

Workload and Lifestyle Management of Clinical Instructors in Nursing Schools in a Highly Urbanized City

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Abstract

Clinical instructors are vital in shaping future nurses, yet their workload and lifestyle management are often go unexamined. This study assessed these aspects among nursing clinical instructors and explored differences based on age, civil status, length of service, and employment status. A descriptive-correlational design was employed using stratified random sampling. Questionnaires were distributed to 192 clinical instructors. Data were analyzed using frequency, mean, Mann Whitney U test, and Spearman rho via SPSS. Workload was rated high in academic, clinical, and administrative areas. Lifestyle management showed moderate biophysiological, and high stress management, and social life.

Significant differences were found in academic workload by age, civil status, and employment status, and in administrative workload by civil status. Social life also showed significant variation. Notably, workload showed moderate correlation with lifestyle management. Clinical instructors experience high workload and moderate to high lifestyle management. Significant differences and correlations suggest the need for targeted support and further studies, especially in areas showing significant findings. Enhancing lifestyle management is essential to maintain instructors' well-being amid high workloads.

Keywords: *Lifestyle management, Clinical instructors, Nursing education, Stress management, Biophysiological health, social support*

INTRODUCTION

Nature of the Problem

Clinical instructors (CIs) guide nursing students as they apply classroom lessons to patient care. In day-to-day work, CIs prepare lessons and tools, supervise students on the ward, assess performance, complete records, and coordinate with clinical partners. These tasks add up to a workload that includes

teaching and clinical hours, the number of students supervised, administrative duties, travel between sites, and irregular schedules. Such demands affect the ability of educators to teach well and to support safe practice (Flaubert et al., 2021). This paper also looks at lifestyle management, understood as everyday health routines—sleep, diet, physical activity, time and stress management, help-seeking, and recovery—that help a person keep steady energy, attention, and mood. In prior descriptions, workload is the volume of tasks under set limits, while lifestyle management is the set of habits that keep daily functioning healthy (Creagh et al., 2023; Tsai, 2024; Pierce, 2024). Under the Job Demands–Resources view, workload is a job demand and lifestyle management is a personal resource that can protect against strain (Lee et al., 2022).

International and regional literature explain why CIs face overload. Altmiller (2016) reported that nurse educators often manage competing clinical, teaching, and administrative priorities that cut preparation time and raise stress. Reviews also recommend better coordination and institutional support to help educators perform well under these conditions (Halton et al., 2024). In clinical teaching, the educator must match bedside instruction to patient acuity and unit goals while keeping students and patients safe, which increases moment-to-moment cognitive load (Gcawu & van Rooyen, 2022). Non-integral sources in higher education point to rising administrative work that can crowd out core teaching tasks (Boeskens & Nusche, 2021). These demand patterns make lifestyle management important: health routines that stabilize sleep, movement, and stress responses are linked with fewer errors and better sustained attention among health workers (Firth et al., 2020; Lee et al., 2022).

The Philippine context adds further factors. Nursing programs depend on agreements with multiple hospitals and clinics. CIs often start early, travel between sites, and adjust to shifting academic calendars that compress feedback and grading. Local public health risks—such as poor diet and low physical activity—remain common and contribute to non-communicable diseases (Bacilig, 2022). Cultural roles in families can offer support but also add time pressures for educators (Scroope, 2017). Non-integral sources cited in the dissertation note that unresolved workload issues can weaken teaching quality and program outcomes, but coherent policies and faculty supports improve both welfare and student results (Tarraya, 2023). Practical advisories also describe simple stress-relief routines—paced breathing, short walks, and social connection—that busy professionals can use during the day (American Lung Association, 2020; HealthLink British Columbia, 2018). In short, when workload stays high and lifestyle management is inconsistent, risks increase for fatigue, lapses in attention, and a less supportive learning environment—outcomes that matter for patient safety and for student learning.

Current State of Knowledge

Workload is a frequently studied topic and this issue continues to persist in the field of education as an overall effectiveness and efficiency are impacted by heavy workloads (Tarraya, 2023). The crucial role of clinical instructors as teachers in preparing student nurses for professional nursing practice is their clinical teaching ability, interpersonal relationships, and compassionate behavior (Factor & de Guzman, 2017). With multiple roles and heavy workload, the growing number of administrative task creates major obstacles, affecting their health and ability to teach effectively. These difficulties were discovered to negatively impact their capacity to plan lessons and sustain their health. It was determined that time constraints and frequently feel swamped with paperwork, data input, and administrative obligations resulting in less time for lesson preparation, student interaction, and career advancement (Pagela, 2024). In the context of lifestyle management, physical activity affects the quality of teaching, therefore clinical instructors are encouraged to stay active in their daily lives by taking proactive measures of lifestyle

management to maintain physical health and alleviate stress (Del Pilar, 2023). Demographic profile doesn't impact the practice of stress management, like practices of clinical instructors, they use stress management techniques and see them as beneficial in fostering a positive, productive work environment, like physical activity that regulate mood and habits and maintaining friendships helps in handling stress (Bautista et al., 2020). In the study of Buquia et al. (2024), emotion is significant with stress. Despite this, they manage stress moderately, it was found out that a well-balance supportive personal and professional environment results to bearable stress by handling the challenges effectively while maintaining their emotional health and overall well-being.

