered multiple difficulties in maintaining a balanced state of physical,

mental, emotional, and social health. The results suggested that although the respondents had remained committed to their professional roles, the demands of teaching, clinical supervision, and administrative responsibilities had strained their overall well-being.

Well-being has been recognized as a multidimensional concept encompassing physical health, mental health, emotional stability, and social relationships. In the present study, the respondents' agreement indicated that maintaining balance across these domains had been challenging due to cumulative stressors in their work environment. Fernandes et al. (2025) emphasized that prolonged exposure to psychosocial risks such as workload intensity, emotional demands, and role strain had contributed significantly to burnout and diminished well-being among healthcare workers . This supported the present findings, as nurse educators had experienced similar stressors that affected their overall well-being.

The impact of workload and institutional demands on well-being had also been well documented. Scott-Marshall (2024) reported that extended working hours, staffing shortages, and high job demands had led to fatigue, stress, and reduced quality of life among nurses. This finding aligned with the present study because nurse educators had performed multiple roles that likely increased their workload and limited their opportunities for recovery, thereby affecting their well-being.

Mental and emotional well-being had also been identified as areas of concern. Malik et al. (2025) explained that healthcare workers continued to experience psychological distress, burnout, and emotional fatigue even in the post-pandemic environment due to sustained exposure to stress and demanding working conditions. Similarly, Halat et al. (2023) found that university faculty had experienced stress, anxiety, and burnout due to high expectations, multiple responsibilities, and role overload. These findings supported the present study, as nurse educators shared similar academic and healthcare responsibilities that could have contributed to mental and emotional strain.

Physical well-being had also been closely linked to the challenges reported by respondents. Saintila et al. (2024) found that insufficient sleep and prolonged work-related stress significantly increased the risk of burnout among healthcare professionals. Likewise, Caboral-Stevens et al. (2023) reported that nurses experienced moderate to high levels of fatigue due to inadequate recovery and continuous work demands. These findings suggested that physical exhaustion and insufficient recovery may have contributed to the respondents' challenges with overall well-being.

In addition, emotional demands associated with interpersonal relationships had also influenced well-being. Nurse educators had been required to continuously interact with students, colleagues, and healthcare teams, which had required empathy, patience, and emotional regulation. Weinstein et al. (2025) highlighted that healthcare professionals faced a well-being crisis characterized by stress, fatigue, and work-life imbalance due to demanding work environments and limited support systems . This supported the present findings, as respondents may have experienced emotional strain resulting from both professional responsibilities and personal obligations.

Despite these challenges, the respondents continued to perform their professional roles effectively, indicating resilience. Li et al. (2025) emphasized that recovery experiences such as psychological detachment, relaxation, and engagement in

meaningful activities played a significant role in improving well-being and reducing burnout among nurses. This suggested that nurse educators had likely relied on coping strategies and personal resources to manage stress and sustain their well-being.

However, the findings underscored that individual resilience alone was insufficient to address well-being challenges. Organizational factors had been crucial in shaping well-being outcomes. Fernandes et al. (2025) highlighted that improvements in workplace conditions, including reduced workload, better support systems, and enhanced work environments, were necessary to mitigate burnout and improve overall well-being . This indicated that institutional support had been essential in addressing the well-being concerns of nurse educators.

Overall, the findings suggested that nurse educators had experienced moderate to significant challenges affecting their well-being, influenced by workload demands, emotional strain, insufficient rest, and institutional factors. While they had demonstrated resilience and dedication, the persistence of these challenges indicated the need for comprehensive interventions. Nursing institutions were therefore encouraged to implement holistic well-being programs, including workload management, mental health support, wellness initiatives, and work-life balance policies. These strategies had the potential to enhance well-being, reduce burnout, and support the long-term effectiveness and sustainability of nurse educators.

Table 34			
Challenges Affecting the Respondents in Terms of their Well-Being			
Well-Being	Weighted Mean	Standard Deviation	Qualitative Description
1. My work responsibilities negatively affect my mental health.	2.06	0.90	Disagree
2. I often feel physically exhausted and unable to recharge effectively.	2.10	0.93	Disagree
3. I experience frequent stress or anxiety related to my job.	2.32	1.06	Disagree
4. My job allows me to find meaning and purpose in my daily tasks.	3.28	0.67	Agree
5. My overall well-being has been declining due to work-related challenges.	2.00	0.71	Disagree
6. Financial concerns related to my work affect my overall well-being.	2.20	0.97	Disagree
7. I often feel physically exhausted and unable to recharge effectively.	2.11	0.91	Disagree
Average	2.30	0.88	Disagree
Legend: 1.00-1.49 Strongly Disagree, 1.50-2.49 Disagree, 2.50-3.49 Agree, 3.50-4.00 Strongly Agree			

6. Significant Difference in the Assessment of the Respondents of their Workload when Grouped According to their Profile

The findings in Table 35 revealed a significant difference in the assessment of respondents' workload when grouped by profile. This indicated that variations in characteristics such as age, educational attainment, years of experience, academic rank, or workload assignment had influenced how nurse educators had perceived and managed their workload. The results suggested that workload experiences were not uniform among respondents but varied depending on individual and professional factors.

Differences in workload perception had been widely associated with demographic and professional characteristics. Boamah et al. (2023) reported that nursing faculty who worked longer hours and handled more teaching responsibilities experienced significantly higher levels of burnout and workload stress than those with lighter teaching loads. This supported the present findings, as respondents with greater responsibilities or longer experience in the profession may have perceived workload differently from those with fewer demands. Similarly, Watson (2024) emphasized that workload, lack of support, and role expectations varied across faculty positions, influencing how individuals experienced stress and work pressure.

Furthermore, years of experience and academic rank had played a role in shaping perceptions of workload. More experienced nurse educators may have developed coping strategies and time-management skills that allowed them to manage tasks more effectively, while less experienced faculty may have perceived the workload as more demanding. Halat et al. (2023) explained that early-career faculty had experienced higher stress levels due to adjustment demands, role ambiguity, and performance expectations. In contrast, senior faculty had demonstrated greater adaptability and resilience. This suggested that the significant difference observed in the present study may have reflected varying levels of professional maturity and coping capacity among respondents.

Educational attainment had also been associated with differences in perceptions of workload. Individuals with advanced degrees may have been assigned additional responsibilities, such as research, publication requirements, and leadership roles, which increased their workload. Malik et al. (2025) highlighted that healthcare professionals with higher responsibilities often experienced increased psychological stress due to additional expectations and leadership roles in the workplace. This aligned with the present findings, as nurse educators with higher academic qualifications may have perceived their workload as heavier due to expanded roles and responsibilities.

In addition, workload differences had been influenced by institutional and environmental factors. Scott-Marshall (2024) reported that staffing shortages, organizational demands, and extended working hours had contributed to varying workload experiences among healthcare professionals. This implied that respondents working in different institutional settings or managing varying class sizes and clinical assignments may have developed different perceptions of workload intensity.

The significant difference in workload assessment also reflected the role of workload distribution and support systems. Fernandes et al. (2025) explained that unequal workload distribution and insufficient support had contributed to increased stress and burnout among healthcare workers. This suggested that respondents who had received less institutional support or had handled more administrative and teaching responsibilities may have perceived their workload as more challenging than others'.

Moreover, personal factors such as work-life balance and external responsibilities had influenced perceptions of workload. Erasmus and Downing (2024) emphasized that nurse educators often struggled with work-life integration due to competing personal and professional demands, which affected their perception of workload. Individuals with family responsibilities or additional obligations outside of work may have experienced greater strain, leading to higher workload assessments.

Despite these differences, the respondents had continued to perform their roles effectively, demonstrating resilience and commitment to their profession. However, the presence of significant differences highlighted the need for more equitable workload distribution. Li et al. (2025) noted that recovery experiences and adequate workload management were essential to reducing burnout and improving well-being among nurses. This suggested that addressing workload disparities could have enhanced both individual well-being and organizational effectiveness.

Overall, the findings indicated that nurse educators' perceptions of workload were influenced by multiple factors related to their profiles, including experience, academic rank, workload assignments, and personal circumstances. The presence of significant differences underscored the importance of tailored interventions that account for individual characteristics. Nursing institutions were therefore encouraged to implement equitable workload distribution, provide adequate support systems, and recognize the diverse needs of faculty members. These strategies had the potential to reduce workload-related stress, promote well-being, and improve job satisfaction among nurse educators.

Table 35
Significant Difference in the Assessment of the Respondents of their Workload when Grouped According to their Profile

Profile	Workload					
	General Workload	Resources	Student Demands	Work Life Balance	Technology Integration	Cultural Pressures
Age	0.002 S *36-45 Years Old	0.000 S *36-45 Years Old	0.002 S *46-55 Years Old	0.946 NS	0.000 S *26-35 Years Old	0.013 S *36-45 Years Old
Sex	0.934	0.147	0.002	0.489	0.000 S	0.252

	NS	NS	S *Female	NS	*Male	NS
Civil Status	0.000 S *Widow	0.008 S *Single	0.001 S *Widow	0.001 S *Widow	0.001 S *Widow	0.000 S *Widow
Rank	0.000 S *Full Professor	0.003 S *Nurse Instructor III	0.004 S *Associate Professor	0.000 S *Associate Professor	0.023 S *Assistane Professor	0.044 S *Associate Professor
Position	0.000 S *Dean	0.478 NS	0.000 S *Dean	0.000 S *Dean	0.049 S *Clinical Coordinator	0.551 NS
Highest Educational Attainment	0.000 S *Doctor Philosophy in Nursing	0.000 S *Doctor Philosophy in Nursing	0.000 S *Doctor Philosophy in Nursing	0.000 S *Doctor Philosophy in Nursing	0.116 NS	0.000 S *BS Nursing
Length of Experience as a Faculty	0.001 S *21-30 Years	0.002 S *16-20 Years	0.000 S *5-10 Years	0.000 S *16-20 Years	0.103 NS	0.001 S *5-10 Years
Number of Working Hours per Week	0.000 S *31-35 Hours	0.410 NS	0.043 S *31-35 Hours	0.000 S *31-35 Hours	0.172 NS	0.002 S *31-35 Hours
Level of Students Handled	0.000 S *First Year	0.003 S *First Year	0.000 S *Second Year	0.002 S *First Year	0.006 S *First Year	0.000 S *Second Year
Employment Status	0.000 S *Part Time	0.003 S *Full Time	0.000 S *Full Time	0.000 S *Full Time	0.860 NS	0.101 NS
Legend: Significant at P<0.05, *Highest Assessment						

Posthoc Analysis on Significant Difference in the Assessment of the Respondents of their Workload when Grouped According to their Profile

The findings in Table 36 revealed a significant difference in the assessment of respondents' rest when grouped by profile. This indicated that nurse educators had experienced variations in rest and recovery depending on individual characteristics such as age, years of experience, academic rank, workload assignment, and personal responsibilities. The results suggested that rest patterns had not been consistent across all respondents, but rather had been influenced by both professional demands and personal circumstances.

Differences in rest and recovery had often been linked to workload intensity and work schedules. Sagherian et al. (2023) reported that nurses with heavier workloads were less able to achieve psychological detachment during rest periods, resulting in higher levels of fatigue and inadequate recovery. This finding supported the present results, as respondents with more demanding teaching and clinical responsibilities may have perceived their rest as insufficient compared to others. Similarly, Stutting (2023) emphasized that adequate rest breaks had reduced fatigue and burnout, but their effectiveness depended on workload conditions and organizational support.

Years of experience had also influenced how rest was perceived and utilized. Halat et al. (2023) explained that less-experienced faculty had struggled more with time management and balancing responsibilities, which had affected their ability to obtain adequate rest. In contrast, more experienced educators had developed coping strategies and time management practices that supported better recovery. This suggested that the significant difference observed in the study may have reflected variations in professional maturity and adaptive coping among respondents.

In addition, sleep quality and duration had played a crucial role in rest-related differences. Weaver et al. (2024) found that healthcare professionals experienced varying levels of fatigue and sleep disruption depending on their work schedules and responsibilities, with those exposed to longer hours reporting poorer rest outcomes. Likewise, Saintila et al. (2024) reported that individuals with insufficient sleep were significantly more likely to experience burnout than those with adequate sleep. These findings indicated that disparities may have influenced differences in rest assessments among respondents in sleep quality and recovery time.

Workload distribution and institutional factors had also contributed to variations in rest. Scott-Marshall (2024) highlighted that staffing shortages and extended work hours had limited opportunities for rest among healthcare workers, leading to fatigue and reduced well-being. This supported

the present study, as nurse educators with heavier teaching loads, administrative duties, or clinical supervision responsibilities may have had fewer opportunities for recovery compared to others.

Personal and social factors had also shaped the rest of the experiences. Erasmus and Downing (2024) emphasized that work-life integration challenges among nurse educators had affected their ability to rest, particularly for those managing family responsibilities alongside professional roles. Respondents with additional personal obligations may have found it more difficult to achieve adequate rest, contributing to the observed differences in rest assessments.

Furthermore, recovery experiences had influenced how individuals perceived rest. Li et al. (2025) explained that psychological detachment, relaxation, and meaningful recovery activities had significantly reduced fatigue and burnout among nurses. This suggested that respondents who engaged in effective recovery practices may have reported better rest compared to those who lacked opportunities for relaxation and detachment from work.

The broader healthcare context also underscored disparities in rest. Weinstein et al. (2025) reported that nurses faced ongoing challenges related to fatigue, stress, and poor sleep stemming from demanding work environments and limited opportunities for recovery. This indicated that the differences observed in the study were consistent with wider trends in healthcare, where rest had been affected by systemic factors rather than solely individual behavior.

Despite these differences, respondents had continued to fulfill their roles, indicating resilience and dedication. However, the presence of significant differences highlighted the importance of tailored interventions. Fernandes et al. (2025) emphasized that improving well-being required addressing both individual and organizational factors, including workload management and supportive work environments.

Overall, the findings suggested that rest among nurse educators had been influenced by multiple factors related to their profile, including professional responsibilities, personal circumstances, and institutional conditions. The significant differences observed underscored the need for equitable and supportive policies to ensure adequate rest for all faculty members. Nursing institutions were therefore encouraged to implement strategies such as protected break times, flexible scheduling, workload adjustments, and wellness programs. These measures had the potential to improve recovery, reduce fatigue, and enhance the overall well-being and performance of nurse educators.

Table 36

Posthoc Analysis on Significant Difference in the Assessment of the Respondents of their Workload when Grouped According to their Profile

Assessments on Workloads	P-Value
General Workload	
Age	
*36-45 years old and 25 years old and below	0.000
Civil Status	
*Widow and Single	0.000
Ranking	
*Full Professor and Nurse Instructor I	0.002
*Full Professor and Nurse Instructor II	0.002
Position	
*Dean and Nurse Instructor	0.000
Highest Educational Attainment	
*Doctor of Philosophy in Nursing and Bachelor of Science in Nursing	0.001
Length of Experience as a Faculty	
*21-30 years and 5-10 years	0.000
Number of Working Hours per Week	
*31-35 Hours and more than 35 hours	0.000

Level of Students Handled	
*First Year and Third Year	0.000
Resources	
Age	
*36-45 years old and 25 years old and below	0.000
Civil Status	
*Single and Others	0.000
Ranking	
*Nurse Instructor III and Nurse Instructor I	0.000
Highest Educational Attainment	
*Doctor of Philosophy in Nursing and Bachelor of Science in Nursing	0.000
Length of Experience as a Faculty	
*21-30 years and 5-10 years	0.000
Level of Students Handled	
*First Year and Third Year	0.000
Student Demands	
Age	
*46-55 years old and 25 years old and below	0.000
Civil Status	
*Single and Others	0.000
Ranking	
*Nurse Instructor III and Nurse Instructor I	0.000
Position	
*Dean and Nurse Instructor	0.000
Highest Educational Attainment	
*Doctor of Philosophy in Nursing and Bachelor of Science in Nursing	0.000
Length of Experience as a Faculty	
*31-35 years and 5-10 years	0.000
Level of Students Handled	
*First Year and Third Year	0.000
Work Life Balance	
Civil Status	
*Widow and Single	0.000
Ranking	
*Associate ProfessorI and Nurse Instructor I	0.000

Position	
*Dean and Nurse Instructor	0.000
Highest Educational Attainment	
*Doctor of Philosophy in Nursing and Bachelor of Science in Nursing	0.000
Length of Experience as a Faculty	
*16-20 years and 5-10 years	0.001
Number of Working Hours Per Week	
*31-35 Hours and 12-18 hours	0.008
Level of Students Handled	
*First Year and Third Year	0.000
Technology Integration	
Age	
*26-35 years old and 25 years old and below	0.000
Civil Status	
*Widow and Single	0.000
Ranking	
*Assistant ProfessorI and Nurse Instructor I	0.000
Position	
*Clinical Coordinator and Nurse Instructor	0.000
Level of Students Handled	
*First Year and Third Year	0.000
Cultural Pressures	
Age	
*36-45 years old and 25 years old and below	0.000
Civil Status	
*Widow and Single	0.000
Ranking	
*Associate ProfessorI and Nurse Instructor I	0.000
Highest Educational Attainment	
*Bachelor of Science in Nursing and with MA units	0.000
Length of Experience as a Faculty	
*5-10 years and 11-15 years	0.000
Number of Working Hours Per Week	
*31-35 Hours and 12-18 hours	0.008
Level of Students Handled	

7. Significant Difference in the Assessment of the Respondents of their Well-Being when Grouped According to their Profile

The findings in Table 37 revealed a significant difference in the assessment of respondents' overall well-being when grouped by profile. This indicated that nurse educators' perceptions of their well-being varied with factors such as age, years of experience, academic rank, educational attainment, and personal circumstances. The results suggested that well-being had not been uniformly experienced among respondents, but rather had been influenced by a combination of individual, professional, and environmental factors.

