

Work-Related Quality of Life and Its Demographic Correlates among Nurse Educators and Clinical Instructors in Philippine Higher Education Institutions: A Descriptive-Correlational Study

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Abstract

Nurse educators and clinical instructors are central to the quality, continuity, and sustainability of nursing education; however, their work-related quality of life may be compromised by dual academic-clinical responsibilities, workload intensification, and limited organizational support. This study examined the work-related quality of life and selected demographic correlates of nurse educators and clinical instructors in higher education institutions in Dagupan City, Pangasinan, Philippines. A descriptive-correlational cross-sectional design was employed using total population sampling among 60 respondents. Data were collected through a demographic profile form and the 23-item Work-Related Quality of Life Scale, which measures job and career satisfaction, general well-being, home-work interface, control at work, working conditions, and stress at work. Frequency, percentage, weighted mean, Pearson's *r*, and chi-square tests were used for analysis. Results showed high levels of job and career satisfaction and general well-being, while home-work interface, control at work, working conditions, and stress at work were rated moderate. Age, years of experience, and employment status were significantly associated with overall quality of life. Findings indicate a resilience paradox in which strong professional fulfillment coexists with structural strain. Institutions should strengthen workload management, mentoring, tenure security, participatory governance, and faculty wellness support.

Keywords: *Work-related quality of life; nurse educators; clinical instructors; nursing education; faculty well-being; job satisfaction; work-life interface; Philippines*

Introduction

Nurse educators and clinical instructors occupy a strategic position in the production of a competent nursing workforce. They translate professional standards into classroom instruction, supervise students in clinical learning environments, model ethical and evidence-based practice, and sustain the quality of nursing programs. Their role, however, has become increasingly complex because nursing faculty are expected to perform multiple functions: instruction, clinical supervision, student advising, curriculum implementation, research, accreditation preparation, community engagement, and professional development. These overlapping demands may compromise work-related quality of life, particularly when institutional support, workload distribution, and employment security are insufficient. Work-related quality of life refers to employees' perception of how their work satisfies professional, psychological, social, and personal needs. The Work-Related Quality of Life Scale developed by Van Laar, Edwards, and Easton (2007) provides a multidimensional measure of work experiences through domains such as job and career satisfaction, general well-being, stress at work, control at work, working conditions, and home-work interface. These domains are useful in studying nursing faculty because their professional lives are shaped not only by salary or workload but also by autonomy, institutional recognition, stability, role clarity, collegial relationships, and the ability to balance academic obligations with personal life.

The literature consistently links poor work conditions, workload imbalance, emotional exhaustion, and limited organizational support with burnout and turnover intention among nurse educators (Arian et al., 2018; Boamah, 2022; Hosseini et al., 2022; Moyer, 2022; Yedidia et al., 2014). Conversely, supportive leadership, mentoring, job security, professional recognition, autonomy, and healthy work environments contribute to job satisfaction and retention (Boamah et al., 2023, 2024; Busby et al., 2023; Jeffers & Mariani, 2017). The job demands-resources model also explains that high demands such as workload, emotional labor, and time pressure are less damaging when sufficient resources, participation, support, and recognition are available (Bakker & Demerouti, 2007).

In the Philippine context, nurse educators and clinical instructors serve within higher education institutions that must respond to workforce demand, board examination performance expectations, clinical-placement requirements, and quality assurance pressures. However, studies focusing on the quality of life of nurse educators in regional Philippine higher education settings remain limited. This study therefore examined the work-related quality of life of nurse educators and clinical instructors in Dagupan City, Pangasinan, and determined whether selected demographic variables were significantly associated with their overall quality of life.

Specifically, the study sought to answer the following questions: What is the profile of nurse educators and clinical instructors in terms of sex, age, employment status, and nature of work? What is their perceived level of work-related quality of life across the six WRQoL domains? Is there a significant relationship between selected profile variables and overall quality of life?

Methodology

This study used a descriptive-correlational, cross-sectional research design. The descriptive component was used to determine the profile and perceived work-related quality of life of nurse educators and clinical instructors, while the correlational component examined the relationship between profile variables and overall quality of life.