Theoretical Underpinnings

The Job Demand-Control Theory, developed by Robert Karasek in 1979, describes how workload impacts employees' stress and well-being. The main factors to consider are how much workload affects an individual's stress level in terms of job demands like workload, time pressure, and mental requirements. The second aspect is job control, which refers to employees' ability to have a say in their work tasks and processes (Lee et al., 2022).

The interplay of job demands and job control determines job stress levels. The theory categorizes jobs into four primary groups according to the varying levels of these dimensions. High levels of strain characterize high-stress jobs, while low-stress jobs have a workload that is easier to handle. Active jobs are demanding but provide enough control to effectively manage tasks. Passive roles can lead to feelings of being stagnant or bored. This indicates that job stress primarily occurs when there are high job demands but low job control (Karasek, 1979).

On the other hand, high-pressure jobs can become more manageable by giving employees greater control over their tasks, allowing them to handle difficulties with ease. This means that enhancing job control can help protect against the detrimental impacts of high demands and improve employees' health and well-being (Mulder, 2017). Work-related stress has impacted the design of jobs, organizational policies, and strategies aimed at enhancing employee wellness.

Occupations that are in high demand necessitate substantial exertion and are linked to heightened stress levels when they are overwhelming or ongoing. Having high job control means having the freedom to make decisions and utilize skills to oversee work. Limited job control indicates restricted authority to make decisions and decreased chances to utilize one's abilities (Gameiro et al., 2020).

Moreover, the study is also anchored on the Adaptation Theory developed by Sister Callista Roy in 1964. Roy viewed the person as a biopsychosocial being with constant interaction with the changing environment (Daniels, 2024). The person is an open, adaptive system who uses coping and management skills to deal with life circumstances. These challenges are the stimuli that affect the development of the behavior of the person. The role of a nurse is to help the person obtain integrity by decreasing, enhancing, modifying, and altering stimulus to achieve adaptation (Gonzalo, 2024). Adaptation level is the ability to respond and manage positively in a situation modulated by a person's coping mechanism and control processes. Thus, a person does not respond passively to stimuli (Petiprin, 2023).

Objectives of the Study

This study aimed to determine the level of workload and level of lifestyle management of clinical instructors in nursing schools in one of the highly urbanized cities in the Central Philippines for the school year 2024-2025. Specifically, this study sought to answer the following specific questions: What is the profile of the respondents in terms of age, civil status, length of service, and employment status? What is the level of workload for clinical instructors in the areas of academic, clinical, and administrative? What is the level of lifestyle management for clinical instructors in the areas of biophysiologic, stress management, and social life. Is there a significant difference in the level of workload and level of lifestyle management when grouped and compared according to profile variables. And, is there a significant relationship in the level of workload and the level of lifestyle management of clinical instructors?

RESEARCH METHODOLOGY

This section presents the research design, data-gathering procedure, other instrumentation, and statistical tools. It also discusses the parameters, especially the statistical tools, the respondents, and the study's locality.

Research Design

This study utilized the descriptive research design, which determines the level of workload and lifestyle management of clinical instructors in nursing schools in one of the highly urbanized cities in the Central Philippines during the school year 2024-2025. Descriptive research aims to accurately and systematically describe a population, situation, or phenomenon. It can answer what, where, when, and how questions, but not why questions. Descriptive research is an appropriate choice when the research aim is to identify characteristics, frequencies, trends, and categories. It is useful when little is known about the topic or problem. Before you can research why something happens, you need to understand how, when, and where it happens (McCombes, 2019). This research design is suited for the study, which aimed to describe, explain, and validate findings in order to achieve good results for the data or information.

Study Respondents

A total of one hundred ninety-two (192) clinical instructors from a population of three hundred eighty (380) are the respondents of the study. These respondents are clinical instructors in nursing schools in a highly urbanized city in the central Philippines. The Cochran formula was used to find the sample size. To get the percentage, the respondents coming from each school are divided by the total number of respondents and multiplied by the sample size. Since the number of respondents is quite manageable, stratified random sampling was utilized. Stratified sampling is a method of dividing a larger population into distinct subgroups, or strata, and then selecting samples from each stratum using random sampling. This approach ensures that all subgroups are adequately represented in the final sample (Bisht, 2024).