Differences in well-being across profiles have been widely supported in the literature. Halat et al. (2023) reported that faculty members experienced varying levels of stress, burnout, and well-being across career stages, with early-career educators reporting higher stress due to role adjustment and expectations, while senior faculty demonstrated greater coping ability and professional stability. This supported the present findings, as respondents at different career stages may have perceived their well-being differently depending on their level of experience and adaptability.

Workload and professional demands had also played a significant role in shaping differences in well-being. Boamah et al. (2023) found that nursing faculty who managed heavier workloads and longer working hours experienced higher levels of burnout and reduced well-being compared to those with lighter assignments. Similarly, Malik et al. (2025) emphasized that healthcare professionals with additional responsibilities and leadership roles experienced greater psychological strain, which affected their well-being in the post-pandemic environment. These findings suggested that respondents with more demanding roles or higher ranks may have reported different levels of well-being compared to others.

In addition, differences in well-being had been associated with work-life integration and personal responsibilities. Erasmus and Downing (2024) explained that nurse educators often faced challenges balancing professional duties with personal and family responsibilities, which significantly influenced their well-being. Individuals with greater personal obligations may have experienced more stress and lower well-being than those with fewer external responsibilities. This supported the present findings, as variations in respondents' personal circumstances may have contributed to the observed significant differences.

Mental and emotional health had also been key factors in differences in well-being. Ruini et al. (2024) reported that individuals who demonstrated higher levels of positive mental health and emotional resilience experienced lower levels of burnout and psychological distress. In contrast, Vargas-Benítez et al. (2023) noted that prolonged exposure to stressful work environments led to emotional exhaustion and decreased engagement among healthcare workers. This suggested that respondents with stronger coping mechanisms and emotional resilience may have assessed their well-being more positively than those experiencing higher stress levels.

Physical health and recovery had also contributed to differences in well-being. Saintila et al. (2024) found that inadequate sleep and insufficient recovery significantly increased the likelihood of burnout among healthcare professionals. Likewise, Caboral-Stevens et al. (2023) reported that fatigue and limited rest negatively affected overall well-being among nurses. These findings suggested that respondents who experienced better rest and recovery may have reported higher levels of well-being than those who were physically exhausted.

Institutional and organizational factors had further influenced well-being outcomes. Fernandes et al. (2025) highlighted that workplace conditions, including support systems, workload distribution, and work environment, had significantly impacted well-being and burnout levels among healthcare workers. This suggested that differences in organizational support among respondents may have contributed to variations in their well-being assessments.

Despite these differences, the respondents had continued to perform their duties effectively, demonstrating resilience and commitment to their profession. Li et al. (2025) emphasized that recovery experiences, such as relaxation, psychological detachment, and engagement in meaningful activities, improved nurses' well-being and reduced burnout. This indicated that respondents who actively engaged in recovery activities may have experienced better well-being compared to others.

Overall, the findings suggested that well-being among nurse educators was influenced by multiple interacting factors related to their profiles, including professional demands, personal circumstances, emotional resilience, and institutional support. The presence of significant differences highlighted the need for tailored, inclusive interventions that address the diverse needs of faculty members. Nursing institutions were therefore encouraged to implement comprehensive well-being programs, including workload management, mental health support, wellness initiatives, and flexible policies that accommodated individual circumstances. These strategies had the potential to enhance well-being, reduce burnout, and promote a healthier and more sustainable academic workforce.

Table 37

Significant Difference in the Assessment of the Respondents of their Well-Being when Grouped According to their Profile

Profile	Well Being							
	Life Satsfaction	Physical Health	Mental Health	Meaning and Purpose	Character and Caring	Relationships	Financial Status and	Affect

							Stability	
Age	0.000 S *56 Years Old and Above	0.004 S *26-35 Years Old	0.009 S *25 Years Old and Below	0.001 S *25 Years Old and Below	0.087 NS	0.000 S *25 Years Old and Below	0.015 S *36-45 Years Old	0.044 S *25 Years Old and Below
Sex	0.223 NS	0.914 NS	0.132 NS	0.656 NS	0.032 S *Female	0.464 NS	0.002 S *Female	0.102 NS
Civil Status	0.000 S *Widow	0.000 S *Single	0.000 S *Widow	0.000 S *Single	0.012 S *Single	0.157 NS	0.030 S *Widow	0.002 S *Single
Ranking	0.164 NS	0.001 S *Nurse Instructor IV	0.001 S *Nurse Instructor IV	0.038 S *Nurse Instructor IV	0.682 NS	0.125 NS	0.001 S *Full Professor	0.037 S *Nurse Instructor IV
Position	0.000 S *Dean	0.000 S *Clinical Coordinator	0.000 S *Clinical Coordinator	0.001 S *Clinical Coordinator	0.006 S *Clinical Coordinator	0.000 S *Dean	0.090 NS	0.000 S *Clinical Coordinator
Highest Educational Attainment	0.001 S *Doctor Philosophy in Nursing	0.075 NS	0.104 NS	0.018 S *Doctor Philosophy in Nursing	0.000 S *Doctor Philosophy in Nursing	0.000 S *Doctor Philosophy in Nursing	0.081 NS	0.001 S *Doctor Philosophy in Nursing
Length of Experience as a Faculty	0.001 S *16-20 Years	0.000 S *>30 years	0.047 S *>30 years	0.000 S *11-15 years	0.109 NS	0.003 S *16-20 Years	0.004 S *>30 years	0.014 S *>30 years
Number of Working Hours per Week	0.008 S *12-18 Hours	0.000 S *12-18 Hours	0.000 S *19-24 Hours	0.000 S *12-18 Hours	0.001 S *>35 Hours	0.001 S *12-18 Hours	0.000 S *12-18 Hours	0.001 S *12-18 Hours
Level of Students Handled	0.042 S *First Year	0.186 NS	0.396 NS	0.066 NS	0.046 S *Third Year	0.072 NS	0.258 NS	0.003 S *Third Year
Employment Status	0.124 NS	0.965 NS	0.518 NS	0.000 S *Full Time	0.000 S *Full Time	0.052 NS	0.076 NS	0.020 S *Full Time

Legend: Significant at P<0.05, *Highest Assessment

Posthoc Analysis on Significant Difference in the Assessment of the Respondents of their Well-Being when Grouped According to their Profile

The findings in Table 38 revealed a significant relationship between respondents' workload and overall well-being. This indicated that the level and intensity of workload had influenced how nurse educators experienced their physical, mental, emotional, and social well-being. The results suggested that as workload demands increased, changes in well-being were observed as well, highlighting the interconnected nature of professional responsibilities and personal health.

Workload has been widely recognized as a critical determinant of well-being among healthcare professionals. Boamah et al. (2023) reported that nursing faculty who had experienced heavier workloads and longer working hours had shown higher levels of burnout and reduced well-being. This finding supported the present results, as respondents who were exposed to greater teaching, clinical, and administrative responsibilities may have experienced more strain, which affected their overall well-being. Similarly, Scott-Marshall (2024) explained that excessive work hours and workload intensity had contributed to fatigue, stress, and decreased quality of life among healthcare workers, reinforcing the strong link between workload and well-being.

The impact of workload on mental and emotional health had also been emphasized in the literature. Malik et al. (2025) highlighted that healthcare workers exposed to sustained workload pressures had experienced emotional exhaustion, anxiety, and psychological distress, which negatively affected their well-being. In the academic setting, Halat et al. (2023) found that faculty members who balanced teaching, research, and administrative roles reported increased stress and reduced mental well-being due to role overload and performance expectations. These findings aligned with the present study, suggesting that nurse educators' well-being had been influenced by the cumulative demands of their professional responsibilities.

Furthermore, workload had affected physical health and recovery, both essential components of well-being. Saintila et al. (2024) reported that insufficient sleep, often associated with heavy workload, significantly increased the likelihood of burnout among healthcare professionals. Likewise, Caboral-Stevens et al. (2023) found that nurses experiencing continuous work demands had reported higher levels of fatigue and reduced recovery, which negatively affected their well-being. These findings suggested that respondents with heavier workloads may have experienced reduced rest and recovery, leading to decreased physical and mental health.

Emotional demands and interpersonal interactions had also influenced the relationship between workload and well-being. Vargas-Benítez et al. (2023) explained that healthcare workers in high-demand environments experienced emotional exhaustion and decreased engagement due to continuous exposure to stress and complex interactions. This supported the present findings, as nurse educators who handled student concerns, clinical supervision, and institutional responsibilities may have experienced emotional strain that affected their well-being.

Despite the challenges of a heavy workload, the respondents demonstrated resilience in maintaining their well-being. Li et al. (2025) emphasized that recovery experiences, including psychological detachment, relaxation, and engagement in meaningful activities, had been effective in reducing burnout and improving well-being among nurses. This suggested that nurse educators had likely utilized coping strategies and support systems to mitigate the negative effects of workload on their well-being.

However, the findings also highlighted that individual coping strategies alone were insufficient to address workload-related challenges. Fernandes et al. (2025) emphasized that organizational factors such as workload distribution, institutional support, and work environment had played significant roles in shaping well-being outcomes. This indicated that improving well-being required systemic changes, including equitable workload allocation and supportive workplace policies.

Overall, the findings suggested that workload had been significantly associated with the well-being of nurse educators, influencing their physical, mental, and emotional health. Higher workload demands had corresponded with increased stress and decreased well-being, while manageable workload levels had supported better overall health and functioning. Nursing institutions were therefore encouraged to implement strategies such as workload management, adequate staffing, flexible scheduling, and wellness programs. These interventions had the potential to reduce workload-related stress, enhance well-being, and promote a healthier and more productive academic environment.

Table 38
Posthoc Analysis on Significant Difference in the Assessment of the Respondents of their Well-Being when Grouped According to their Profile

Assessments on Well-Being	P-Value
Life Satisfaction	
Age	
*56 years old and above and 26-35 years old	0.000
Civil Status	
*Widow and Single	0.000
Position	
*Dean and Nurse Instructor	0.000
Highest Educational Attainment	
*Doctor of Philosophy in Nursing and Bachelor of Science in Nursing	0.001
Length of Experience as a Faculty	
*16-20 years and 5-10 years	0.000
Number of Working Hours per Week	
*12-18 Hours and more than 35 hours	0.000
Level of Students Handled	
*First Year and Third Year	0.000
Physical Health	
Age	
*26-35 years old and 56 years old and above	0.000
Civil Status	
*Single and Others	0.000
Ranking	
*Nurse instructor IV and Nurse Instructor I	0.001
Position	
*Clinical Coordinator and Nurse Instructor	0.000
Length of Experience as a Faculty	
*more than 30 years and 5-10 years	0.000
Number of Working Hours per Week	
*12-18 Hours and more than 35 hours	0.000
Mental Health	
Age	
*25 years old and below and 56 years old and above	0.000
Civil Status	

*Widow and Single	0.000	*25 years old and below and 56 years old and above	0.000
Ranking		Position	
*Nurse instructor IV and Nurse Instructor I	0.001	*Dean and Nurse Instructor	0.003
Position		Highest Educational Attainment	
*Clinical Coordinator and Nurse Instructor	0.000	*Doctor of Philosophy in Nursing and Bachelor of Science in Nursing	0.000
Length of Experience as a Faculty		Length of Experience as a Faculty	
*more than 30 years and 5-10 years	0.000	*16-20 years and 5-10 years	0.000
Number of Working Hours per Week		Number of Working Hours per Week	
*19-24 Hours and more than 35 hours	0.000	*12-18 Hours and more than 35 hours	0.000
Meaning and Purpose		Financial Status and Stability	
Age		Age	
*25 years old and below and 56 years old and above	0.000	*36-45 years old and 56 years old and above	0.000
Civil Status		Civil Status	
*Single and Others	0.000	*Widow and Others	0.000
Ranking		Ranking	
*Nurse instructor IV and Nurse Instructor I	0.000	*Full Professor and Nurse Instructor I	0.000
Position		Length of Experience as a Faculty	
*Clinical Coordinator and Nurse Instructor	0.000	*more than 30 years and 5-10 years	0.000
Highest Educational Attainment		Number of Working Hours per Week	
*Doctor of Philosophy in Nursing and Bachelor of Science in Nursing	0.000	*12-18 Hours and more than 35 hours	0.000
Length of Experience as a Faculty		Affect	
*11-15 years and 5-10 years	0.000	Age	
Number of Working Hours per Week		*25 years old and below and 56 years old and above	0.000
*12-18 Hours and more than 35 hours	0.000	Civil Status	
Character and Caring		*Single and Others	0.000
Civil Status		Ranking	
*Single and Others	0.000	*Nurse instructor IV and Nurse Instructor I	0.000
Position		Position	
*Clinical Coordinator and Nurse Instructor	0.000	*Clinical Coordinator and Nurse Instructor	0.000
Highest Educational Attainment		Highest Educational Attainment	
*Doctor of Philosophy in Nursing and Bachelor of Science in Nursing	0.000	*Doctor of Philosophy in Nursing and Bachelor of Science in Nursing	0.003
Number of Working Hours per Week		Length of Experience as a Faculty	
*more than 35 Hours and 12-18 hours	0.000	*more than 30 years and 5-10 years	0.000
Level of Students Handled		Number of Working Hours per Week	
*Third Year and First Year	0.000	*12-18 Hours and more than 35 hours	0.000
Relationships		Level of Students Handled	
Age		*Third Year and First Year	0.000
		Legend: Significant at P<0.05, *Highest Assessment	

8. Significant Difference in the Assessment of the Respondents of their Rest when Grouped According to their Profile

The findings in Table 39 revealed a significant relationship between respondents' rest and their overall well-being. This indicated that the quality and adequacy of rest had directly influenced how nurse educators experienced their physical, mental, and emotional health. The results suggested that respondents with better rest and recovery practices tended to report higher levels of well-being. In contrast, those who experienced inadequate rest showed signs of fatigue, stress, and reduced overall functioning.

Rest has been recognized as a fundamental component of well-being, as it allows individuals to recover from physical exertion and mental strain. In the present study, the significant relationship suggested that insufficient rest had negatively affected the respondents' health and performance. Sagherian et al. (2023) found that inadequate rest and the inability to detach from work during breaks had contributed to higher levels of fatigue among nurses, particularly in environments with heavy workload demands. This supported the present findings, as nurse educators who remained mentally engaged with work during supposed rest periods may not have fully recovered.

Sleep quality has also played a critical role in determining well-being outcomes. Saintila et al. (2024) reported that healthcare professionals with shorter sleep durations were significantly more likely to experience burnout, underscoring the importance of adequate rest for maintaining well-being. Similarly, Weaver et al. (2024) found that poor sleep quality among nurses had resulted in fatigue, decreased alertness, and compromised physical and mental health. These findings aligned with the present study, indicating that variations in rest among respondents had affected their overall well-being.

Moreover, rest has been closely associated with emotional and psychological health. Ruini et al. (2024) emphasized that positive mental health and emotional well-being were strongly linked with adequate recovery and rest, as individuals who experienced sufficient relaxation and emotional balance were less likely to develop anxiety and burnout. In contrast, Vargas-Benítez et al. (2023) reported that prolonged exposure to stressful work conditions without adequate rest had led to emotional exhaustion and reduced professional engagement. This suggested that the respondents' well-being may have been influenced by how effectively they managed rest and recovery.

The role of recovery experiences has also been emphasized in recent studies. Li et al. (2025) explained that psychological

detachment, relaxation, and engagement in restorative activities had significantly reduced burnout and improved well-being among nurses. This finding supported the present results, as respondents who engaged in effective recovery practices may have experienced better well-being compared to those who lacked opportunities for rest.

In addition, workload and organizational factors had influenced the relationship between rest and well-being. Scott-Marshall (2024) reported that extended work hours and staffing shortages had limited opportunities for rest among healthcare workers, resulting in fatigue and decreased well-being. Likewise, Fernandes et al. (2025) emphasized that workplace conditions, including workload intensity and support systems, had significantly affected recovery and well-being outcomes. This indicated that the respondents' rest patterns had been influenced not only by personal habits but also by institutional demands.

The broader healthcare context further reinforced the importance of rest in maintaining well-being. Weinstein et al. (2025) highlighted that healthcare professionals were experiencing a well-being crisis due to poor sleep, demanding schedules, and work-life imbalance. This suggested that the challenges faced by the respondents were part of a larger issue affecting healthcare workers, where insufficient rest had contributed to stress and burnout.

Despite these challenges, the respondents had continued to fulfill their professional responsibilities, demonstrating resilience and dedication. However, the significant relationship between rest and well-being underscored that sustained well-being required adequate opportunities for recovery. Individual coping mechanisms alone had not been sufficient to maintain well-being without adequate rest.

Overall, the findings suggested that rest had been a critical determinant of well-being among nurse educators. Adequate rest and recovery had been associated with improved physical health, emotional stability, and professional performance, while insufficient rest had contributed to fatigue and reduced well-being. Nursing institutions were therefore encouraged to promote policies that supported rest and recovery, such as manageable workloads, protected break times, flexible scheduling, and wellness programs. These interventions had the potential to enhance both rest and well-being, ultimately contributing to a healthier and more sustainable academic workforce.