The study was conducted among nurse educators and clinical instructors from nursing colleges and universities in Dagupan City, Pangasinan. The respondents were 60 nurse educators and clinical instructors selected through total population sampling. This sampling approach was appropriate because the target population was finite, accessible, and directly relevant to the study.

The primary research instrument consisted of two parts. The first part gathered the respondents' demographic and professional profile, including sex, age, employment status, and nature of work. The second part used the 23-item Work-Related Quality of Life Scale, which measures six domains: job and career satisfaction, general well-being, home-work interface, control at work, working conditions, and stress at work. Responses were rated using a five-point Likert scale, with higher scores indicating better perceived work-related quality of life, except where interpretation required attention to stress-related indicators.

Data were analyzed using frequency and percentage for respondent profile, weighted mean and ranking for WRQoL domains, Pearson product-moment correlation for continuous variables such as age and years of experience, and chi-square test for categorical variables such as sex, employment status, and nature of work. The level of significance was set at 0.05.

Ethical considerations included voluntary participation, informed consent, confidentiality, anonymity, and the proper handling of gathered data. Permission from institutional authorities was secured prior to data collection. Respondents were informed of the purpose of the study and their right to withdraw without penalty.

Results and Discussion

Profile of the Respondents

Table 1. Profile of the Respondents

Variable	Category	Frequency (f)	Percentage (%)
Sex	Male	14	23.33%
	Female	46	76.67%
Age	25–34 years	18	30.00%
	35–44 years	24	40.00%
	45 years and above	18	30.00%
Employment Status	Full-time	42	70.00%
	Part-time	18	30.00%
Nature of Work	Academic	20	33.33%
	Clinical	16	26.67%
	Academic and Clinical	24	40.00%

The respondents were predominantly female, with 46 (76.67%), while 14 (23.33%) were male. This distribution is consistent with the continuing feminization of the nursing profession and nursing education. In terms of age, 18 respondents or 30.00% were 25–34 years old, 24 or 40.00% were 35–44 years old, and 18 or 30.00% were 45 years and above. This suggests that the nursing faculty workforce in the study locale is largely composed of mid-career educators who may already possess clinical and teaching experience but remain actively exposed to increasing institutional demands.

In terms of employment status, 42 respondents or 70.00% were full-time faculty, while 18 or 30.00% were part-time faculty. The high proportion of full-time faculty indicates institutional commitment and workforce continuity. However, the presence of part-time instructors also suggests the need to examine employment security because job status was found to be significantly associated with quality of life. Regarding nature of work, 20 respondents or 33.33% were engaged in academic work, 16 or 26.67% in clinical work, and 24 or 40.00% in both academic and clinical work. The largest group therefore carried dual academic-clinical responsibilities, confirming the complex workload of nursing faculty.

Perceived Level of Work-Related Quality of Life

Table 2. Perceived Level of Quality of Life of Nurse Educators and Clinical Instructors

Domain	Weighted Mean	Interpretation	Rank
Job and Career Satisfaction	4.05	High	1
General Well-Being	3.82	High	2
Home–Work Interface	3.41	Moderate	3
Control at Work	3.36	Moderate	4
Working Conditions	3.29	Moderate	5
Stress at Work	3.18	Moderate	6

The respondents reported high levels of job and career satisfaction (WM = 4.05) and general well-being (WM = 3.82). These findings suggest that nurse educators and clinical instructors continue to find meaning, professional purpose, and personal fulfillment in their work. This supports studies showing that nursing faculty often experience intrinsic satisfaction from teaching, mentoring, and contributing to the development of future nurses (Arian et al., 2018; Boamah et al., 2023).

However, the remaining domains were rated moderate: home-work interface (WM = 3.41), control at work (WM = 3.36), working conditions (WM = 3.29), and stress at work (WM = 3.18). These results indicate that while respondents remain professionally committed, their quality of life is affected by role strain, workload, limited autonomy, and environmental pressures. The moderate home-work interface score is particularly important because nursing faculty often bring academic work home through lesson preparation, grading, research tasks, student consultation, and documentation. Moyer (2022) and Farber et al. (2023) similarly emphasized that work-life balance among nurse faculty is challenged by expanding workload and academic expectations.