Instrument

The researchers used a self-made questionnaire as a data-collection instrument. This enabled the researchers to adequately gather the needed information to complete the study and ensure reliability. The questionnaire was divided into three parts, wherein the first part pertains to the demographic profile of participants, such as age, civil status, length of service, and employment status. Part 2 contains the questionnaire proper consisting of 5 items on each areas of academic, clinical, and administrative of workload. Part 3 contains the questionnaire consisting of 5 items on each areas of biophysiological, stress management, and social life. Each item was rated on a scale of 1 to 5, using a 5-point Likert scale rating, with 5 as always, 4 as often, 3 as sometimes, 2 as rarely, and 1 as almost never.

Data Gathering and Procedure

After administering the validity and reliability, upon approval from the research office or the dean of the different colleges of nursing, the questionnaires were administered to target respondents. The questionnaires were gathered, recorded, and analyzed. The data gathered from the responses of the respondents was tallied and tabulated using the appropriate statistical tools. The encoded data was processed using the SPSS.

Data Analysis and Statistical Treatment

Objectives 1, 2, and 3 employed a descriptive analytical scheme, using frequency counts and percentages as statistical tools to assess the profile of respondents, means to assess the level of workload and level of lifestyle management of clinical instructors across the three areas. Objective 4 utilized a comparative analytical scheme, applying the Mann Whitney U test to determine significant differences in the level of workload and level of lifestyle management when group and compared according to aforementioned variables. Objective 5 also utilized comparative analytical scheme, applying the Spearman rho to determine significant relationship in the level of workload and the level of lifestyle management.

Ethical Consideration

By guaranteeing the confidentiality of the respondents' answers and upholding their anonymity during the whole research process, the study made a concerted effort to reduce the possibility of harm to its target respondents in accordance with Republic Act 10173, also known as the Data Privacy Act of 2012. The researchers also requested their free and informed consent up front.

RESULTS AND DISCUSSION

This section presents, analyzes, and interprets the data gathered to carry out the predetermined objectives of this study.

Profile of Respondents

Table 1

Profile of Respondents

Variables	Categories	Frequency	Percentage
Age	Younger (below 43 years old)	107	55.73
	Older (43 years old and above)	85	44.27
Civil Status	Single	70	36.46
	Married	122	63.54
Length of Service	Shorter (less than 6 years)	143	74.48
	Longer (6 years or more)	49	25.52
	Full-Time	77	40.10
Employment Status	Part-Time	115	59.90
	Total	192	100

Table 1 presents the findings for the first objective of this study. There were one hundred seven, or 55.73 percent, of the 192 respondents who belonged to the younger age group (below 43 years old), while eighty-five, or 44.27 percent, belonged to the older age group (43 years old and above). Frequency distribution percentages were used to categorize younger and older respondents. More "younger" respondents participated in the study than "older" respondents. There were seventy (70) single respondents, or 36.46 percent, and one hundred twenty-two (122) married respondents, or 63.54 percent, which means that more married participants participated in the study. For length of service, the majority of the respondents had shorter job tenures (less than 6 years), with one hundred forty-three (143) respondents at 74.48 percent, while 25.52 percent, or forty-nine (49) respondents, had longer job tenures (6 years or more). As for employment status, there were seventy-seven respondents (77) or 40.10 percent, who had permanent full-time status, and the majority of one hundred fifteen (115) or 59.90 percent, of the respondents were part-time faculty. This implies that more respondents who participated were younger, married, shorter in tenure, and part-time clinical instructors.

Level of Workload of Clinical Instructors

Table 2

Level of Academic Workload of Clinical Instructors

Items	Mean	Interpretation
As a clinical instructor in a nursing school, I :		

1. Have long hours of lectures.	3.73	High Level
2. Teach more than one concept in lectures.	3.28	Moderate Level
3. Administer quizzes, activities, and exams to students.	4.54	Very High Level
4. Create presentations for lectures.	4.13	High Level
5. Take time to check students' quizzes and output.	4.56	Very High Level
Overall Mean	4.05	High Level

There were five issues presented in the area of academics. Table 2 presents that academic workload varies at a certain level, with an overall mean score of 4.05, interpreted as "high level." However, notable results revealed that the highest mean score of 4.56, interpreted as "very high level," is issue 5, "take time to check students' quizzes and output."