Table 39

Significant Difference in the Assessment of the Respondents of their Rest when Grouped According to their Profile

Profile	Rest					
	Physical	Mental	Spiritual	Emotional	Social	Creative
Age	0.000 S *26-35 Years Old	0.000 S *26-35 Years Old	0.000 S *26-35 Years Old	0.000 S *26-35 Years Old	0.000 S *26-35 Years Old	0.044 S *26-35 Years Old

Sex	0.064 NS	0.071 NS	0.130 NS	0.484 NS	0.003 S *Female	0.073 NS
Civil Status	0.000 S *Widow	0.000 S *Widow	0.001 S *Widow	0.000 S *Single	0.000 S *Single	0.002 S *Single
Ranking	0.147 NS	0.024 S *Nurse Instructor IV	0.005 S *Assistant Professor	0.092 NS	0.046 S *Nurse Instructor IV	0.037 S *Nurse Instructor IV
Position	0.000 S *Clinical Coordinator	0.000 S *Clinical Coordinator	0.000 S *Clinical Coordinator	0.000 S *Clinical Coordinator	0.006 S *Clinical Coordinator	0.000 S *Clinical Coordinator
Highest Educational Attainment	0.000 S *Doctor Philosophy in Nursing	0.000 S *MA Graduate	0.000 S *MA Graduate	0.000 S *Doctor Philosophy in Nursing	0.000 S *MA Graduate	0.001 S *Doctor Philosophy in Nursing
Length of Experience as a Faculty	0.004 S *>30 years	0.228 NS	0.014 S *>30 years	0.002 S *21-30 Years	0.019 S *11-15 Years	0.014 S *>30 years
Number of Working Hours per Week	0.000 S *12-18 Hours	0.000 S *12-18 Hours	0.000 S *12-18 Hours	0.000 S *25-30 Hours	0.000 S *25-30 Hours	0.001 S *12-18 Hours
Level of Students Handled	0.005 S *First Year	0.000 S *First Year	0.000 S *Third Year	0.000 S *Third Year	0.001 S *Third Year	0.003 S *Third Year
Employment Status	0.001 S *Full Time	0.000 S *Part Time	0.010 S *Part Time	0.952 NS	0.967 NS	0.020 S *Full Time

Legend: Significant at $P < 0.05$, *Highest Assessment

Posthoc Analysis on Significant Difference in the Assessment of the Respondents of their Rest when Grouped According to their Profile

The findings in Table 40 revealed significant relationships among workload, rest, and the respondents' overall well-being. This indicated that these three variables were interconnected: workload influenced rest, and both factors directly affected the well-being of nurse educators. The results suggested that well-being was not determined by a single factor but was shaped by the interaction between professional demands and recovery experiences.

Workload had been identified as a primary factor influencing both rest and well-being. Boamah et al. (2023) reported that nursing faculty who had heavier workloads experienced increased fatigue, emotional exhaustion, and reduced well-being. This supported the present findings, as respondents who managed multiple roles, including teaching, clinical supervision, and administrative tasks, may have experienced limitations in both rest and recovery. Similarly, Scott-Marshall (2024) emphasized that excessive

workloads and extended working hours had reduced opportunities for rest, thereby negatively affecting overall health and quality of life.

Rest has been found to mediate the relationship between workload and well-being. Sagherian et al. (2023) explained that adequate rest and psychological detachment from work had reduced fatigue and improved recovery among healthcare workers. However, when the workload was excessive, individuals were less able to disengage from work, leading to persistent stress and inadequate recovery. This finding aligned with the present study, suggesting that the intensity of their workload influenced respondents' ability to rest.

Sleep and recovery had also played significant roles in maintaining well-being. Saintila et al. (2024) found that insufficient sleep had significantly increased the likelihood of burnout among healthcare professionals. Likewise, Weaver et al. (2024) reported that poor sleep quality and fatigue had negatively affected both physical and mental health. These findings indicated that respondents who experienced insufficient rest due to heavy workloads may have been more vulnerable to declines in well-being.

Moreover, recovery experiences had strengthened the relationship between rest and well-being. Li et al. (2025) emphasized that activities such as relaxation, psychological detachment, and engagement in meaningful non-work-related activities had enhanced well-being and reduced burnout among nurses. This suggested that nurse educators who actively engaged in recovery practices may have been better able to maintain their well-being despite demanding workloads.

The role of emotional and psychological factors was also evident in the relationships among the variables. Ruini et al. (2024) reported that individuals with higher levels of positive mental health had experienced lower levels of stress and burnout, highlighting the importance of emotional well-being in overall health. In contrast, Vargas-Benítez et al. (2023) noted that continuous exposure to workload-related stress without adequate rest had led to emotional exhaustion and reduced engagement. These findings supported the present study, as respondents who experienced high workload and limited rest may have reported lower levels of well-being.

Organizational and institutional factors had further influenced these relationships. Fernandes et al. (2025) emphasized that workplace conditions, including workload distribution, support systems, and work environment, had significantly affected both rest and well-being outcomes. Similarly, Malik et al. (2025) highlighted that healthcare workers continued to experience stress and burnout due to prolonged exposure to demanding work conditions, even after the pandemic. These findings indicated that the relationships observed in the study were not solely dependent on individual factors but were also shaped by institutional contexts.

Despite the challenges, the respondents had demonstrated resilience in managing their workload while maintaining their well-being. However, the significant relationships among workload, rest, and well-being emphasize that sustainable well-being requires a balance between work demands and recovery opportunities. Individual coping mechanisms alone had not been sufficient to maintain well-being when workload demands remained high, and rest was compromised.

Overall, the findings suggested that workload, rest, and well-being were strongly interconnected among nurse educators. Higher workload had been associated with reduced rest and lower well-being, whereas adequate rest had been associated with improved health and functioning. Nursing institutions were therefore encouraged to adopt holistic strategies that addressed all three variables simultaneously. These included workload management, adequate rest periods, flexible scheduling, and the implementation of wellness programs. Such interventions had the potential to improve well-being, reduce burnout, and promote a healthier and more sustainable academic work environment.

Table 40

Posthoc Analysis on Significant Difference in the Assessment of the Respondents of their Rest when Grouped According to their Profile

Assessments on Rest	P-Value
Physical	
Age	
*26-35 years old and 56 years old and above	0.004

Civil Status	
*Widow and Single	0.000
Position	
*Clinical Coordinator and Nurse Instructor	0.000
Highest Educational Attainment	
*Doctor of Philosophy in Nursing and Bachelor of Science in Nursing	0.000
Length of Experience as a Faculty	
*more than 30 years and 5-10 years	0.000
Number of Working Hours per Week	
*12-18 Hours and more than 35 hours	0.000
Level of Students Handled	
*First Year and Third Year	0.000
Mental	
*26-35 years old and 56 years old and above	0.000
Civil Status	
*Widow and Single	0.000
Ranking	
*Nurse instructor IV and Nurse Instructor I	0.000
Position	
*Clinical Coordinator and Nurse Instructor	0.000
Highest Educational Attainment	
*Master in Nursing and Bachelor of Science in Nursing	0.000
Number of Working Hours per Week	
*12-18 Hours and more than 35 hours	0.000
Level of Students Handled	
*First Year and Third Year	0.000
Spiritual	
Age	
*26-35 years old and 56 years old and above	0.000
Civil Status	
*Widow and Single	0.000
Ranking	
*Assitant Professor and Nurse Instructor I	0.000
Position	
*Clinical Coordinator and Nurse Instructor	0.000
Highest Educational Attainment	

*Master in Nursing and Bachelor of Science in Nursing	0.000	*25-30 Hours and more than 35 hours	0.000
Length of Experience as a Faculty		Level of Students Handled	
*more than 30 years and 5-10 years	0.000	*Third Year and First Year	0.000
Number of Working Hours per Week		Creative	
*12-18 Hours and more than 35 hours	0.000	Age	
Level of Students Handled		*26-35 years old and 56 years old and above	0.000
*Third Year and First Year	0.000	Civil Status	
Emotional		*Single and Others	0.000
Age		Ranking	
*26-35 years old and 56 years old and above	0.000	*Nurse Instructor IV and Nurse Instructor I	0.000
Civil Status		Position	
*Widow and Single	0.000	*Clinical Coordinator and Nurse Instructor	0.000
Position		Highest Educational Attainment	
*Clinical Coordinator and Nurse Instructor	0.000	*Doctor of Philosophy in Nursing and Bachelor of Science in Nursing	0.000
Highest Educational Attainment		Length of Experience as a Faculty	
*Doctor of Philosophy in Nursing and Bachelor of Science in Nursing	0.000	*more than 30 years and 5-10 years	0.000
Length of Experience as a Faculty		Number of Working Hours per Week	
*21-30 years and 5-10 years	0.000	*12-18 Hours and more than 35 hours	0.000
Number of Working Hours per Week		Level of Students Handled	
*25-30 Hours and more than 35 hours	0.000	*Third Year and First Year	0.000
Level of Students Handled		9. Significant Relationship of the Challenges Between Workload, Well-being, and Rest Among the Respondents	
*Third Year and First Year	0.000	The findings in Table 41 summarized the significant differences and relationships among respondents' workload, rest, and well-being. The results revealed that workload and rest not only differed significantly when grouped by respondents' profiles but also showed significant relationships with overall well-being. This indicated that a combination of personal characteristics, professional demands, and recovery opportunities had shaped nurse educators' experiences. The findings suggested that well-being was influenced by individual differences and directly affected by the interaction between workload and rest. The significant differences observed across respondent profiles highlighted that workload and rest had not been uniformly experienced. As emphasized by Halat et al. (2023), faculty members had experienced varying levels of stress and well-being depending on their career stage, responsibilities, and role expectations. Early-career educators had often faced greater challenges due to adjustment demands, while more experienced faculty had demonstrated better coping strategies. Similarly, Boamah et al. (2023) found that nursing faculty with heavier workloads experienced higher levels of burnout and stress, suggesting that differences in workload assignments and institutional responsibilities contributed to varied perceptions among respondents. These findings supported the present results, as differences in profile characteristics such as experience, rank, and workload had influenced both rest and well-being outcomes.	
Social			
Age			
*26-35 years old and 56 years old and above	0.000		
Civil Status			
*Single and Others	0.000		
Ranking			
*Nurse Instructor IV and Nurse Instructor I	0.000		
Position			
*Clinical Coordinator and Nurse Instructor	0.000		
Highest Educational Attainment			
*Master in Nursing and Bachelor of Science in Nursing	0.000		
Length of Experience as a Faculty			
*11-15 years and 5-10 years	0.000		
Number of Working Hours per Week			

The relationship between workload and well-being further highlighted the importance of workload management. Malik et al. (2025) reported that healthcare workers exposed to sustained workload pressures had experienced emotional exhaustion and reduced psychological well-being. In the same way, Scott-Marshall (2024) explained that extended work hours and workload intensity had contributed to fatigue and decreased quality of life. These findings aligned with the present study, in which increased workload was associated with decreased well-being, particularly when rest and recovery were compromised.

Rest had also been identified as a key factor linking workload and well-being. Sagherian et al. (2023) noted that adequate rest and the ability to psychologically detach from work reduced fatigue and improved recovery among nurses. However, when workload had been excessive, individuals had struggled to disengage from work, resulting in insufficient recovery. This supported the present findings, suggesting that the respondents' well-being had been influenced by how effectively they had achieved rest in relation to their workload demands.

Sleep and recovery had further strengthened the relationship among the variables. Saintila et al. (2024) found that insufficient sleep significantly increased the risk of burnout among healthcare professionals, while Weaver et al. (2024) reported that poor sleep quality adversely affected both physical and mental health. These findings indicated that respondents who experienced disruptions in rest due to workload demands may have reported lower levels of well-being. Similarly, Caboral-Stevens et al. (2023) highlighted that occupational fatigue and limited recovery had adversely affected well-being among nurses, reinforcing the interconnected nature of workload, rest, and health outcomes.

Moreover, recovery experiences played a crucial role in buffering the negative effects of workload. Li et al. (2025) explained that psychological detachment, relaxation, and engagement in meaningful activities had improved well-being and reduced burnout among nurses. This suggested that respondents who actively engaged in recovery strategies may have been better able to manage workload-related stress and maintain their well-being.

Organizational and institutional factors had also been significant in shaping these relationships. Fernandes et al. (2025) emphasized that workplace conditions, including workload distribution, support systems, and organizational culture, had strongly influenced well-being outcomes among healthcare professionals. These findings suggested that the significant differences and relationships observed in the present study were not solely individual experiences but were also influenced by the broader work environment.

Despite the presence of both significant differences and relationships, the respondents had demonstrated resilience in fulfilling their roles. However, the findings underscored that sustainable well-being required a holistic approach that addressed workload, rest, and individual differences simultaneously. Individual coping mechanisms alone had not been sufficient when systemic factors such as heavy workload and limited recovery opportunities persisted.

Overall, the findings indicated that workload, rest, and well-being were interrelated and influenced by both individual characteristics and institutional conditions. Significant differences among respondents highlighted the need for tailored interventions, while the significant relationships emphasized the importance of

balancing work demands and recovery. Nursing institutions were therefore encouraged to implement comprehensive strategies, including equitable workload allocation, protected rest periods, flexible scheduling, and faculty wellness programs. These interventions had the potential to enhance well-being, reduce burnout, and promote a healthier and more sustainable academic environment for nurse educators.

Table 41 Significant Relationship of the Challenges Between Workload, Well-being, and Rest Among the Respondents				
Variable	Pearson r	Qualitative Description	P-Value	Remark
Challenges and Workload	0.583	Moderate Positive Relationship	0.000	Significant
Challenges and Well-Being	0.090	Negligible Relationship	0.091	Not Significant
Challenges and Rest	-0.006	Negligible Relationship	0.906	Not Significant
Legend: 0 No Relationship, + 0.01- + 0.20 Negligible Relationship, + 0.21- + 0.40 Low Relationship, + 0.41- + 0.70 Moderate Relationship, + 0.71- + 0.90 High Relationship, + 0.91- + 0.99 Very High Relationship, + 1.00 Perfect Relationship, *Significant at P<0.05				

10. Significant Relationship Between Workload, Well-being, and Rest Among the Respondents

The findings in Table 42 present the implications derived from the relationships and significant differences among respondents' workload, rest, and well-being. These results indicated that nurse educators' well-being was influenced by the interplay between professional demands and recovery opportunities, underscoring the need for both individual and organizational interventions. The findings suggested that addressing workload and rest issues was essential to improving overall well-being and ensuring the sustainability of the academic workforce.

One of the key implications of the findings was the need for effective workload management. The results demonstrated that workload had significantly influenced well-being, which implied that excessive demands had negatively affected nurse educators' physical, mental, and emotional health. Boamah et al. (2023) found that nursing faculty with heavy workloads experienced higher levels of burnout and lower job satisfaction. Similarly, Scott-Marshall (2024) emphasized that extended working hours and workload intensity had contributed to fatigue and decreased quality of life among healthcare professionals. These findings suggested that institutions should have implemented policies to ensure equitable workload distribution, reasonable teaching loads, and manageable administrative responsibilities.

Another implication has been the need to promote adequate rest and recovery. The findings indicated that rest had been significantly related to well-being, highlighting that insufficient recovery led to fatigue and decreased functioning. Sagherian et al. (2023) explained that the ability to achieve psychological detachment during rest improved recovery and reduced fatigue among nurses. Likewise, Saintila et al. (2024) reported that

insufficient sleep significantly increased the likelihood of burnout among healthcare professionals. These studies supported the implication that institutions should have provided structured opportunities for rest, such as protected breaks, flexible scheduling, and policies that encourage work-life balance.

The findings also suggested that enhancing well-being required a holistic and integrated approach. Fernandes et al. (2025) emphasized that multiple factors, including workload, workplace environment, and support systems influenced healthcare workers' well-being. Similarly, Malik et al. (2025) reported that healthcare professionals continued to experience psychological distress due to prolonged exposure to demanding work conditions. These findings implied that improving well-being should not have been limited to addressing a single factor but should have involved comprehensive strategies that targeted both individual and organizational dimensions.

In addition, the role of recovery experiences had significant implications for improving well-being. Li et al. (2025) found that engaging in relaxation, psychological detachment, and meaningful non-work activities had reduced burnout and enhanced well-being among nurses. This suggested that nurse educators should have been encouraged to engage in activities that promoted recovery and emotional balance. Institutions could have supported this by providing wellness programs, stress management workshops, and opportunities for personal and professional development.

Another important implication has been the need for institutional support systems. The findings highlighted that organizational factors had influenced both workload and rest, which in turn affected well-being. Halat et al. (2023) noted that faculty members' well-being had been closely linked to institutional support, leadership, and workplace culture. Similarly, Weaver et al. (2024) emphasized that work environments that supported rest and reduced fatigue had improved both employee well-being and job performance. These findings implied that leadership and policy changes had been essential in creating supportive work environments for nurse educators.

Furthermore, the findings suggested the importance of individualized interventions. Since significant differences were observed across respondents' profiles, this implied that one-size-fits-all strategies may not have been effective. Erasmus and Downing (2024) highlighted that personal circumstances, including family responsibilities and career stage, had influenced nurse educators' well-being. This indicated that interventions should have been tailored to address the diverse needs of faculty members, ensuring inclusivity and effectiveness.