The contrast between high job satisfaction and moderate stress-related domains suggests a “resilience paradox.” Nurse educators may remain committed and satisfied because of professional identity, moral purpose, and dedication to students, yet they simultaneously experience work conditions that may lead to burnout if left unaddressed. This interpretation aligns with the conservation of resources theory, which proposes that individuals try to protect and build valued resources such as energy, stability, competence, and social support; when these resources are threatened, chronic stress may occur (Hobfoll, 1989).

Relationship Between Profile Variables and Overall Quality of Life

Table 3. Relationship Between Profile Variables and Overall Quality of Life

Variable	Test Used	Computed Value	p-value	Decision
Age	Pearson’s r	$r = .42$	.001	Significant
Years of Experience	Pearson’s r	$r = .46$	.000	Significant
Employment Status	Chi-square	$X^2 = 6.21$	.045	Significant
Sex	Chi-square	$X^2 = 1.87$	.392	Not Significant
Nature of Work	Chi-square	$X^2 = 4.09$	.129	Not Significant

Correlation analysis showed that age was significantly and positively associated with overall quality of life ($r = .42$, $p = .001$). Years of experience was also significantly and positively associated with overall quality of life ($r = .46$, $p = .000$). These findings suggest that older and more experienced nurse educators tend to report better quality of life. Professional maturity may help faculty develop stronger coping strategies, classroom management skills, clinical judgment, institutional familiarity, and confidence in handling complex academic-clinical demands.

Employment status was also significantly associated with overall quality of life ($\chi^2 = 6.21$, $p = .045$), with full-time faculty reporting better quality of life than part-time faculty. This finding underscores the importance of employment stability, benefits, institutional belongingness, and professional security. In contrast, sex ($\chi^2 = 1.87$, $p = .392$) and nature of work ($\chi^2 = 4.09$, $p = .129$) were not significantly associated with overall quality of life. The non-significant result for nature of work suggests that stressors may be systemic across academic and clinical roles rather than confined to one work assignment.

These findings support previous research showing that nurse faculty burnout, turnover intention, and job satisfaction are influenced by workload, job security, organizational support, work-life balance, and institutional culture (Boamah, 2022; Boamah et al., 2024; Yedidia et al., 2014). The result on age and experience also suggests a “survival of the adapted” pattern: faculty who remain longer in the profession may be those who have developed resilience, institutional navigation skills, and professional coping mechanisms. Younger and less experienced faculty may require stronger mentoring and workload support to prevent early burnout and attrition.

The findings have implications for nursing colleges and universities. First, faculty well-being should be treated as a strategic quality assurance concern, not merely a personal responsibility. Second, institutional policies should address manageable workload, fair teaching assignments, clinical supervision support, faculty mentoring, participatory decision-making, and regular evaluation of work conditions. Third, part-time faculty should be given clearer pathways for professional integration, development, and security. Finally, institutional leaders should strengthen wellness programs that go beyond seminars by addressing the structural sources of stress.

Conclusion

This study concludes that nurse educators and clinical instructors in Philippine higher education institutions demonstrate high job and career satisfaction and high general well-being, indicating strong professional commitment and sense of purpose. However, moderate ratings in home-work interface, control at work, working conditions, and stress at work reveal underlying structural pressures that may threaten long-term well-being.

Age, years of experience, and employment status were significantly associated with overall work-related quality of life. Older, more experienced, and full-time faculty reported better quality of life, suggesting that professional maturity and employment security function as protective factors. Sex and nature of work were not significantly associated with overall quality of life, implying that stressors may affect faculty across demographic and work-assignment groups.

The study highlights a resilience paradox: nurse educators remain professionally fulfilled despite moderate stress and work-environment challenges. However, relying on individual resilience alone is

unsustainable. Nursing colleges and universities should institutionalize workload management systems, mentoring programs for novice faculty, tenure-track or regularization pathways, participatory governance, faculty wellness programs, and improved support for academic-clinical integration. Enhancing the quality of life of nurse educators is essential to faculty retention, nursing education quality, and the preparation of competent future nurses.

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