While the lowest mean score, 3.28, interpreted as "moderate level," is issue 2, "teach more than one concept." Nursing educators should be highly competent in delivering lessons during lectures and evaluating students' performance. The same discourse was found in the study by Satoh et al. (2020), which stated that academic nurse educators should be highly competent in teaching and evaluating students' performance.

With the growing number of nursing students, there is an equal number of quizzes and evaluations that the clinical instructors should process as a way to assess students' learning. In support, according to El-Hashash (2022), the administration of quizzes improved student learning outcomes. However, most clinical instructors employ a more traditional type of assessment through pen and paper, which makes it a time-consuming task, especially when handling multiple classroom sections. This is corroborated in the study of Mohanraj et al. (2024), which states that traditional types of assessment are less flexible and are often more time-consuming. Still, they offer a controlled environment that discourages cheating and allows for direct observation by teachers.

Table 3

Level of Clinical Workload of Clinical Instructors

Items	Mean	Interpretation
As a clinical instructor in a nursing school, I :		
1. Render at least 8 hours of hospital duty per shift.	4.08	High Level
2. Evaluate the return demonstrations of students.	4.42	High Level
3. Evaluate student performance in the clinical area.	4.18	High Level
4. Closely monitor student procedures in clinical duties.	4.20	High Level

5. Schedule student-patient assignment.	4.40	High Level
Overall Mean	4.26	High Level

Table 3 shows a result that issues in the clinical area all revealed a "high level" of clinical workload, with an overall mean score of 4.26, interpreted also as a "high level." Issue 2 "evaluate return demonstrations of students," with a mean score of 4.42 interpreted as "high level," yielded the highest mean score. Although interpreted as "high level," Issue 1, which requires at least 8 hours of hospital duty per shift, had the lowest mean score of 4.08.

It is imperative that clinical instructors' main work is to educate nursing students in a clinical setting to develop competence and bridge the theory-practice gap. The best way is through a return demonstration of clinical procedures. According to Gcawu & van Rooyen (2022), nurse educators are important in the development of the clinical competence of undergraduate nursing students by equipping them to face the challenges of the complex and dynamic healthcare delivery system.

Clinical workload comprises clinical hospital duty and other clinical-related learning experiences, like return demonstrations, where the clinical instructor constantly engages to equip nursing students with competence in certain hospital-related procedures. As agreed, according to Msosa et al. (2022), return demonstrations contribute effectively to learning and help students build a strong foundation of clinical competence.

Table 4

Level of Administrative Workload of Clinical Instructors

Items	Mean	Interpretation
As a clinical instructor in a nursing school, I :		
1. Allot specific times for student consultations.	4.19	High Level
2. Allot specific times for parent consultations.	3.54	High Level
3. Compute and submit my student grades on time.	4.52	Very High Level
4. Participate in the enrollment process.	3.51	High Level
5. Accept committee assignments.	3.76	High Level
Overall Mean	3.90	High Level

Results in Table 4, in administrative workload, revealed an overall mean score of 3.90, interpreted as a "high level." Issue 3 "compute and submit my student grades on time," has the highest mean score of 4.52 interpreted as a "very high level." Issue 4 "participate in the enrollment process," yielded the lowest mean of 3.51 interpreted as a "high level."

Nursing educators not only juggle academic and clinical work but also multitask in the administrative aspect. Due to pressure to meet deadlines, clinical instructors spent most of their time on grade computation and submission. This is supported by the study of Villamor et al. (2024), which suggests that time pressure in meeting deadlines contributes to a high level of workload and can potentially cause burnout. Additionally, the study by Songcayawon (2024) discussed that school heads have excellent administrative skills, but educators were never mentioned as having expertise in this area.

Level of Lifestyle Management of Clinical Instructors

Table 5

Level of Biophysiologic Lifestyle Management of Clinical Instructors

Items	Mean	Interpretation
As a clinical instructor in a nursing school, I :		
1. Eat nutritious balanced meals and avoid fatty foods.	3.70	High Level
2. Have enough sleep each night.	3.45	Moderate Level
3. Exercise regularly.	3.05	Moderate Level
4. Avoid taking caffeine.	3.05	Moderate Level
5. Avoid taking alcohol.	3.78	High Level
Overall Mean	3.40	Moderate Level

Table 5 shows that the level of lifestyle management in biophysiological area varies to a certain level with an overall mean score of 4.40 interpreted as “moderate level”. Issue 5 “avoid taking alcohol” has the highest mean score of 3.78 interpreted as “high level” while Issue 3 “exercise regularly” and Issue 4 “avoid taking caffeine” tied up as the lowest mean scores of 3.05 interpreted as “moderate level.”