Overall, the findings in Table 42 suggested that improving the well-being of nurse educators required a balanced approach that addressed workload, rest, and individual factors simultaneously. Effective workload management, adequate rest opportunities, supportive institutional policies, and personalized interventions had been identified as essential strategies. These measures had the potential to reduce burnout, enhance well-being, and promote a more productive and sustainable academic environment for nurse educators.

		Description		
Workload and Well-Being	-0.263	Low Negative	0.000	Significant
Workload and Rest	-0.373	Low Negative	0.000	Significant
Well-Being and Rest	0.684	Moderate Positive	0.000	Significant
Legend: 0 No Relationship, + 0.01- + 0.20 Negligible Relationship, + 0.21- + 0.40 Low Relationship, + 0.41- + 0.70 Moderate Relationship, + 0.71- + 0.90 High Relationship, + 0.91- + 0.99 Very High Relationship, + 1.00 Perfect Relationship, *Significant at P<0.05				

11. Recommendation based on the findings

Based on the study's findings, it was recommended that nursing institutions review and improve the distribution of workloads among nurse educators. The results showed that respondents generally experienced moderate to high workload across different dimensions, including general workload, student demands, and administrative responsibilities. In support of this, Boamah et al. (2023) emphasized that excessive workload among nursing faculty contributed to stress and burnout, highlighting the importance of equitable task allocation. Therefore, institutions were encouraged to implement clear workload policies, limit excessive assignments, and ensure that responsibilities were distributed fairly among faculty members.

It was also recommended that institutions strengthen resource allocation and support systems to reduce workload strain. The findings indicated that limited resources and insufficient institutional support contributed to increased work demands. Fernandes et al. (2025) reported that access to adequate resources, including teaching materials and administrative support, significantly reduced work-related stress among healthcare professionals. Thus, nursing colleges were encouraged to invest in technological tools, instructional materials, and administrative assistance to enable faculty members to perform their responsibilities more efficiently.

Furthermore, it was recommended that strategies be implemented to manage student-related demands. The findings revealed that student supervision, mentoring, and evaluation significantly contributed to workload. Halat et al. (2023) explained that faculty experienced higher stress levels when managing large class sizes and complex student needs. In this regard, institutions were encouraged to adopt manageable faculty-to-student ratios, provide teaching assistants, and develop structured systems for student engagement to minimize excessive workload.

The study also recommended that institutions promote work-life balance among nurse educators. The results showed that workload had affected respondents' ability to balance professional and personal responsibilities. Erasmus and Downing (2024) emphasized that poor work-life balance led to increased stress and reduced well-being among nurse educators. Therefore, institutions were encouraged to implement flexible work arrangements, limit after-hours work demands, and provide programs that supported personal well-being and family engagement.

Table 42 Significant Relationship Between Workload, Well-being, and Rest Among the Respondents				
Variable	Pearson r	Qualitative	P-Value	Remark

Regarding technology integration, it was recommended that faculty members receive adequate training and technical support. The findings indicated that technology integration had added to the workload due to the need for continuous adaptation and digital competency. Malik et al. (2025) highlighted that insufficient technological support increased educators' stress and workload. As such, institutions were encouraged to provide regular training, technical assistance, and user-friendly digital platforms to facilitate effective and efficient teaching.

Moreover, it was recommended that institutional culture be improved to reduce unnecessary cultural and professional pressures. The results indicated that cultural expectations related to productivity and commitment contributed to workload strain. Fernandes et al. (2025) emphasized that supportive organizational culture played a significant role in reducing burnout and enhancing well-being. Therefore, institutions were encouraged to promote a healthy work culture that supported realistic expectations, open communication, and employee well-being.

With regard to rest, it was recommended that institutions prioritize programs that promote physical recovery and adequate rest among faculty members. The findings showed that physical rest had been moderately affected due to workload demands and limited recovery time. Weaver et al. (2024) reported that insufficient rest and fatigue significantly affected the performance and well-being of healthcare professionals. Thus, institutions were encouraged to implement structured break periods, manageable schedules, and wellness programs that promoted physical health.

Additionally, it was recommended that well-being programs be established to support the physical, mental, and emotional health of nurse educators. The study findings indicated that workload and rest were closely associated with well-being outcomes. Ruini et al. (2024) emphasized that positive mental health initiatives significantly reduced burnout and stress among healthcare workers. Therefore, nursing colleges were encouraged to provide counseling services, stress management programs, and peer support systems to enhance faculty well-being.

Finally, it was recommended that future researchers conducted further studies focusing on workload, rest, and well-being among nurse educators. The present study provided valuable insights; however, additional research could explore other variables such as organizational leadership, policy implementation, and long-term outcomes. Scott-Marshall (2024) suggested that continued research in healthcare work environments would contribute to improved policies and workforce sustainability. Thus, future studies were encouraged to expand the scope and include larger populations to validate and extend the findings.

Summary of Findings

This study evaluated the workload, rest, and well-being of nurse educators in private colleges of nursing in Region IV-A, including differences and relationships among the variables. The findings were summarized according to the Statement of the Problem as follows:

1. Profile of the Respondents

The findings revealed that the respondents represented a diverse group of nurse educators in Region IV-A. In terms of age, respondents were distributed across different age groups, indicating a mix of early-career and experienced educators. In terms of sex,

the majority belonged to one dominant group, reflecting the gender composition of the nursing profession.

With respect to civil status, respondents varied, suggesting differences in personal responsibilities and social support. In terms of rank and position, respondents occupied different academic and employment roles, reflecting variations in responsibilities and expectations. Furthermore, respondents had varying levels of highest educational attainment, indicating differences in academic preparation and professional development.

In terms of length of experience as faculty, respondents ranged from novice to highly experienced educators. The number of working hours per week also varied, indicating differences in workload intensity. Regarding the level of students handled, respondents managed different academic levels, which reflected varying teaching demands. Lastly, respondents differed in employment status, including regular and contractual positions, suggesting variations in job stability, workload, and institutional support.

2. Assessment of Workload

The findings showed that respondents generally agreed that they experienced a moderate to high level of workload across all dimensions. In terms of general workload, respondents had perceived their responsibilities as demanding and multifaceted.

In terms of resources, limitations in materials, staffing, and institutional support contributed to increased workload. Regarding student demands, respondents reported that teaching, supervision, and mentoring significantly added to their workload.

Regarding work-life balance, respondents indicated that their workload had affected their ability to manage professional and personal responsibilities. Regarding technology integration, respondents experienced both benefits and challenges: while digital tools increased efficiency, they also required additional effort and adaptation.

Lastly, regarding cultural pressures, respondents agreed that expectations related to professionalism, productivity, and commitment contributed to their workload. Overall, the workload had been influenced by both task-related and contextual factors.

3. Assessment of Rest

The findings indicated that respondents generally experienced moderate challenges in their rest across all dimensions. Regarding physical rest, respondents reported fatigue due to heavy workloads and limited recovery time.

Regarding mental rest, respondents reported cognitive strain from continuous engagement with academic responsibilities. Regarding spiritual rest, some respondents may have experienced limited time for reflection and personal grounding.

Regarding emotional rest, respondents reported strain stemming from teaching responsibilities and student interactions. Regarding social rest, respondents had limited opportunities for social interaction due to workload demands.

Lastly, regarding creative rest, respondents may have experienced limited opportunities for innovation and creative expression due to time constraints. Overall, the findings suggested that rest had been affected by workload and work-related stress.

4. Assessment of Well-Being

The findings revealed that respondents generally maintained a moderate level of well-being across all dimensions. Regarding life satisfaction, respondents remained functional despite challenges.

Regarding physical health, respondents experienced some fatigue but continued to perform their roles. In terms of mental health, respondents experienced stress but demonstrated resilience.

In terms of meaning and purpose, respondents maintained a sense of professional commitment. In terms of character and caring, respondents upheld their responsibilities as nurse educators.

With respect to relationships, respondents maintained interactions with students and colleagues. In terms of financial status and stability, respondents experienced varying conditions depending on employment and position.

Lastly, in terms of affect, respondents generally maintained a positive emotional state despite work-related pressures.

5. Challenges Affecting the Respondents

The findings showed that respondents experienced moderate challenges with workload, rest, and well-being. Workload challenges included heavy responsibilities, limited resources, and student demands.

Rest challenges were influenced by limited recovery time, fatigue, and insufficient work-life balance. Well-being challenges were associated with stress, emotional strain, and workload-related pressures.

These challenges suggested that nurse educators had been exposed to multiple stressors that affected their overall functioning.

6. Significant Difference in Workload

The findings revealed a significant difference in workload assessments when grouped by respondents' profiles. Variables such as age, rank, experience, and position influenced respondents' perceptions of their workload.

7. Significant Difference in Well-Being

The findings showed a significant difference in well-being assessments when grouped by respondents' profiles. Differences in personal and professional characteristics influenced respondents' well-being experiences.

8. Significant Difference in Rest

The findings indicated a significant difference in the assessment of rest when respondents were grouped by profile. Rest experiences varied depending on workload, responsibilities, and personal circumstances.

9. Relationship of Challenges Among Workload, Rest, and Well-Being

The findings revealed a significant relationship among the challenges related to workload, rest, and well-being. Increased workload challenges were associated with reduced rest and decreased well-being.

10. Relationship Among Workload, Rest, and Well-Being

The findings showed that there was a significant relationship among workload, rest, and well-being. Higher workload was

associated with reduced rest and lower well-being, whereas adequate rest was associated with improved well-being.

11. Action Plan to Enhance Well-Being and Rest

Based on the findings, an action plan was proposed to enhance the well-being and rest of nurse educators. The plan focused on improving workload management, promoting work-life balance, enhancing institutional support, and encouraging recovery practices.

Specifically, strategies included equitable workload distribution, resource provision, flexible scheduling, wellness programs, and support systems. These interventions aimed to improve rest, reduce stress, and enhance overall well-being among nurse educators

Conclusion

Based on the findings of the study, the following conclusions are drawn to address the specific statements of the problem:

1. The nurse educators in private colleges of nursing in Region IV A represented a diverse group in terms of demographic and professional characteristics, including age, sex, civil status, rank, position, educational attainment, teaching experience, working hours, level of students handled, and employment status. These variations indicated that respondents differed in life circumstances, responsibilities, and professional exposure, which influenced their experiences with workload, rest, and well-being.
2. It was concluded that the respondents had experienced a moderate to high level of workload across all dimensions, including general workload, resources, student demands, work-life balance, technology integration, and cultural pressures. Their workload had been multifaceted, involving not only teaching but also administrative tasks, student supervision, and institutional expectations, which required sustained effort and adaptation.
3. It was concluded that the respondents had experienced moderate limitations in their rest, particularly in the areas of physical, mental, emotional, social, spiritual, and creative rest. The findings suggested that workload demands had reduced opportunities for adequate recovery, resulting in fatigue and limited restoration across various aspects of rest.
4. It was concluded that the respondents had maintained a moderate level of well-being across all dimensions, including life satisfaction, physical health, mental health, meaning and purpose, character and caring, relationships, financial stability, and affect. Despite work-related challenges, nurse educators had demonstrated resilience and commitment, allowing them to sustain their roles effectively.
5. It was concluded that nurse educators had experienced moderate challenges in terms of workload, rest, and well-being. Workload-related challenges included heavy responsibilities and high expectations, while the remaining challenges were related to insufficient recovery time. These factors collectively contributed to well-being challenges, including stress and emotional strain.
6. It was concluded that there had been a significant difference in the assessment of workload when

respondents were grouped according to their profile. This indicated that personal and professional characteristics, such as rank, experience, and position, had influenced how workload was perceived and managed.

7. It was concluded that there had been a significant difference in the assessment of well-being when grouped according to the respondents' profiles. This suggested that variations in demographic and professional factors had influenced the level of well-being experienced by nurse educators.
8. It was concluded that there had been a significant difference in the assessment of rest when grouped according to the respondents' profile. This indicated that rest and recovery experiences had varied depending on workload, responsibilities, and individual circumstances.
9. It was concluded that there had been a significant relationship among the challenges related to workload, rest, and well-being. Increased workload challenges were associated with reduced rest and heightened well-being challenges, highlighting the interconnected nature of these factors.
10. It was concluded that there had been a significant relationship among workload, rest, and well-being. Higher workload had been associated with reduced rest and lower well-being, whereas adequate rest had been associated with improved well-being. These findings emphasized that the three variables were interdependent.
11. It was concluded that the development and implementation of an action plan were necessary to enhance the rest and well-being of nurse educators. The findings indicated that strategies focusing on workload management, adequate resource provision, work-life balance promotion, and institutional support systems were essential for improving overall well-being and fostering a healthier academic environment.

Recommendations

Based on the study's findings and conclusions, the following recommendations were proposed to improve the workload, rest, and well-being of nurse educators at private colleges of nursing in Region IV-A. These recommendations were aligned with the respondents' identified needs and challenges.

1. In Relation to the Profile of the Respondents

It was recommended that nursing institutions consider the diverse profile of nurse educators when designing policies and programs. Since respondents differed in age, experience, academic rank, and employment status, institutions were encouraged to implement flexible and inclusive strategies that addressed their varying needs. For instance, mentoring programs could have been provided for less experienced faculty, while leadership opportunities and professional development activities could have been offered to senior educators.

2. In Relation to Workload

It was recommended that institutions develop clear and balanced workload policies to ensure equitable distribution of responsibilities among faculty members. The findings showed that nurse educators experienced moderate to high workload across multiple areas. Thus, school administrators were encouraged to

regularly review teaching assignments, administrative duties, and student supervision responsibilities to avoid excessive workload.

In addition, institutions were advised to improve resource availability by providing adequate teaching materials, instructional tools, and administrative assistance. This would have helped reduce unnecessary workload and allowed nurse educators to focus more on their core teaching functions.

To address student-related demands, it was recommended that colleges maintain appropriate faculty-to-student ratios and provide support mechanisms such as teaching assistants or structured student consultation schedules. These measures could have reduced the burden of continuous supervision and mentoring.

Furthermore, institutions were encouraged to enhance work-life balance policies, including implementing flexible schedules and limiting excessive after-work responsibilities. This would have allowed faculty members to allocate sufficient time to their personal and family lives.

In terms of technology integration, it was recommended that training and technical support be provided to faculty members to ensure efficient use of digital tools. Simplifying technological systems could have reduced the time spent on technical concerns and increased productivity.

Lastly, to address cultural pressures, it was recommended that institutions fostered a supportive work environment that promoted realistic expectations, open communication, and collaboration. This would have helped reduce unnecessary work-related pressure and improve faculty morale.

3. In Relation to Rest

It was recommended that institutions promoted adequate rest and recovery among nurse educators. The findings showed that respondents experienced moderate limitations in rest across multiple dimensions.

To improve physical rest, institutions were encouraged to provide manageable work schedules, scheduled break periods, and wellness activities. Faculty members should also have been encouraged to practice healthy lifestyle habits.

In terms of mental and emotional rest, institutions could have offered stress management programs, counseling services, and peer support groups to help faculty cope with work-related pressures.

For social and spiritual rest, institutions were encouraged to organize activities that promoted social interaction, community building, and personal reflection, such as team-building events or wellness retreats.

In addition, promoting creative rest, such as opportunities for innovation, research collaboration, or creative teaching strategies, could have helped nurse educators feel refreshed and motivated.

4. In Relation to Well-Being

It was recommended that institutions implemented comprehensive wellness programs that addressed the physical, mental, emotional, and social well-being of nurse educators. These programs could have included regular health assessments, mental health services, and wellness-oriented activities.

To improve life satisfaction and meaning in work, institutions were encouraged to recognize faculty achievements, provide opportunities for professional growth, and create a supportive academic environment.

In terms of relationships, promoting positive communication and collaboration among faculty members and students could have enhanced workplace relationships.

For financial stability, institutions were encouraged to review compensation and benefits to ensure that they remained fair and competitive.

5. In Relation to Challenges (Workload, Rest, and Well-Being)

It was recommended that institutions addressed work-related challenges through integrated interventions. Since workload, rest, and well-being were interconnected, interventions should have focused on balancing these factors rather than addressing them separately.

Providing faculty support systems, wellness initiatives, and manageable workloads could have reduced the overall challenges nurse educators experienced.

6. In Relation to Differences in Workload

It was recommended that institutions implement fair and transparent workload distribution systems that consider differences in faculty profiles. Assignments should have been based on qualifications, experience, and capacity, ensuring that no group of faculty members was overburdened.

7. In Relation to Differences in Well-Being

It was recommended that targeted well-being programs be developed for specific groups of faculty members. For example, early-career educators could have benefited from mentorship and support programs, while experienced faculty could have been given opportunities to engage in leadership and professional development.

8. In Relation to Differences in Rest

Area of Concern	Objectives	Strategies/Activities	Responsible Persons	Timeline	Budget Source
Workload Management	To ensure an equitable and manageable workload among faculty	Review and adjust faculty teaching load, administrative tasks, and student assignments	Dean, Program Chair, Academic Affairs Office	Every semester	School of Nursing Operational Budget (MOOE)
		Develop a workload distribution policy based on rank and experience	Dean, QA Office	Annual	Institutional Policy Development Fund
Resource Support	To improve resource availability for teaching and administrative tasks	Provide teaching materials, equipment, and administrative assistance	School Administrator, Procurement Office	Annual / As needed	MOOE, Instructional Materials Fund
		Assign clerical or teaching assistants for faculty support	HR Department, Dean	Every semester	Personnel Services Budget
Student Demand Management	To reduce the excessive workload from student supervision	Maintain an appropriate faculty-student ratio	Dean, Academic Affairs	Annual	CHED Compliance Allocation

It was recommended that institutions provide flexible rest and recovery opportunities to accommodate the needs of different faculty groups. Work schedules and assignments should have allowed sufficient time for rest and personal activities.