Clinical instructors as healthcare professionals may be aware of healthy lifestyle practices. The relatively lower scores for exercise and caffeine avoidance reflect challenges in balancing personal health with demanding schedules or stress. They may teach nursing students to avoid caffeine consumption and to exercise regularly but they may not be actually doing it. Interestingly, according to Guest et al. (2021) caffeine has consistently been shown to improve exercise performance. However, with demanding nature of work, clinical instructors do not have the enough time for physical exercise. In the study of Balatoni et al. (2023), it was collaborated that healthcare professionals do not engage in physical activity or exercise, as 72.67% reasoned out the lack of time.

Caffeine consumption among clinical instructors is predominantly unavoidable, with emerging local coffee shops and variety of flavors and taste to choose from, it is simply non-resistible. They simply love coffee or a way to keep them awake all through out the day. Specially that their days usually starts at

six in the morning, or sometimes at ten in the evening. This is collaborated with the study of Pauchon et al. (2024), as the result of their study found that caffeine increased number of long awakenings. Also, supported in the study of Davisaraei et al. (2024), coffee can help with alertness in the morning consuming it at the right times can assist in preserving healthy sleep patterns even while enjoying coffee.

Table 6

Level of Lifestyle Management of Clinical Instructors in Stress Management Domain

	Items	Mean	Interpretation
The	As a clinical instructor in a nursing school, I :		
	1. Refrain from smoking or vaping after a stressful day.	3.60	High Level
	2. Take time to rest and sleep after a long day.	3.75	High Level
	3. Take time for my hobbies and interest.	3.61	High Level
	4. Refrain from dwelling on personal problems.	3.61	High Level
	5. Do relaxation techniques like deep breathing exercises.	3.94	High Level
	Overall Mean	3.70	High Level

Result in Table 6 showed an overall mean score of 3.70 interpreted as “high level” with Issue 5 “do relaxation techniques like deep breathing exercise” has the highest mean score of 3.94 interpreted also as “high level.” While, Issue 1 “refrain from smoking or vaping after a stressful day” yielded the lowest mean score of 3.60 interpreted as “high level.”

Smoking or vaping yielded as high level, although still, the lowest mean score. Nursing educators is aware and cautious of their health as they need to stay healthy to perform the job and an annual physical exam is required to evaluate their health status. But, after a stressful day, they need to have an outlet when being overwhelmed by taking an air through inhale and exhale, with smoke. In the study of Jahnel et al. (2019), it agrees that people engage in smoking as a means of coping with stress. Executive Order 26 may slowed down the incidence but as an academic institution, it is prohibited to smoke more ironically a healthcare professional. According to Catalano & Gilleskie (2021), ban of smoking in the workplace protects people from second hand smoke, helps smokers quit and reduce smoking incidents.

Table 7

Level of Lifestyle Management of Clinical Instructors in the Social Life Domain

	Items	Mean	Interpretation
As a clinical instructor in a nursing school, I :			

1. Talk and mingle with friends to rant out feelings.	3.81	High Level
2. Talk to significant others to voice out feelings.	3.91	High Level
3. Have good connections with my colleagues.	4.29	High Level
4. Have good connections with my superiors.	4.27	High Level
5. Have a love life or special someone to rely on.	4.12	High Level
Overall Mean	4.08	High Level

Table 7 revealed results that social life in area of lifestyle management all revealed “high level” with an overall mean score of 4.08. Issue 3 “have good connections with my colleagues” with a mean score of 4.29 interpreted as “high level” yielded as the highest. While, Issue 1 “talk and mingle with friends to rant out feelings” with a mean score of 3.81 interpreted as “high level” yielded as the lowest.

With heavy workloads and multiple responsibilities in both personal and professional life, clinical instructors does not have the time to mingle with friends, especially in the workplace that gives a doubt of who are friends and who are not. As supported by the study of Durrah (2022), colleagues do not always trust each other, as friendships can blur boundaries and can sometimes be a distraction from the job resulting in less time spent at work and more time spent on socializing. According to Miles (2023), humans are fundamentally social creatures. Also, in the study of Buquia et al. (2024), a well-balance supportive personal and professional environment results to bearable stress.

Comparative Analysis in the Level of Workload of Clinical Instructors when grouped and compared according to aforementioned variables

Table 8

Difference in the Level of Academic Workload of Clinical Instructors when grouped and compared according to variables

Variable	Category	N	Mean Rank	Mann Whitney U	p-value	Sig. level	Interpretation
Age	Younger	107	110.54	3045.500	0.000		Significant
	Older	85	78.83				
Civil Status	Single	70	107.28	3515.500	0.041	0.05	Significant
	Married	122	90.32				
	Shorter	143	93.62	3091.500	0.217		Not Significant

Length of Service	Longer	49	104.91			
Employment Status	Full-Time	77	114.42	3048.000	0.000	Significant
	Part-Time	115	84.50			

In Table 8, result showed the p-value of 0.00 on the level of workload in the area of academic when group according to age is interpreted as “significant.” Therefore, the hypothesis that there is no significant difference in the level of academic workload of clinical instructors when grouped and compared according to the age is rejected.