9. In Relation to the Relationship of Challenges

It was recommended that interventions address the combined challenges of workload, rest, and well-being, as these factors were significantly related. Reducing workload while improving opportunities for rest would have contributed to better well-being outcomes.

10. In Relation to the Relationship Among Workload, Rest, and Well-Being

It was recommended that institutions adopt a balanced approach to managing workloads and promoting rest to improve faculty well-being. Efforts should have focused on maintaining a healthy equilibrium among these variables.

11. In Relation to the Proposed Action Plan

It was recommended that institutions implement a practical action plan that included workload management, rest promotion, and well-being programs. The action plan should have involved school administrators, faculty members, and support staff to ensure successful implementation.

Regular monitoring and evaluation should have been conducted to assess the effectiveness of these interventions and ensure continuous improvement. Feedback from faculty members should have been used to refine programs and policies.

Action Plan to Enhance Workload Management, Rest, and Well-Being of Nurse Educators

Based on the study's results, the Holistic Faculty Revitalization Program was proposed to improve the workload, rest, and well-being of nurse educators in private colleges of nursing in Region IV-A. This plan aimed to provide practical, achievable, and institutionally aligned interventions to ensure sustainability and effectiveness.

		Schedule structured consultation hours and supervision guidelines	Program Chair	Every semester	No additional cost
Work-Life Balance	To promote balance between professional and personal responsibilities	Implement flexible scheduling and limit after-work tasks	Dean, HR Department	Ongoing	Institutional HR Budget
		Organize wellness and family-oriented activities.	Wellness Committee	Quarterly	Wellness Program Budget
Technology Integration	To improve efficiency in teaching through technology	Conduct faculty training on LMS and digital tools	IT Department, Academic Affairs	Semi-annual	ICT Development Fund
		Provide technical support services.	IT Department	Ongoing	ICT Budget
Rest and Recovery	To improve physical, mental, and emotional rest among faculty	Implement scheduled break times and workload limits	Dean, HR	Ongoing	No additional cost
		Conduct rest and wellness training (physical, mental, emotional, social)	Wellness Committee, External Trainers	Semi-annual	Faculty Development Fund
		Provide designated rest areas or wellness spaces	Facilities Office	Annual	MOOE / Infrastructure Fund
Well-Being Enhancement	To improve the overall well-being of the faculty	Establish counseling and mental health support services	HR, Guidance Counselor, Psychologist	Ongoing	Wellness and Health Services Budget
		Conduct regular well-being programs and stress management workshops	Wellness Committee	Quarterly	Faculty Development Fund
Financial Stability Support	To improve the financial well-being of the faculty	Review the salary structure and provide incentives	Administration, Finance Office	Annual	Institutional Budget
		Provide financial literacy sessions.	HR Department	Annual	HR Development Fund
Differences in Profile (Tailored Support)	To address the varying needs of faculty	Provide mentorship for new faculty and support programs for senior faculty.	Program Chair, Senior Faculty	Ongoing	Faculty Development Fund
Monitoring and Evaluation	To ensure effective implementation of interventions	Conduct annual surveys on workload, rest, and well-being	Research Office, QA Office	Annual	Institutional Research Budget
		Monitor faculty workload and compliance with standards	QA Office, Dean	Every semester	No additional cost
CHED Coordination	To ensure compliance with workload standards	Coordinate with CHED for faculty loading audit and review	Dean, Academic Affairs, CHED Regional Office	Annual	Government/CHED Support
Action Plan Sustainability	To sustain program effectiveness	Conduct regular review and improvement of policies	Administration, QA Office	Annual	Institutional Budget

Overall, the recommendations emphasized the importance of creating a supportive, balanced, and sustainable work environment for nurse educators. By addressing workload, enhancing rest, and promoting well-being, nursing institutions could improve faculty performance, job satisfaction, and quality of education.

Appendix A

QUESTIONNAIRE

(PALATANUNGAN)

Please spare 10-20 mins to complete this questionnaire designed for research study entitled **“WORKLOAD, REST, AND WELL-BEING AMONG NURSE EDUCATORS IN THE COLLEGES OF NURSING IN PRIVATE HIGHER EDUCATIONAL INSTITUTIONS (HEIs) IN REGION IV-A”**. (Mangyaring maglaan ng 10-20 minuto upang sagutan ang talatanungan na idinisenyo para sa pananaliksik na pinamagatang **“WORKLOAD, REST, AND WELL-BEING AMONG NURSE EDUCATORS IN THE COLLEGES OF NURSING IN PRIVATE HIGHER EDUCATIONAL INSTITUTIONS (HEIs) IN REGION IV-A”** **“DAMI NG TRABAHO, PAGPAPAHINGA, AT KALUSUGAN NG MGA GURONG NARS SA MGA KOLEHIYO NG NARSING SA MGA PRIBADONG MATAAS NA INSTITUSYON NG EDUKASYON SA REHIYON IV-A”**)

This questionnaire is designed to assess the factors affecting well-being to develop rest action plan. (Ang talatanungang ito ay idinisenyo upang suriin ang mga salik na nakaaapekto sa kagalingan upang makabuo ng isang plano ng pagkilos para sa pagpapahinga.)

Please provide all the necessary information by putting a check opposite your answer. (Mangyaring ibigay ang lahat ng kinakailangang impormasyon sa pamamagitan ng paglalagay ng tsek sa tapat ng iyong sagot.)

Part I. Respondent's Profile (Bahagi I. Profil/Impormasyon ng Responde)

1.1 Age (Edad)

- _____ 25 years old and below (25 taong gulang pababa)
_____ 26 – 35 years old (26-35 taong gulang)
_____ 36 – 45 years old (36-45 taong gulang)
_____ 46 – 55 years old (46-55 taong gulang)
_____ 56 years and above (56 taong gulang pababa)

1.2 Sex (Kasarian)

- _____ Male (Lalaki)
_____ Female (Babae)

1.3 Civil Status (Katayuang Sibil)

- _____ Single (Walang Asawa/Binata/Dalaga)
_____ Married (May Asawa/Kasal)
_____ Widow (Balo/Biyuda/Biyudo)
_____ Others (Please specify) (Iba pa (Mangyaring tukuyin))

1.4 Rank (Pagkaka-ranggo o Pagraranggo/Pag-uuri ayon sa ranggo)

- _____ Nurse Instructor I (Instruktor na Nars I)
_____ Nurse Instructor II (Instruktor na Nars II)
_____ Nurse Instructor III (Instruktor na Nars III)
_____ Nurse Instructor IV (Instruktor na Nars IV)
_____ Assistant Professor of Nursing (Asistenteng Propesor sa Narsing)
_____ Associate Professor of Nursing (Asosyadong Propesor ng Narsing)
_____ Full Professor (Ganap na Propesor)
_____ Professor Emeritus/ Emerita (Propesor Emerito/Emerita)
_____ Others (Iba pa)

1.5 Position (Posisyon)

- _____ Clinical Instructor (*Instruktor sa Klinika*)
- _____ Lecturer (*Tagapagturo*)
- _____ Both Clinical Instructor and Lecturer (*Parehong Instruktor sa Klinika at Tagapagturo*)
- _____ Faculty Coordinator (*Tagakoordina ng Pagtuturo*)
- _____ Research Coordinator (*Tagakoordina ng Mananaliksik*)
- _____ Clinical Coordinator (*Tagakoordina ng Pagtuturong Klinikal*)
- _____ Program Head (*Pinuno ng Programa*)
- _____ Dean (*Dekano*)
- _____ Others (*Iba pa*)

1.6 Highest Educational attainment(*Pinakamataas na natapos sa Antas ng Edukasyon*)

- _____ Bachelor of Science in Nursing (*Batsilyer ng Agham sa Narsing*)
- _____ with Master units (*May mga yunit ng Master*)
- _____ MA graduate (*Nagtapos ng Masteral na Kurso*)
- _____ PhD unit (*Yunit ng PhD/Yunit ng Doktorado*)
- _____ Doctor of Philosophy in Nursing (*Doktor ng Pilosopiya sa Narsing*)
- _____ Others (please indicate) *Iba pa (pakisuyo na itukoy)*

1.6 Length of Experience (*Haba/Tagal ng Karanasan*)

- _____ 5 – 10 years (*5-10 taon*)
- _____ 11 – 15 years (*11-15 taon*)
- _____ 16 – 20 years (*16-20 taon*)
- _____ 21 – 30 years (*21-30 taon*)
- _____ Others (please indicate) (*Iba pa (pakisuyo na itukoy)*)

1.7 Current Number of working hours per week (*Kasalukuyang Bilang ng Oras ng trabaho bawat linggo*)

- _____ 12-18 hours (*12 - 18 oras*)
- _____ 19-24hours (*19-24 oras*)
- _____ 25-30 hours (*25-30 oras*)
- _____ 31-35 hours (*31-35 oras*)
- _____ others (please specify) (*Iba pa (pakisuyo na itukoy)*)

1.8 What is the level of students handled? (*Ano ang antas ng mga estudyanteng hinahawakan?*)

- _____ first Year (*Unang taon*)
- _____ second year (*Ikawang taon*)
- _____ third year (*Ikatlong taon*)
- _____ fourth year (*Ikaapat na taon*)

1.9 What is your employment status? (*Ano ang iyong katayuan sa trabaho?*)

___ Full time (*Buo ang oras*)
 ___ part time (*Kalahating oras*)

II. Nurse Educator's Workload Assessment (*Pagsusuri ng Trabaho ng Tagapagturo ng Narsing*)

Please read the statements carefully and indicate how strongly your level of agreement using the following scale: (*Pakisuyong basahin nang mabuti ang mga pahayag at itukoy kung gaano kalakas ang iyong pagsang-ayon o pagsalungat dito gamit ang sumusunod na sukatan:*)

1- Strongly Disagree (Lubos na hindi Sumasang-ayon)

2- Disagree (Hindi Sumasang-ayon)

3- Agree (Sumasang-ayon)

Strongly agree (Lubos na Sumasang-ayon)

Question (<i>Tanong</i>)	4	3	2	1
GENERAL WORKLOAD (PANGKALAHATANG TRABAHO/KABUUANG TRABAHO)				
I feel overwhelmed by the amount of work I have to do. (<i>Nakaramdam ako ng labis na pagkapagod sa dami ng trabaho na kailangan kong gawin.</i>)				
I have difficulty finding time for rest and relaxation (<i>Nahirapan akong makahanap ng oras para magpahinga at magrelaks.</i>)				
I work beyond my scheduled hours. (<i>Nagtrabaho ako lampas sa aking nakatakdang oras.</i>)				
I feel pressured to meet unrealistic deadlines. (<i>Nakaramdam ako ng presyon ng mga gawain upang matugunan ang mga hindi makatotohanang takdang oras.</i>)				
I have to juggle multiple responsibilities, such as teaching, clinical practice, and administrative tasks. (<i>Kailangan ko pagsabay-sabayin ang maraming responsibilidad, tulad ng pagtuturo, klinikal na pagsasanay, at mga administratibong gawain.</i>)				
RESOURCES (MGA PINAGKUKUNAN)				
I lack access to adequate resources, such as technology, equipment, and support staff. (<i>Wala akong pagkakataon sa sapat na mga pinagkukunan, tulad ng teknolohiya, kagamitan, at mga tauhang sumusuporta.</i>)				
I feel under- supported by my institution in terms of professional development opportunities (<i>Pakiramdam ko ay kulang ang suporta na ibinibigay sa akin ng aking institusyon pagdating sa mga oportunidad para sa propesyonal na pag-unlad.</i>)				
I don't have enough time or resources to attend to conferences or workshops (<i>Wala akong sapat na oras o yaman upang dumalo sa mga kumperensya o mga pagsasanay.</i>)				
I feel that my workload is not manageable given the resources available to me. (<i>Pakiramdam ko ay hindi ko kayang pamahalaan ang aking mga gawain dahil sa limitadong mga pinagkukunan na mayroon ako.</i>)				

STUDENT DEMANDS (MGA KAHILINGAN NG MGA ESTUDYANTE)

I feel pressured to be available for students outside of regular class hours. *(Pakiramdam ko ay may presyon na magkaroon ng magagamit na oras para sa mga estudyante kahit labas pa sa regular na oras ng klase.)*

I deal with challenging student behaviors. *(Nakikitungo ako sa mga mahirap na pag-uugali ng mga estudyante.)*

I feel like I am being pulled in different directions by student needs. *(Pakiramdam ko ay para akong hinihila sa iba't-ibang direksyon ng mga pangangailangan ng mga estudyante.)*

I have difficulty balancing my responsibilities to students with my own need for rest. *(Nahihirapan akong pagbalansehin ang aking mga responsibilidad sa mga estudyante at ang aking pangangailangan para magpahinga.)*

WORK LIFE BALANCE (BALANSE SA TRABAHO AT BUHAY)

It's difficult to separate my work life from my personal life. *(Mahirap paghiwalayin ang aking buhay-trabaho mula sa aking personal na buhay.)*

I often feel like I am always "on" and never truly able to relax. *(Madalas kong maramdaman na palagi akong nasa trabaho at hindi makapagpahinga.)*

I bring work home with me. *(Dala ko ang trabaho pauwi.)*

I have difficulty finding time for my hobbies and interests. *(Nahihirapan akong makahanap ng oras para sa aking mga linangan at interest.)*

TECHNOLOGY INTEGRATION (PAGSASAMA NG TEKNOLOHIYA)

I struggle to keep up with the ever-changing technology in nursing education. *(Nahihirapan akong makasunod sa patuloy na pagbabago ng teknolohiya sa edukasyong nursing.)*

I feel overwhelmed by the amount of technology I have to use when I am teaching. *(Pakiramdam ko ay labis akong naaapektuhan sa dami ng teknolohiya na kailangan kong gamitin kapag ako'y nagtuturo.)*

I lack adequate training and support in using technology effectively. *(Kulang ako sa sapat na pagsasanay at suporta sa tamang paggamit ng teknolohiya.)*

I feel like technology is adding to my workload and stress. *(Pakiramdam ko ay ang teknolohiya ay nagdaragdag sa aking trabaho at stress/pagkapagod.)*

CULTURAL PRESSURES (MGA PRESYON NG KULTURA)

There is a culture in my institution that encourages working long hours. *(May kultura sa aking institusyon na naghihiikayat ng pagtatrabaho ng mahabang oras.)*

I feel pressure to be available for students and colleagues at all times. <i>(Pakiramdam ko ay may presyon na maging handa para sa mga estudyante at kasamahan sa trabaho sa lahat ng oras.)</i>				
I feel like it's difficult to take time for myself without feeling guilty. <i>(Pakiramdam ko ay mahirap maglaan ng oras para sa sarili ko nang hindi nakakaramdam ng pagkakasala.)</i>				

III. Nurse Educator's Rest Assessment *(Pagsusuri ng Pahinga ng Tagapagturo ng Nars)*

Please read the statements carefully and indicate how strongly you agree or disagree with it using the following scale: *(Pakisuyong basahin nang mabuti ang mga pahayag at itukoy kung gaano kalakas ang iyong pagsang-ayon o pagsalungat dito gamit ang sumusunod na sukatan:*

1- **Strongly Disagree** (Lubos na hindi Sumasang-ayon)

2- **Disagree** (Hindi Sumasang-ayon)

3- **Agree** (Sumasang-ayon)

4- **Strongly agree** (Lubos na Sumasang-ayon)

Question <i>(Tanong)</i>	4	3	2	1
PHYSICAL				
I get enough sleep at nights. <i>(Nakakakuha ako ng sapat na tulog sa gabi.)</i>				
I feel rested and energized when I wake up in the morning. <i>(Nakaramdam ako ng pahinga at enerhiya kapag ako'y gumigising sa umaga.)</i>				
I engage in regular physical activity that I enjoy. <i>(Ako'y nagsasagawa ng regular na pisikal na aktibidad na aking kinagigiliwan.)</i>				
I incorporate relaxation techniques into my daily routine (example stretching, deep breathing, yoga) <i>(Inilalagay ko ang mga teknik sa pagpapahinga sa aking araw-araw na routine (halimbawa: pag-uunat/pag-iunat, malalim na paghinga, yoga))</i>				
I am able to take breaks during my workday to rest and recharge. <i>(Ako ay nakakakuha ng mga pahinga sa aking araw ng trabaho upang magpahinga at magpatibay muli.)</i>				
MENTAL REST <i>(Pahinga ng Isipan)</i>				
I am able to clear my mind and relax my thoughts when I am not at work. <i>(Ako ay nakakayang linisin ang aking isipan at magpahinga ang aking mga iniisip kapag hindi ako nagtatrabaho.)</i>				
I practice mindfulness or meditation to reduce stress and improve my focus. <i>(Nagsasanay ako ng pagkakaroon ng kamalayan o meditasyon upang mabawasan ang stress/pagod at mapabuti ang aking konsentrasyon.)</i>				
I engage in activities that help me de-stress, such as reading, listening to music, or spending time in nature. <i>(Ako ay nagsasagawa ng aktibidad na tumutulong sa akin upang magpahinga, tulad ng pagbabasa, pakikinig sa musika, o paglalaan ng oras sa kalikasan.)</i>				

I am able to set boundaries between work and personal time to avoid bringing work home with me. <i>(Ako ay nakakayang magtakda ng mga oras ng trabaho at personal na oras upang maiwasan ang pagdadala ng trabaho sa bahay.)</i>				
I am able to manage my time effectively to avoid feeling overwhelmed. <i>(Ako ay nakakayang pamahalaan ang aking oras nang maayos upang maiwasan ang pakiramdam ng pagiging labis na abala.)</i>				
SPIRITUAL REST (PAHINGA NG ESPIRITU)				
I engage in spiritual practices that bring me peace and meaning (example: prayer, meditation, connecting with nature). <i>(Ako ay nagsasagawa ng mga espiritwal na gawain na nagbibigay sa akin ng kapayapaan at kahulugan (halimbawa: dasal, meditasyon, pakikisalamuha sa kalikasan))</i>				
I feel a sense of purpose and connection to something larger than myself. <i>(Naramdaman ko ang isang layunin at koneksyon sa isang bagay na mas malaki kaysa sa aking sarili.)</i>				
I can find moments of quiet reflection and contemplation in my daily life. <i>(Nakakakita ako ng mga sandali ng tahimik na pagninilay-nilay at pagmumuni-muni sa aking araw-araw na buhay.)</i>				
EMOTIONAL REST (PAHINGA NG EMOSYON)				
I am able to express my emotions in a healthy way. <i>(Ako ay nakakayang ipahayag ang aking mga emosyon sa isang malusog na paraan.)</i>				
I have people in my life that I can talk about my feelings. <i>(May mga tao sa buhay ko na maaari kong kausapin tungkol sa aking mga nararamdaman.)</i>				
I engage in activities that bring me joy and help me to feel emotionally balanced. <i>(Ako ay nagsasagawa ng mga aktibidad na nagdudulot sa akin ng kaligayahan at tumutulong upang maramdaman ko ang emosyonal na balanse.)</i>				
I can set boundaries to protect my emotional well-being. <i>(Ako ay nakakayang magtakda ng mga hangganan upang protektahan ang aking emosyonal na kalusugan.)</i>				
SOCIAL REST (PAHINGA SA SOSYAL NA ASPETO)				
I spend quality time with loved ones and friends. <i>(Naglalaan ako ng mahalagang oras kasama ang mga mahal sa buhay at mga kaibigan.)</i>				
I have a strong support network of people I can rely on. <i>(Mayroon akong matibay na mga taong nagbibigay ng suporta na maaari kong pagkatiwalaan.)</i>				
I engage in social activities that help me feel corrected and supported. <i>(Ako ay nagsasagawa ng mga aktibidad na panlipunan na tumutulong sa akin na maramdaman ang koneksyon at suporta.)</i>				

CREATIVE REST (PAHINGA MULA SA PAGLIKHA)

I engage in creative activities that bring me joy and relaxation (example painting, writing and playing music). (<i>Ako ay nagsasagawa ng mga malikhaing aktibidad na nagdudulot sa akin ng kaligayahan at pagpapahinga (halimbawa: pagpipinta, pagsusulat, at pagtugtog ng musika)</i>)				
I allow myself time to explore new ideas and interests. (<i>Binibigyan ko ang aking sarili ng oras upang mag-eksplora ng mga bagong ideya at interes.</i>)				
I feel inspired and motivated to be creative in my work and personal life. (<i>Naramdaman ko ang inspirasyon at motibasyon na maging malikhain sa aking trabaho at personal na buhay.</i>)				

IV. Well-Being Assessment (Pagsusuri ng Kalusugan)

Please read the statements carefully and indicate how strongly you agree or disagree with it using the following scale: (*Pakisuyong basahin nang maigi ang mga pahayag at itukoy kung gaano kalakas ang iyong pagsang-ayono pagsalungat dito gamit ang sumusunod na sukatan:*)

1- Strongly Disagree (Lubos na hindi Sumasang-ayon)

2- Disagree (Hindi Sumasang-ayon)

3- Agree (Sumasang-ayon)

4- Strongly agree (Lubos na Sumasang-ayon)

Question (Tanong)	4	3	2	1
LIFE SATISFACTION (KASIYAHAN SA BUHAY)				
I am satisfied with my life overall. (<i>Nasisiyahan ako sa aking buhay sa kabuuan</i>)				
I feel like my life has meaning and purpose. (<i>Pakiramdam ko ay may kahulugan at layunin ang aking buhay.</i>)				
I am generally happy with my current situation. (<i>Sa pangkalahatan, masaya ako sa aking kasalukuyang kalagayan.</i>)				
PHYSICAL HEALTH (PISIKAL NA KALUSUGAN)				
I am generally healthy and have no major health concerns. (<i>Sa pangkalahatan, ako ay malusog at wala akong malalaking problema sa kalusugan.</i>)				
I am able to engage in physical activities that I enjoy. (<i>Ako ay nakakayang magsagawa ng mga pisikal na aktibidad na aking kinagigiliwan.</i>)				
I feel energized and have enough energy to meet my daily demands. (<i>Pakiramdam ko ay puno ako ng enerhiya at may sapat na lakas upang matugunan ang aking mga pang-araw-araw na pangangailangan.</i>)				
MENTAL HEALTH (KALUSUGANG PANGKAISIPAN)				
I feel calm and relaxed most of the time. (<i>Pakiramdam ko ay kalmado at relaks ako karamihan ng oras.</i>)				

I am able to manage stress effectively. (<i>Ako ay nakakayang pamahalaan ang stress/pagka-bagabag nang epektibo.</i>)				
I have a positive outlook in life. (<i>Mayroon akong positibong pananaw sa buhay.</i>)				
MEANING AND PURPOSE (KAHULUGAN AT LAYUNIN)				
I feel like my work is meaningful and makes a difference. (<i>Pakiramdam ko ay may kahulugan ang aking trabaho at ito ay may epekto.</i>)				
I have a clear sense of purpose in life. (<i>Mayroon akong malinaw na pakiramdam ng layunin sa buhay.</i>)				
I am motivated to achieve my goals. (<i>May motibasyon ako na makamit ang aking mga layunin.</i>)				
CHARACTER AND CARING (PAGKATAO AT PAG-AALAGA)				
I am committed to ethical behavior and acting with integrity. (<i>Nakatuon ako sa tamang asal at kumikilos ng may integridad.</i>)				
I can show compassion and empathy towards others. (<i>Ako ay nakakayang magpakita ng malasakit at empatiya sa iba.</i>)				
I feel like I am making a positive impact on the lives of others. (<i>Pakiramdam ko ay nakakapagbigay ako ng positibong epekto sa buhay ng iba.</i>)				
RELATIONSHIPS (MGA RELASYON)				
I feel supported and loved by my family and friends. (<i>Pakiramdam ko ay ako'y sinuportahan at minamahal ng aking pamilya at mga kaibigan</i>)				
I have strong and satisfying relationships with my colleagues. (<i>Mayroon akong matibay na kasiya-siyang relasyon sa aking mga katrabaho.</i>)				
I feel connected to my community. (<i>Pakiramdam ko ay konektado ako sa aking komunidad.</i>)				
FINANCIAL STATUS AND STABILITY (KALAGAYANG PINANSYAL AT KATATAGAN)				
I am financially secure and able to meet my basic needs. (<i>Matatag ako sa pinansyal at kayang-kaya kong tugunan ang aking mga pangunahing pangangailangan.</i>)				
I feel confident about my financial future. (<i>Pakiramdam ko ay kumpiyansa ako sa aking hinaharap na pinansyal.</i>)				
I can provide well for my family. (<i>Ako ay nakakayang magbigay nang maayos para sa aking pamilya.</i>)				
AFFECT (EPEKTO)				
I experience more positive emotions than negative emotions. (<i>Nakaranas ako ng mas maraming positibong emosyon kaysa negatibong emosyon.</i>)				
I feel hopeful and optimistic about the future.				

(Pakiramdam ko ay may pag-asa at positibo ako tungkol sa hinaharap.)				
I can handle my emotions well. (Ako ay nakakayang pamahalaan ang aking mga emosyon ng maayos.)				

V. Challenges Assessment (Pagsusuri ng mga Hamon)

Please read the statements carefully and indicate how strongly you agree or disagree with it using the following scale: (Pakisuyong basahin nang maigi ang mga pahayag at itukoy kung gaano kalakas ang iyong pagsang-ayon o pagsalungat dito gamit ang sumusunod na sukata:)

1- **Strongly Disagree** (Lubos na hindi Sumasang-ayon)

2- **Disagree** (Hindi Sumasang-ayon)

3- **Agree** (Sumasang-ayon)

4- **Strongly agree** (Lubos na Sumasang-ayon)

Question	4	3	2	1
WORKLOAD (DAMI NG TRABAHO)				
I often feel overwhelmed by the amount of work I need to complete. (Madalas ako makaramdam ng pagkabigo/pagkalumbay dahil sa dami ng trabaho na kailangan kong tapusin.)				
The workload I have requires me to work beyond my scheduled working hours. (Ang dami ng trabaho ko ay nangangailangan sa akin na magtrabaho lampas sa aking nakatakdang oras ng trabaho.)				
I have sufficient resources (technology and equipment, support staff) to effectively complete tasks. (Mayroon akong sapat na mga yaman/o mga kagamitan (teknolohiya at kagamitan, mga kawani na sumusuporta) upang epektibong matapos ang mga gawain.)				
I find it challenging to balance teaching, clinical responsibilities, and administrative tasks. (Nahirapan akong magbalanse ng pagtuturo, mga klinikal na responsibilidad, at mga administratibong gawain.)				
Student demands add up to my workload significantly. (Ang mga kahilingan ng estudyante ay lubos na nagpapabigat sa aking dami ng trabaho.)				
I am pressured to use technology when I am teaching. (Nasa ilalim ako ng presyon/stress na gumamit ng teknolohiya kapag ako ay nagtuturo.)				
My professional development is well supported by my institution. (Ang aking propesyonal na pag-unlad ay mahusay na sinusuportahan ng aking institusyon.)				
REST (PAHINGA)				
I sleep 8 to 10 hours per day. (Natutulog ako ng 8-10 oras bawat araw.)				
I consume my break time during workday to rest and recharge. (Ginugol ko ang aking oras ng pahinga sa araw ng trabaho upang magpahinga at magbalik-loob ng lakas.)				
I use relaxation techniques, such as deep breathing, exercise, and stretching to relieve stress. (Gumagamit ako ng mga teknik sa pagpapahinga, tulad ng malalim na paghinga, ehersisyo, at pag-uunat upang mabawasan ang pagka-bagabag.)				

I have time to socialize with my friends and family. <i>(Mayroon akong oras upang makisalamuha/makipag-ugnayan sa mga kaibigan at pamilya.)</i>				
I use mindfulness that help me manage stress and improve my focus. <i>(Ginagamit ko ang pagmuni-muni upang makatulong sa akin na mapamahalaan ang stress at mapabuti ang aking pokus.)</i>				
I make clear boundaries at work and personal time. <i>(Nagtatakda ako ng malinaw na hangganan sa oras ng trabaho at personal na oras.)</i>				
I find it challenging to incorporate rest practices into my daily routine. <i>(Napapansin kong mahirap isama ang mga gawain ng pagpapahinga sa aking araw-araw na rutina.)</i>				
WELL-BEING (KALUSUGAN/KAGALINGAN/KAPAKANAN)				
My work responsibilities negatively affect my mental health. <i>(Ang aking mga responsibilidad sa trabaho ay negatibong nakakaapekto sa aking kalusugang pangkaisipan.)</i>				
I often feel physically exhausted and unable to recharge effectively <i>(Madalas akong makaramdam ng pisikal na pagkapagod at hindi kayang magpahinga nang epektibo.)</i>				
I experience frequent stress or anxiety related to my job. <i>(Madalas akong nakakaranas ng stress o pagkabahala na may kinalaman sa aking trabaho.)</i>				
My job allows me to find meaning and purpose in my daily tasks. <i>(Ang aking trabaho ay nagbibigay-daan sa akin upang makahanap ng kahulugan at layunin sa aking pang araw-araw na mga gawain.)</i>				
My overall well-being has been declining due to work-related challenges. <i>(Ang aking kabuuang kalusugan ay bumababa dahil sa mga hamon na may kinalaman sa trabaho.)</i>				
Financial concerns related to my work affect my overall well-being. <i>(Ang mga alalahaning pinasyal na may kinalaman sa aking trabaho ay nakakaapekto sa aking kabuuang kalusugan.)</i>				
I often feel physically exhausted and unable to recharge effectively. <i>(Madali akong makaramdam ng pisikal na pagkapagod at hindi kayang magpahinga nang epektibo.)</i>				

Thank you for taking the time to complete the questionnaire. Your valuable input will greatly contribute to our research efforts in improving the well-being of the nurse educators in Region IV-A. We appreciate your participation and insights. *Maraming salamat sa paglalaan ng oras upang kumpletuhin ang talatanungan. Ang inyong mahalagang kontribusyon ay malaki ang maitutulong sa aming mga pagsisikap na mapabuti ang kalusugan at kapakanan ng mga guro ng nars sa Rehiyon IV-A. Pinahahalagahan naming ang inyong pakikilahok at mga pananaw.*

Appendix B

Apendiks B

WHO Informed Consent Form

Polmularyo ng Pahintulot na May Kaalaman ng WHO

This Informed Consent form is for male and female nurse educators teaching in the Colleges of Nursing in Public and Private Institution in Region IV-A and who I am inviting to participate in a research study entitled “WORKLOAD, REST, AND WELL-BEING AMONG NURSES TEACHING IN THE COLLEGES OF NURSING IN PRIVATE HIGHER EDUCATIONAL INSTITUTIONS (HEIs) IN REGION IV-A”.

Ang polmularyong ito ng pahintulot na may kaalaman ay para sa mga lalake at babaeng tagapagturo ng Narsing na nagtuturo sa mga Kolehiyo ng Narsing sa mga Pamubliko at Pribadong Institusyon sa Rehiyon IV-A at sila ay inaanyayahan kong lumahok sa isang pag-aaral ng pananaliksik na pinamagatang “DAMI NG TRABAHO, PAGPAPAHINGA, AT KALUSUGAN NG MGA GURONG NARS SA MGA KOLEHIYO NG NARSING SA MGA PRIBADONG MATAAS NA INSTITUSYON NG EDUKASYON SA REHIYON IV-A”

Part I: Information Sheet

Bahagi I: Pahinang Impormasyon

Introduction

Panimula

I am Maria Kristine Nicola M. de Mesa- Iglesia, working as a Nurse II , in the Department of Education in Schools Division Of Marinduque, I am currently taking Doctor of Philosophy in Nursing. I am doing a study entitled, “WORKLOAD, REST, AND WELL-BEING AMONG NURSES TEACHING IN THE COLLEGES OF NURSING IN PRIVATE HIGHER EDUCATIONAL INSTITUTIONS (HEIs) IN REGION IV-A”.

Ako si Maria Kristine Nicola M. de Mesa- Iglesia, nagtatrabaho bilang Nars II sa Divisyon ng mga Paaralan ng Marinduque, kasalukyan akong kumukuha ng Doktor ng Pilosopiya sa Narsing. Ako ay nagsasagawa ng isang pag-aaral na pinamagatang, “DAMI NG TRABAHO, PAGPAPAHINGA, AT KALUSUGAN NG MGA GURONG NARS SA MGA KOLEHIYO NG NARSING SA MGA PRIBADONG MATAAS NA INSTITUSYON NG EDUKASYON SA REHIYON IV-A”

May I invite you to be part of this research. Kindly read and answer the questions and adhere to the terms and conditions regarding your participation in this study.

Inaanyayahan ko po kayong maging bahagi ng pag-aaral na ito. Mangyaring basahin at sagutin ang mga tanong at sundin ang mga alituntunin at kondisyon ukol sa inyong paglahok sa pag-aaral na ito.

Purpose of the Research

Layunin ng Pananaliksik

The purpose of this research is to assess the workload, rest practices, and well-being of nurse educators in private higher education institutions in Region IV-A. Determine the relationships between workload, rest, and well-being. Identify the challenges affecting nurse educators' workload, rest, and well-being. Propose an action plan to enhance the well-being and rest of nurse educators.

Ang layunin ng pananaliksik na ito ay suriin ang mga gawain sa trabaho, mga pamamaraan ng pagpapahinga, at kalusugan ng mga guro ng nars sa mga pribadong institusyon ng mas mataas na edukasyon sa Rehiyon IV-A. Tukuyin ang ugnayan ng mga gawain sa trabaho, pagpapahinga, at kalusugan. Magmungkahi ng isang plano ng aksyon upang mapabuti ang kalusugan at pagpapahinga ng mga guro ng nars.

Type of Research Instrument

Uri ng Kasangkapan sa Pananaliksik

This research study will involve the participation of the nurses teaching in the private colleges of nursing in region IV-A by answering a survey questionnaire composed of: part 1 profile of the respondent's part 2 workload assessment part 3 Nurse educator's rest assessment part 4 Nurse Educator's Well-being Assessment and part 5 is the Challenge Assessment

Ang pag-aaral na ito ay magsasangkot ng paglahok ng mga nars na nagtuturo sa mga pribadong kolehiyo ng narsing sa rehiyon IV-A sa pamamagitan ng pagsagot sa isang talatanungan ng surbey na binubuo ng: bahagi 1, profil ng mga kalahok; bahagi 2, pagsusuri ng gawain sa trabaho; bahagi 3, pagsususri ng pagpapahinga ng mga guro ng nars; bahagi 4, pagsusuri ng kalusugan ng mga guro ng nars; at bahagi 5, pagsusuri ng mga hamon.