Job performance of younger and older clinical instructors differ. Same result in the study of Karanika-Murray et al. (2022), that job performance vary by age. Younger faculty receives more lecture tasks as they still have the drive, passion, and strength to deliver the lecture of concepts, while older respondents tagged as “veteran” have longer teaching experience and they may be already exhausted in delivering same concepts of lectures. It collaborates with Saloviita & Pakarinen (2021), that older teachers are often more exhausted than younger ones. As to the civil status, result showed a p-value of 0.04, interpreted as “significant”. Since the p-value is less than 0.05, the hypothesis that there is no significant difference in the level of academic workload of clinical instructors when grouped and compared according to the civil status is rejected. With multiple responsibilities and time commitments to family, married individuals have less academic workload by getting lectures slots that is available for their convenient time. While single respondents has fewer personal obligations, allowing more time and flexibility to handle academic tasks. According to Alvarez (2023), it agrees that married individual assumes a shared responsibilities in all areas of life while single individuals has opportunity to explore personal interests in dedicating self to personal and professional growth. The p-value of 0.21 for length of service interpreted as “not significant,” thereby result to failure of rejecting the hypothesis that states that there is no significant difference in the level of academic workload of clinical instructors when grouped and compared according to the length of service. This means that both shorter and longer length of service has the same level of academic workload, regardless of tenure, as clinical instructors, they need to do lectures to provide theoretical foundations to future nurses. A significant difference was found in the level of academic workload when respondents are grouped according to employment status. The p-value of 0.00 indicate strong evidence against the null hypothesis, thereby rejecting it. Full-time clinical instructors are required to do academic lectures, unlike part-time clinical instructors, they are hired to cater the needs of growing population of nursing students, therefore they are task to do clinical duty instead to meet the required clinical supervision of nursing student. With nursing career as on demand job, there is scarcity of qualified full-time nursing educator to fill the gap. Nursing schools were hiring part-time clinical instructors to fill in the shortage. According to Antig et al. (2024), it agrees that schools of nursing hired part-time nursing educators to fill in the substantial gap.

Table 9

Difference in the Level of Clinical Workload of Clinical Instructors when grouped and compared according to variables

Variable	Category	N	Mean Rank	Mann Whitney U	p-value	Sig. level	Interpretation
Age	Younger	107	97.24	4468.000	0.828	0.05	Not Significant
	Older	85	95.56				
Civil Status	Single	70	88.06	3679.000	0.095	0.05	Not Significant
	Married	122	101.34				
Length of Service	Shorter	143	94.96	3283.000	0.492	0.05	Not Significant
	Longer	49	101.00				
Employment Status	Full-Time	77	101.36	4053.000	0.299	0.05	Not Significant
	Part-Time	115	93.24				

Table 9 showed no significant differences in the level of clinical workload when group according to age, civil status, length of service, and employment status. The p-value of 0.82 for age interpreted as “not significant,” failed to reject the hypothesis that states that there is no significant difference in the level of clinical workload of respondents when grouped according to age. Therefore, younger or older has the same level of clinical workload.

When group according to civil status, result showed a p-value of 0.09, interpreted as “not significant.” Since the p-value is less than 0.05, therefore it failed to reject the hypothesis that states that there is no significant difference in the level of clinical workload of respondents when grouped according to civil status. Being single or married does not differ in clinical workload, as they both receive the same amount of clinical task.

Result also showed a p-value of 0.49 when grouped according to length of service interpreted as “not significant.” Therefore, it failed to reject the hypothesis that states that there is no significant difference in the level of clinical workload of respondents when grouped according to length of service. It does not differ whether shorter or longer length of service, they have the same level of clinical workload.

As to the employment status, a p-value of 0.29 interpreted as “not significant” failed to reject the hypothesis that states that there is no significant difference in the level of clinical workload of respondents when grouped according to employment status. Both part-time and full-time has the same level of clinical workload. This collaborates with Engracial et al. (2016), employment status does not differ significantly between regular and part-time employees’ workload.

Regardless of age, civil status, length of service, and employment status, clinical instructors has the same level of clinical workload. As the job description itself, clinical duties is an obligation of a clinical instructors to guide and facilitate learning of nursing students to be competent in clinical practice. According to Melrose (2019), it agrees that clinical instructor includes teaching in clinical areas to share their hands-on knowledge and skills with student nurses.

Table 10

Difference in the Level of Administrative Workload of Clinical Instructors in when grouped and compared according to variables

Variable	Category	N	Mean Rank	Mann Whitney U	p-value	Sig. level	Interpretation
Age	Younger	107	103.31	3818.500	0.055		Not Significant
	Older	85	87.92				
Civil Status	Single	70	84.48	3428.500	0.022	0.05	Significant
	Married	122	103.40				
Length of Service	Shorter	143	88.37	2341.000	0.001		Significant
	Longer	49	120.22				
Employment Status	Full-Time	77	129.08	1918.500	0.000		Significant
	Part-Time	115	74.68				

The result in Table 10 yielded a p-value of 0.055 interpreted as “not significant” therefore, it failed to reject the hypothesis that states that there is no significant difference in the level of administrative workload of respondents when grouped according to age.

Age does not differ in administrative workload, as whether young or old, they receive the same amount of administrative works.

As for civil status, a significant difference was found with a p-value of 0.02 which indicates rejection of hypothesis. Therefore, there is a significant difference in the level of administrative workload of respondents when grouped according to civil status.

Married or single individuals are excessively focused to their administrative task trying to meet deadlines and the pressure to meet expectations. Married respondents with high amount of administrative task is fixed tight with family roles and single respondents although has ample time for personal interests become workaholic and get married to their work. According to Mici & Smith (2024), it agrees that high expectations from the workplace, such as tight deadlines, contribute to a workaholic nature.

A significant difference was also found in length of service with a p-value of 0.00, therefore rejecting the hypothesis. With that, there is a significant difference in the level of administrative workload of respondents when grouped according to length of service. School administration put more workload trust on longer length of service to perform administrative task like committee assignments, as they are been long enough to know and familiarize the ways and means of office and they will do what is expected. In contrary, employee shows an increase in trust during initial years after joining an organization, but it then declines afterwards (Aggarwal, 2023).

The table also shows a significant difference in the level of administrative workload of respondents when group according to employment status with a p-value of 0.00, thus rejecting the null hypothesis.

Full-time and part-time differs in amount of administrative task, as full-time clinical instructor receives high amount of administrative task and has a wide range of responsibilities and spending excessive time on paperwork, leaving them with insufficient energy and time to focus on other matters, and this put them at risk of exhaustion. According to Boeskens & Nusche (2021), nursing instructor faced various challenges in terms of heavy administrative tasks. Also, Kameda (2025), discussed that teachers face substantial pressures from administrative tasks and it overshadow their primary role as educators.

Comparative Analysis in the Level of Lifestyle Management of Clinical Instructors when grouped and compared according to aforementioned variables

Table 11

Difference in the Level of Biophysiological Lifestyle Management of Clinical Instructors when grouped and compared according to variables

Variable	Category	N	Mean Rank	Mann Whitney U	p-value	Sig. level	Interpretation
Age	Younger	107	99.37	4240.500	0.420	0.05	Not Significant
	Older	85	92.89				
Civil Status	Single	70	90.44	3845.500	0.250	0.05	Not Significant
	Married	122	99.98				
Length of Service	Shorter	143	93.19	3030.000	0.157	0.05	Not Significant
	Longer	49	106.16				
Employment Status	Full-Time	77	103.81	3864.500	0.134	0.05	Not Significant
	Part-Time	115	91.60				

The result showed a p-value of 0.42 interpreted as “not significant,” therefore it failed to reject the null hypothesis that states that there is no significant difference in the level of biophysiological lifestyle management of the respondents when grouped according to age.

The table also shows a p-value of 0.25 interpreted as “not significant,” this affirms the failure of rejecting the null hypothesis. Therefore, there is no significant difference in the level of biophysiological lifestyle management when grouped according to civil status.

As to the length of service, a p-value of 0.15 indicates no significant difference leading to a failure of rejecting the hypothesis. Thus, there is no significant difference in the level of biophysiological lifestyle management when grouped according to employment status.

No significant difference was found in the level of lifestyle management of clinical instructors in biophysiological area when group according to age, civil status, length of service, and employment status. Regardless of demographic profile, the lifestyle management in physical aspect does not vary as the clinical instructors are practicing healthy lifestyle management. Clinical instructors manage their physical health by healthy lifestyle management, this includes effective strategies in diet, sleep, and exercise. According to Tsai (2024), it agrees that effective strategies are needed to maintain a healthy lifestyle. Given the amount of workload they are facing, they are still knowledgeable enough that their physical body is their capital. Cliche as it may sound, but health is wealth. Regardless of age, civil status, length of service, and employment status, clinical instructors engage in healthy habits the same way, as it does not differ.