Participant Selection

Pagpili ng mga Kalahok

The respondents will consist of the nurses teaching in the private nursing schools specifically located in Cavite, Laguna, Batangas, Rizal and Quezon. For homogeneity, inclusion criteria will be as follows: The Filipino Nurse Educator must be working in the colleges of nursing in private higher educational institutions. The respondent must have a minimum of 5 years experience as a nurse educator regardless of his/ her age, sex, religion, or socio-cultural background. The respondents may be a full time and part time faculty member. The respondents must be willing to participate in this study voluntarily. The respondent should not have any significant physical or emotional conditions that would hinder their ability to participate in the study or understand the questionnaire. Individuals aged 60 and above are eligible, provided they meet the above criteria. This ensures that the data collected is not biased by any pre-existing conditions. The exclusion criteria includes Individuals working in non- teaching positions within a private nursing college, less than 5 years teaching experience, individuals unable to give informed consent, unwilling participants and individuals on leave.

Ang mga kalahok ay binubuo ng mga nars na nagtuturo sa mga pribadong paaralan ng narsing na matatagpuan sa Cavite, Laguna, Batangas, Rizal, at Quezon. Para sa pagkakapare-pareho, ang mga sumusunod na pamantayan sa pagsali ay itatakda: Ang Filipino na tagapagturo ng Narsing ay dapat nagtatrabaho sa mga kolehiyo ng narsing sa mga pribadong institusyon ng mas mataas na edukasyon. Ang mga kalahok ay dapat may hindi bababa sa limang (5) taong karanasan bilang guro ng narsing, anuman ang kanilang edad, kasarian, relihiyon, o sosyo-kultural na pinagmulan. Ang mga kalahok ay maaaring mga full-time (buong-oras) o part-time (kabahaging oras) na kasapi ng kagawaran. Ang mga kalahok ay dapat kusang-loob na nagnanais na lumahok sa pag-aaral na ito. Ang mga kalahok ay hindi dapat may malubhang pisikal o emosyonal na kondisyon na makakaapekto sa kanilang kakayahang lumahok sa pag-aaral o umunawa sa talatanungan. Ang mga indibidwal na may edad 60 pataas ay karapat-dapat basta't matugunan nila ang pamantayan sa itaas. Tinitiyak nito na ang mga nakalap na datos ay hindi maapektuhan ng anumang umiiral na kondisyon. Kasama sa mga pamantayan sa hindi pagsali ang mga indibidwal na nagtatrabaho sa mga

hindi pagtuturo na posisyon sa loob ng isang pribadong kolehiyo ng nursing, wala pang 5 taong karanasan sa pagtuturo, mga indibidwal na hindi makapagbigay ng kaalamang pahintulot, at ang mga indibidwal na nasa bakasyon.

Voluntary Participation

Kusang Paglahok

The nurses invited to take part in this study and their participation will be entirely voluntary and according to their free-will. It is their choice whether to participate or not. The choice that they will make will have no bearing to any aspects of the personal and professional life. They may change their mind later and withdraw their participation even if they agreed earlier.

Ang mga nars na inimitahan upang lumahok sa pag-aaral na ito ay gagawin ito nang kusang-loob at ayon sa kanilang malayang kalooban. Nasa kanilang desisyon kung nais nilang lumahok o hindi. Ang kanilang desisyon ay walang magiging epekto sa anumang aspeto ng kanilang personal at propesyonal na buhay. Maaari nilang baguhin ang kanilang isip at bawiin ang kanilang paglahok kahit na sila'y pumayag na dati.

Procedures, Protocol, and Description of the Process

Mga Pamamaraan, Protokol, at Paglalarawan ng Proseso

Initially, the researcher will obtain ethical approval from the Institutional Review Board (IRB) of Our Lady of Fatima University before conducting this research. Afterwards, researcher will send an email to the Deans of the Colleges of Nursing in Higher Educational Institutions in the Region IV-A. An email will be sent and include a brief description of the research study, its purpose, and its potential benefits, the information about the researcher's credentials and affiliation with her university. Contact information of the researcher that includes contact details such as email address and phone number will be included in the letter.

Sa simula, ang mananaliksik ay kukuha ng etikal na pag-apruba mula sa Lupon ng Pagsusuri sa Institusyon ng Pamantasang Birhen ng Fatima bago isagawa ang pananaliksik na ito. Pagkatapos, magpapadala ang mananaliksik ng email sa mga Dekano ng mga Kolehiyo ng Nursing sa mga Institusyong Pangmataas na Edukasyon sa Rehiyon IV-A. Isang email ang ipapadala na naglalaman ng maikling paglalarawan ng pag-aaral na pananaliksik, layunin nito, at mga posibleng benepisyo. Kasama rin dito ang impormasyon tungkol sa kredensyal ng mananaliksik at ang kanyang ugnayan sa unibersidad. Ang mga detalye ng pakikipag-ugnayan ng mananaliksik, tulad ng email adres at numero ng telepono, ay isasama rin sa liham.

The recruitment materials will include a link to an online informed consent Form. The informed consent form will provide a detailed description of the study's purpose, procedures, and potential risks and benefits. The informed consent will include the explanation of confidentiality measures that will be taken to protect the participants' privacy. It will also state that their participation will be voluntary and the participants can withdraw any time. Once participants have provided their informed consent, they will be directed to an online questionnaire using Google Forms. The researcher will also ask for the email addresses of the nurse educators to encourage them to share the recruitment materials with their faculty members if possible.

Ang mga materyales sa pagre-cruit ay magsasama ng isang link patungo sa isang online na form ng may kaalamang pahintulot. Ang porma (form) na ito ay magbibigay ng detalyadong paglalarawan ng layunin ng pag-aaral, mga pamamaraan, at mga posibleng panganib at benepisyo. Tatalakayin din nito ang mga hakbang sa pagiging kompidensya na ipapatupad upang protektahan ang privacy ng mga kalahok. Ang mga kalahok ay malayang pumili kung nais nilang lumahok o hindi, at maaari nilang bawiin ang kanilang paglahok anumang oras nang walang anumang epekto sa kanilang personal at propesyonal na buhay. Matapos magbigay ng kanilang may kaalamang pahintulot, ang mga kalahok ay ididirekta sa isang online na talatanungan gamit ang Google Forms. Hihilingin din ng mananaliksik ang mga email adres ng mga nars na tagapagturo upang hikayatin silang ibahagi ang mga materyales sa pag-recruit sa kanilang mga kasamahan sa kaguruan kung maaari.

Participant Activity: Participants will review the Informed Consent Form, which describes the purpose of the study, procedures, risks and benefits associated with participation, and confidentiality protections. If they wish to participate, they will click a button to electronically sign the consent form. The estimated duration will be 10-15 minutes. The risks will be that the respondents may feel emotional discomfort when they answer questions concerning their workload, rest, and well-being. They can also feel apprehensive about the chances of their responses being traced to them. To manage the risks, The researcher will offer support and encourage participant to contact the researcher through a given contact number to be referred to a counselor. Although the researcher will take measures to ensure anonymity, participants may have concerns about the potential for their responses to be linked to them.

Aktibidad ng Kalahok: *Ang kalahok ay rerepasuhin ang Form ng may Kaalamang Pahintulot, na naglalarawan ng layunin ng pag-aaral, mga pamamaraan, mga panganib at benepisyo na kaugnay ng paglahok, at mga hakbang sa pagiging kompidensyal. Kung nais nilang lumahok, magki-click sila ng isang button upang elektronikong pirmahan ang form ng pahintulot. Ang tinatayang tagal ng proseso ay 10-15 minuto. Ang mga panganib ay nauugnay sa mga respondent hinggil sa kanilang mga gawain sa trabaho, pagpapahinga, at kalusugan. Maaari ring makaramdam ang mga kalahok ng pangamba tungkol sa posibilidad na matunton ang kanilang mga tugon pabalik sa kanila. Upang pamahalaan ang mga panganib, ang mananaliksik ay ibibigay ang kanyang suporta at hihikayatin na makipagugnayan sa pamamagitan ng ibinigay na numero upang ipasuri sa isang tagapayo.*

For data collection, after the participants have given their informed consent, they will be led to an online survey via Google Forms. The estimated time to answer the survey is 10-20 minutes. No risks and discomforts are noted. The researcher will make sure that the questionnaire is easy to read and understand. Data will be collected using Google Forms, which will be stored securely in a Google Drive folder. The Google Drive folder will be password-protected and accessible only to the researcher and their advisor. A backup copy of the data will be stored on a separate external hard drive, encrypted with a strong password. Data will be analyzed using statistical software such as SPSS.

Matapos magbigay ng kanilang may kaalamang pahintulot, ang mga kalahok ay dadalhin sa isang online na surbey gamit ang Google Forms. Ang tinatayang oras upang sagutin ang surbey ay 10-20 minuto. Walang mga panganib o hindi komportableng epekto na inaasahan. Sisiguraduhin ng mananaliksik na ang talatanungan ay madaling basahin at maunawaan. Ang mga tugon mula sa Google Forms ay awtomatikong naitatala sa isang Google sheets na dokumento. Upang ilipat ang mga datos mula sa SPSS para sa pagsusuri. Ang mga datos ay itatago nang ligtas sa isang folder sa Google Drive na may password protection, na tanging ang mananaliksik at kanyang tagapayo lamang ang may access. Magkakaroon din ng backup copy ng mga datos sa isang hiwalay na external hard drive na may matibay na password. Ang mga pagsusuri ng mga datos ay isasagawa gamit ang statistical software tulad ng SPSS.

All analyses will be documented, including the statistical procedures used and the results obtained. The results of the study will be reported in a dissertation manuscript. The researcher will follow the 7th edition of the APA Publication Manual. The findings will be shared with the research adviser, Dissertation Writing 2 professor, Final defense panel, faculty and staff of our Lady of Fatima University and wider nursing community through presentations and publications. The data will be retained for a minimum of five years after the completion of the study. This will allow for potential future analysis or replication of the research. After the five-year retention period, the data will be securely deleted from all storage locations, including Google Drive and the external hard drive.

Lahat ng pagsusuri ay idodokumento, kabilang ang mga estadistikal na pamamaraan na ginamit at ang mga nakuhang resulta. Ang mga resulta ng pag-aaral ay ilalahad sa isang manuskrito ng disertasyon. Susundin ng mananaliksik ang ikapitong edisyon ng APA Publication Manual. Ang mga natuklasan ay ibabahagi sa tagapayo ng pananaliksik, propesor ng Dissertation Writing 2, panel ng huling depensa, mga guro at kawani ng Pamantasang Our Lady of Fatima, at sa mas malawak na komunidad ng narsing sa pamamagitan ng mga presentasyon at publikasyon. Ang mga datos ay itatago nang hindi bababa sa limang taon matapos ang pagtatapos ng pag-aaral upang magbigay daan para sa posibleng karagdagang pagsusuri o pag-uulit ng pananaliksik. Pagkalipas ng limang taong panahon ng pag-iingat, ang mga datos ay ligtas na ide-delete mula sa lahat ng imbakan, kabilang ang Google Drive at ang external hard drive.

Duration

Tagal

This research study will take place from April to May 2025. Accomplishing these instruments will require at least 10-15 minutes of their time.

Pag-aaral na ito ay magsasagawa mula Abril hanggang Mayo 2025. Ang pagsagot sa mga instrumentong ito ay mangangailangan ng hindi bababa sa 10-15 minuto ng kanilang oras.

Risks

Mga Panganib

The research instruments will be asking the respondents to share some very personal and confidential information, and they may feel uncomfortable talking about some of the topics. They do not have to answer any questions in the instrument if you don't wish to do so, and that is also fine. They do not have to give any reason for not responding to any question. If ever emotional reactions occur, please feel free to open and the researcher will be very much eager to accommodate your concerns. The researcher will refer the participants with emotional concerns to a counselor.

Ang mga kasangkapan sa pananaliksik ay magtatanong sa mga kalahok na magbahagi ng mga personal at kompidensyal na impormasyon, na maaaring magdulot sa kanila ng hindi komportableng pakiramdam. Walang obligasyong sagutin ang anumang tanong sa mga kasangkapan kung hindi nila nais, at walang pangangailangang magbigay ng dahilan para sa hindi pagsagot. Kung maganap ang mga reaksiyong emosyonal, malugod na hinihikayat ang mga kalahok na ibahagi ito, at ang mananaliksik ay handing tugunan ang kanilang mga alalahanin. Ang mga kalahok na may mga alalahaning emosyonal ay irerekomenda sa isang tagapayo.

Benefits

Mga Benepisyo

The findings of this research will contribute to better understanding of the challenges faced by Filipino Nurse educators and the factors that influence their well-being; may inform the development of interventions to improve workload, rest, and well-being of nurse educators. The research findings may help in enhancing the nurse educators; professional practice in order to improve the quality of nursing education in the Philippines.

Ang resulta ng pananaliksik na ito ay mag-aambag sa mas malalim na pag-unawa sa hamong kinakaharap ng mga edukador na Filipino nars at sa salik na nakakaapekto sa kanilang kalusugan at kapakanan. Maaari rin nitong magbigay ng impormasyon para sa pagbuo ng mga hakbang upang mapabuti ang kanilang dami ng trabaho, pahinga, at pangkalahatang kalusugan. Ang mga natuklasan ay makakatulong din sa pagpapahusay ng kanilang propesyon na kasanayan upang mapabuti ang kalidad ng edukasyong pang-nars sa Pilipinas.

Reimbursements

Pagsasauli ng Ibinayad

The participants will not be provided with any incentives for taking part in the study, however the researcher highly appreciate your participation.

Ang mga kalahok ay hindi bibigyan ng anumang insentibo sa kanilang paglahok sa pag-aaral na ito; gayunpaman, lubos na pinahahalagahan ng mananaliksik ang inyong partisipasyon.

Confidentiality

Pagiging Kompidensyal

All information that will be provided in this research study will be kept confidential and will be used only for the conduct of the research. All information will stay put on the researcher and no other people will have an access on it except for the researcher's adviser and unless it will be required for publication. In case publication will be required. All the information will have a number instead of their name and only the researcher will know what their number is, and it will be saved in a password protected folder in a secured google drive.

Ang lahat ng impormasyong ibibigay sa pananaliksik na ito ay mananatiling kompidensyal at gagamitin lamang para sa layunin ng pag-aaral. Ang mga datos ay itatago ng mananaliksik at hindi maa-access ng iba maliban sa tagapayo ng mananaliksik, at maliban na lamang kung kinakailangan para sa publikasyon. Kung kinakailangan ang publikasyon, ang bawat kalahok ay bibigyan ng natatanging numero sa halip na pangalan, at tanging ang mananaliksik lamang ang makakaalam ng kaugnayang ito. Ang mga impormasyong ito ay itatago sa isang folder na pinoprotektahan ng password sa isang ligtas na Google drive.

Sharing the Results

Pagbabahagi ng mga Resulta

Results of the study will be sent to the participants when requested via email. Thus, in case publication will be required, it will be brought to their knowledge and awareness. The findings will be shared with the research adviser, Dissertation Writing 2 professor, Final defense panel, faculty and staff of our Lady of Fatima University and wider nursing community through presentations and publications.

Ang mga resulta ng pag-aaral ay ipapadala sa mga kalahok kapag hiniling nila sa pamamagitan ng email. Kung kinakailangan ang publikasyon, apapaalam ito sa kanilang kaalaman at pang-unawa. Ang mga natuklasan ay ibabahagi sa tagapayo ng pananaliksik, propesor ng Pagsusulat ng Disertasyon 2, panel ng huling depensa, mga guro at kawani ng Unibersidad ng Our Lady of Fatima, at sa mas malawak na komunidad ng narsing sa pamamagitan ng mga presentasyon at publikasyon.

Right to Refuse

Karapatan sa Pagtanggi

Nurses may not participate in this research if they do not feel comfortable to do so and refusing to participate will not affect any aspect of their personal and professional life. They will still enjoy and have the benefits and privileges that they have despite of not partaking in this study. They may also withdraw their participation in this research study in any phase or any time that they feel like uncomfortable without losing any of their benefits and privileges.

Ang mga nars ay hindi kinakailangang lumahok sa pananaliksik na ito kung hindi sila komportable, at ang pagtangging lumahok ay hindi makakaapekto sa anumang aspeto ng kanilang personal at propesyonal na buhay. Patuloy nilang matatamasa ang mga benepisyo at pribilehiyo kahit hindi sila kasali sa pag-aaral na ito. Maaari din nilang bawiin ang kanilang partisipasyon sa anumang yugto o oras na sila ay nakakaramdam ng hindi komportable nang hindi nawawala ang anumang benepisyo at pribilehiyo.

Who to Contact

Sino ang Dapat Kontakin

If you have any questions, you can ask me now or feel free to contact me at 09518688788 or e-mail me at mdiglesia7273qc@student.fatima.edu.ph and rest assured that all your concerns will be addressed the best way I can.

Kung mayroon kang mga katanungan, maaari mo akong tanungin ngayon o makipag-ugnayan sa akin sa 09518688788 o mag-email sa akin sa mdiglesia7273qc@student.fatima.edu.ph at matitiyak mong ang lahat ng iyong mga alalahanin ay aking tutugunan sa abot ng aking makakaya.

This proposal has been reviewed and approved by Our Lady of Fatima University Institutional research Committee, which is a committee whose task is to make sure that research participants are protected from harm. If you wish to find more about OLFU Research IRB, you may contact Jenica Ana A. Rivero MAN, RN, PGDipHS; contact number: 281-7664 or 283-9754 local 1204; email address: ierc@fatima.edu.ph.

Ang panukalang ito ay nirepaso at inaprubahan ng Unibersidad ng Our Lady of Fatima Komite sa Pananaliksik ng Institusyon, isang komite na nangangasiwa upang matiyak na ang mga kalahok sa pananaliksik ay protektado mula sa anumang pinsala. Kung nais mong makipag-ugnayan tungkol sa OLFU Research IRB, maaari kang makipag-ugnayan kay Ana A. Rivero MAN, RN, PGDipHS; contact number: 281-7664 or 283-9754 local 1204; email address: ierc@fatima.edu.ph.

Part II: Certificate of Consent

Bahagi II: Sertipiko ng Pahintulot

I have been invited to participate in the research "WORKLOAD, REST, AND WELL-BEING AMONG NURSE EDUCATORS IN THE COLLEGES OF NURSING IN PRIVATE HIGHER EDUCATIONAL INSTITUTIONS (HEIs) IN REGION IV-A" Likewise, I have read and understand the foregoing information; thus, it was read and explained to me by Maria Kristine Nicola M. de Mesa- Iglesia to the level of my understanding. I had the opportunity to ask questions about this study and all question. I had asked has been answered to my satisfaction. Therefore, I consent voluntarily to be a participant in this study.

Inimbitahan akong lumahok sa pananaliksik ukol sa “DAMI NG TRABAHO, PAGPAPAHINGA, AT KALUSUGAN NG MGA GURONG NARS SA MGA KOLEHIYO NG NARSING SA MGA PRIBADONG MATAAS NA INSTITUSYON NG EDUKASYON SA REHIYON IV-A” Gayundin, aking nabasa at naunawaan ang mga naunang impormasyon; kaya’t ito ay binasa at ipinaliwanag sa akin ni Maria Kristine Nicola M. de Mesa-Iglesia ay nagbigay ng kanyang pahintulot upang lumahok sa pag-aaral na ito. Nabasa at naunawaan niya ang mga impormasyon na ipinaliwanag sa kanya. Nagkaroon siya ng pagkakataon na magtanong tungkol sa pag-aaral, at lahat ng kanyang katanungan ay nasagot nang kanyang kasiyahan. Samakatuwid, siya ay boluntaryong nagbibigay ng kanyang pahintulot na maging kalahok sa pag-aaral na ito.

Printed Name and Signature of Participant : _____

Nakatalang Pangalan at Lagda ng Lumahok

Printed Name and Signature of Witness: _____

Nakatalang Pangalan at Lagda ng Saksi

Date : _____

Petsa

Printed Name and Signature of Witness : _____

Nakatalang Pangalan at Lagda ng Saksi

Date : _____

Petsa

Thumb Print of the Participant

Imprenta ng Hinlalaki ng mga Kalahok:



Statement by the Researcher / Person Taking Consent

Pahayag ng Mananaliksik/ Persong kumukuha ng Pahintulot

I have accurately read out the information sheet to the potential respondent, and to the best of my ability made sure that the respondent understands that the following will be done:

Ako ay tapat na nagbasa ng impormasyon mula sa sheet sa potensyan na respondente, at sa abot ng aking makakaya, sinisigurado ko na nauunawaan ng respondente na ang mga sumusunod ay isasagawa:

1. Orientation about the research process

Oryentasyon tungkol sa proseso ng pananaliksik.

2. Informed Consent signing

Paglagda ng pahintulot na may kaalaman

3. Answering of the five parts of the questionnaire.

Pagsagot sa limang bahagi ng kwestyunaryo.

I confirm that the respondent was given an opportunity to ask questions about the study, and all questions asked by the respondent have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily. Thus, a copy of this informed consent form has been provided to the respondent.

Kinukumpirma ko na ang respondente ay nabigyan ng pagkakataon na magtanong tungkol sa pag-aaral, at lahat ng mga tanong na itinanong ng respondente ay nasagot ng tama at sa abot ng aking makakaya. Kinukumpirma ko na ang indibidwal ay hindi pinilit upang magbigay ng

pahintulot at ang pahintulot ay ibinigay ng malaya at boluntaryo. Kaya, isang kopya ng polymulayo ng pahintulot na may kaalaman ay ibinigay sa respondent.

Printed Name of the Researcher / Person Taking the Consent

Nakatalang pangalan ng Mananaliksik/ taong kumukuha ng pahintulot:

Signature of the Researcher / Person Taking the Consent

Lagda ng mananaliksik/ taong kumukuha ng pahintulot : _____

Date: _____

Petsa : _____

Appendix C

Certificates of Validation

CERTIFICATE OF VALIDATION

This is to certify that the undersigned has carefully reviewed and validated the content, structure, and relevance of the questionnaire entitled:

"Questionnaire 2025"

The validation was performed based on appropriateness, clarity, relevance, and alignment with the research objectives. As an expert in the field, I confirm that the instrument is suitable for data collection purposes related to the stated objectives.

Validator's Information:

Name: **MARIE GRACE ANNE M. REYNOSO, RN, MPH**

Position/Title: **Instructor I/Clinical Coordinator for Local Affiliation**

Institution: **Marinduque State University**

Area of Expertise: **Community/Public Health Nursing, Disaster Nursing, Psychiatric Nursing, Gender and Development**

Date of Validation: **May 21, 2025**

Validator's Signature:

CERTIFICATE OF VALIDATION

This is to certify that the undersigned has carefully reviewed and validated the content, structure, and relevance of the questionnaire entitled:

"Questionnaire 2025"

The validation was performed based on appropriateness, clarity, relevance, and alignment with the research objectives. As an expert in the field, I confirm that the instrument is suitable for data collection purposes related to the stated objectives.

Validator's Information:

Name: **MARVIN P. PLATA, MAN, RN, RM**

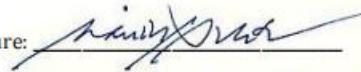
Position/Title: **Associate Professor V/Dean, CAHS & Vice President, SAS**

Institution: **Marinduque State University**

Area of Expertise: **Nursing Leadership and Management/Maternal and Child Nursing**

Date of Validation: **June 5, 2025**

Validator's Signature:



CERTIFICATE OF VALIDATION

This is to certify that the undersigned has carefully reviewed and validated the content, structure, and relevance of the questionnaire entitled:

"Questionnaire 2025"

The validation was performed based on appropriateness, clarity, relevance, and alignment with the research objectives. As an expert in the field, I confirm that the instrument is suitable for data collection purposes related to the stated objectives.

Validator's

Information:

Name: **JELLIAN T. RICAFRENTÉ**

Position/Title: **Associate Professor / Psychologist**

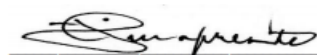
Institution: **Marinduque State University**

Area of Expertise: **Psychology**

Date of Validation: **May 29, 2025**

Validator's

Signature:



CERTIFICATE OF VALIDATION

This is to certify that the undersigned has carefully reviewed and validated the content, structure, and relevance of the questionnaire entitled:

"Questionnaire 2025"

The validation was performed based on appropriateness, clarity, relevance, and alignment with the research objectives. As an expert in the field, I confirm that the instrument is suitable for data collection purposes related to the stated objectives.

Validator's

Information:

Name: Dr. Joel John A. Dela Merced, RN, LPT, FPSQua, FPCHA

Position/Title: Dean, Graduate School

Institution: St. Bernadette of Lourdes College

Area of Expertise: Geriatric Nursing, TVET, Curriculum Development and Disaster Nursing

Date of Validation: June 03, 2025

Validator's

Signature:



Appendix D

Certificate of Translation

SERTIPIKO NG PAGSASALIN

Ito ay nagpapatunay na ang talatanungan at ang WHO Informed Consent Form na may kaugnayan sa pananaliksik na may pamagat "**Workload, Rest, and Well-Being Among Nurse Educators in the Colleges of Nursing in Private Higher Educational Institutions in Region IV-A**" ni Gng. **Maria Kristine Nicola M. de Mesa- Iglesia** ay tapat at wasto na isinalin mula sa Ingles patungo sa Tagalog. Ang pagsasalin ay isinagawa nang may pag-iingat upang mapanatili ang nilalaman, kahulugan, at layunin ng orihinal na dokumento, upang ito ay ganap na maunawaan ng mga kalahok na nagsasalita ng Tagalog.

Ang sertipikong ito ay inilabas bilang patunay ng pagiging tama at kumpleto ng pagsasalin.

Isinalin at Pinatunayan ni:



RIMALYN SABIDA

Guro II Sa Sekondaryang Paaralan- Tagapag-ugnay ng Filipino

Kagawaran ng Edukasyon- Mataas na Paaralan ng Bangbang, Sangay ng Marinduque

Marso 20, 2025

Appendix E

Recruitment Material

Dear Respondents:

I am conducting a study entitled "WORKLOAD, REST, AND WELL-BEING AMONG NURSE EDUCATORS IN THE COLLEGES OF NURSING IN PRIVATE HIGHER EDUCATIONAL INSTITUTIONS (HEIs) IN REGION IV-A", The questions presented is designed to assess and determine the well-being of nurses teaching in higher institutions and to craft a rest action plan to be able to recommend on how to improve their well-being status.

With this, I humbly ask for your time to answer questions presented in this questionnaire. Your answers will be handled in a confidential manner.

Thank you very much.

Very truly yours,

MARIA KRISTINE NICOLA D. IGLESIA

PhDN Candidate

Localized Version

MGA MATERYALES SA PAGKUHA NG DATOS

Minamahal na mga Respondente:

Nagsasagawa ako ng isang pag-aaral na pinamagatang “WORKLOAD, REST, AND WELL-BEING AMONG NURSE EDUCATORS IN THE COLLEGES OF NURSING IN PRIVATE HIGHER EDUCATIONAL INSTITUTIONS (HEIs) IN REGION IV-A”-“DAMI NG TRABAHO, PAGPAPAHINGA, AT KALUSUGAN NG MGA GURONG NARS SA MGA KOLEHIYO NG NARSING SA MGA PRIBADONG MATAAS NA INSTITUSYON NG EDUKASYON SA REHIYON IV-A”.

Ang mga tanong na ipinamamahagi ay dinisenyo upang suriin at tukuyin ang kalagayan ng kalusugan at kaligayahan ng mga nars na nagtuturo sa mga institusyong pang-edukasyong mataas at upang bumuo ng isang plano para sa pagpapahinga na magbibigay ng rekomendasyon kung paano mapapabuti ang kanilang kalagayan ng kalusugan at kaligayahan.

Dahil dito, magalang kong hinihiling ang inyong oras upang sagutin ang mga tanong na matatagpuan sa kuwestiyonaryong ito. Ang inyong mga sagot ay magiging kompidensyal at hahawakan nang maayos.

Maraming salamat.

Taos-pusong sumasainyo,

MARIA KRISTINE NICOLA D. IGLESIA

Kandidato sa PhDN

Appendix F

Letter to Conduct Study

Date

Name of Dean
Dean
Name of School
Address

Dear Dr. _____:

Greetings!

I am Maria Kristine Nicola D. Iglesia, a doctoral candidate of the Graduate School of Our Lady of Fatima University, is in the process of writing my dissertation for the degree Doctor of Philosophy in Nursing major in Nursing Administration. I am writing to humbly seek your permission to conduct my study in your esteemed institution titled "Workload, Rest, and Well-Being Among Nurse Educators in the Colleges of Nursing in Private Higher Educational Institutions in Region IV-A."

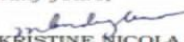
The research seeks to examine the complex interconnections between the workload, rest habits, and general well-being of Filipino nurse teachers within private nursing schools. The results shall provide important information to academic administrators and policymakers in terms of advocating healthier, more nurturing work environments for nurse educators. The study has been approved by the OLFU Ethics Review Committee.

The questionnaire will be available at this link:
<https://tinyurl.com/BATANGASQUESTIONNAIRE>

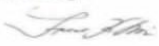
For further inquiry, please feel free to contact me thru the following:
(CP) 09518688788

I am looking forward for your favorable response. Thank for your supports.

Respectfully yours,


MARIA KRISTINE NICOLA D. IGLESIA
 Researcher

Noted by:


FRED B. RUIZ, PhD
 Dissertation Adviser
 Our Lady of Fatima University

www.fatima.edu.ph


January 22, 2026

DR. RHODORA G. BAUTISTA
 Dean
 Golden Gate Colleges
 P. Prieto St., Batangas City

Dear Dr. Bautista:

Warm greetings from OLFU Graduate School!

This is to respectfully endorse **Ms. Maria Kristine Nicola D. Iglesia**, a Doctor of Philosophy in Nursing (Major in Nursing Administration) candidate at Our Lady of Fatima University is in the process of writing her dissertation entitled: "Workload, Rest, and Well-Being Among Nurse Educators in the Colleges of Nursing in Private Higher Educational Institutions in Region IV-A."

In line with this, she is seeking permission to conduct her data gathering in your esteemed institution. The respondents are nurse educators from the College of Nursing. Rest assured that strict confidentiality and ethical considerations will be observed.

We are anticipating your favorable response and consideration to this academic endeavor.

Thank you very much.

Truly yours,


FRED B. RUIZ, PhD, RN
 Dissertation Adviser

Recommending Approval:


HERACLEO D. LAGRADA, PhD
 Vice President for Academic Affairs
 Dean of the Graduate School

www.fatima.edu.ph


Appendix G

Institutional Ethics Review Committee Approval

OUR LADY OF FATIMA UNIVERSITY



IERC

INSTITUTIONAL ETHICS REVIEW COMMITTEE

R.I.S.E. Tower, Fatima Avenue
Marulas, Valenzuela City
283-9754 loc 1204
ierc@fatima.edu.ph

May 06, 2025

IGLESIA, MARIA KRISTINE NICOLA D.
Graduate School
Our Lady of Fatima University
Reference Number: 2025-IERC2-20188, Version 3.
Study Title: WORKLOAD, REST, AND WELL-BEING AMONG NURSE EDUCATORS IN THE COLLEGES OF NURSING IN PRIVATE HIGHER EDUCATIONAL INSTITUTIONS IN REGION IV-A

Dear Ms. Iglesia:

I am pleased to inform you that the research protocol for your research entitled **WORKLOAD, REST, AND WELL-BEING AMONG NURSE EDUCATORS IN THE COLLEGES OF NURSING IN PRIVATE HIGHER EDUCATIONAL INSTITUTIONS IN REGION IV-A** has been **APPROVED** by the Institutional Ethics Review Committee of the Our Lady of Fatima University. This means that your research protocol has passed the ethical standards imposed by the Philippine Health Research Ethics Board (PHREB).

The effectivity period of this approval is from May 06, 2025 to May 06, 2026

The following are the standard guidelines for you to follow:

1. This approval will take effect for a period of twelve (12) months. At the end of this period, if the project has not been completed, you are required to accomplish an **Application for Continuing Review Form**, on six (6) weeks before the period ends, in order to renew the approval for another term.
2. Once the study has been completed, or if for any instance terminated at an earlier time, you are required to submit an accomplished **Final Report Form**, so that the committee can officially close the protocol.
3. The approved research protocol must be followed at all times in order to protect the integrity of your human subjects. Changes in the protocol and materials utilized in the study necessitate you to submit a **Protocol Amendment Form**, to be approved by the committee once received.
4. In such occurrence when the protocol was not followed, you are required to accomplish a **Protocol Deviation/Noncompliance Form** within seven (7) working days after the occurrence in order to document the event.
5. For studies that require longer periods of investigation, a **Progress Report Form** must be accomplished annually/bi-annually. You are required to submit a Progress Report.
6. The research site may be visited by IERC for inspection. You will receive a notice once this will occur.
7. Failure to comply with the standard guidelines can lead to disapproval, or termination of the research protocol.

Form 2.3

Appendix H

IERC Similarity Testing Result

June 2, 2026

Maria Kristine Nicola M. de Mesa- Iglesia
The Graduate School
Reference Number: 2026-RDIC2-30176

Dear Ms. Iglesia:

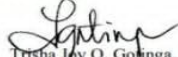
The research paper **Workload, Rest, And Well-Being Among Nurse Educators In The Colleges Of Nursing In Private Higher Educational Institutions In Region IV-A** has undergone similarity testing using the Turnitin software and yielded an acceptable index of 9%.

Sincerely,



Rosemary Peralta
Research Specialist, Research Development and Innovation Center
Our Lady of Fatima University, Quezon City

Noted by:



Trisha Joy O. Goringa, MA Rpm RPsy
Campus Coordinator, Research Development and Innovation Center
Our Lady of Fatima University, Quezon City



OUR LADY OF FATIMA UNIVERSITY



INSTITUTIONAL ETHICS REVIEW COMMITTEE

R.I.S.E. Tower, Fatima Avenue
Marulas, Valenzuela City
283-9754 loc 1204
ierc@fatima.edu.ph

I, together with the ethics committee, am very much excited for the completion of your investigation.

Sincerely,



Jenica Ana Rivero, MAN, RN, PGDipHS
Chair, Institutional Ethics Review Committee
Our Lady of Fatima University

2 of 2

Form 2.3

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