Table 12

Difference in the Level of Lifestyle Management of Clinical Instructors in the area of Stress Management when grouped and compared according to variables

Variable	Category	N	Mean Rank	Mann Whitney U	p-value	Sig. level	Interpretation
Age	Younger	107	101.54	4008.500	0.157		Not Significant
	Older	85	90.16				
Civil Status	Single	70	96.38	4261.500	0.982	0.05	Not Significant
	Married	122	96.57				
Length of Service	Shorter	143	91.95	2853.000	0.051		Not Significant
	Longer	49	109.78				
Employment Status	Full-Time	77	94.12	4244.500	0.626		Not Significant
	Part-Time	115	98.09				

The p-value of 0.15 in the variable age indicates no significant difference. Therefore, it failed to reject the hypothesis that states that there is no significant difference in the level of lifestyle management in the area of stress management when group according to age.

As for the civil status, a p-value of 0.98 interpreted as “not significant” leads to failure of rejecting the hypothesis. Therefore, there is no significant difference in the level of lifestyle management in the area of stress management when group according to civil status.

In the length of service, a “not significant” result was also found with a p-value of 0.051, thus lead to failure of rejecting the null hypothesis. Therefore, there is no significant difference in the level of lifestyle management in the area of stress management when group according to length of service.

Employment status as variable yielded a p-value of 0.62, also interpreted as “not significant” and affirms that there is no significant difference in the level of lifestyle management in the area of stress management when group according to employment status. Thus, it failed to reject the hypothesis.

Results revealed that there is no significant differences in the level of lifestyle management of clinical instructors in the area of stress management. Regardless of demographic profile like age, civil status, length of service, and employment status, the stress management does not differ. This collaborates with the results in the study of Buquia et al., (2024), that there is no significant difference in the stress levels based on personal factors and grouped by age and length of service.

With multifaceted role and demanding job of a clinical instructor, stress in inevitable, same goes with all other types of workplace. Differences on age, civil status, length of service, and employment status does not matter in any case, they can’t get away with stress. As they receive the same amount of stress, they manage stress the same way. These stress management are techniques for a positive, productive work environment (Bautista et al. 2020).

Table 13

Difference in the Level of Lifestyle Management of Clinical Instructors in the area of and Social Life when grouped and compared according to variables

Variable	Category	N	Mean Rank	Mann Whitney U	p-value	Sig. level	Interpretation
Age	Younger	107	102.09	3949.500	0.116		Not Significant
	Older	85	89.46				
Civil Status	Single	70	82.59	3296.500	0.008	0.05	Significant
	Married	122	104.48				
Length of Service	Shorter	143	94.30	3189.500	0.347		Not Significant
	Longer	49	102.91				

Employment Status	Full-Time	77	104.93	3778.500	0.084	Not Significant
	Part-Time	115	90.86			

The result in Table 13 showed a p-value of 0.11 interpreted as “not significant,” therefore it failed to reject the hypothesis. Thus, there is no significant difference in the level of lifestyle management in the area of social life when grouped according to age.

According to the civil status, a p-value of 0.00 interpreted as “significant.” This means that the null hypothesis that there is no significant difference in the level of lifestyle management in the area of social life when grouped according to civil status is rejected.

Results also showed a p-value 0.34 when grouped according to length of service is interpreted as “not significant,” therefore, it failed to reject the hypothesis that there is no significant difference in the level of lifestyle management in the area of social life when grouped according to length of service.

As for the employment status, a p-value of 0.08 reveals a “not significant” interpretation. Thus, it failed to reject the hypothesis, which means that there is no significant difference in the level of lifestyle management in the area of social life when grouped according to employment status.

There is no significant difference in social life when grouped according to age, length of service, and employment status. Clinical instructors spends most of their in the office with diverse colleagues that they can start conversation with, especially office gossip. According to van der Put & Ellwardt (2022), workplace is considered as the social arena, where they repeatedly encounter the same colleagues in which they interact on a daily basis.

As to civil status, a significant difference was found. Single respondents has the adequate time for socialization as their concern is only focused to self and less drama to deal with, unlike married clinical instructors they have a lot on their hands with divided responsibilities for work, self, and family. According to Scharlop (2022), marriage is a priority where people do make time for the people that are important to them. Adding on , married individuals may have less time for others due to different priorities or additional responsibilities (Martinez, 2025).

Relational Analysis in the Level of Workload and the Level of Lifestyle Management of Clinical Instructors

Table 14

Relationship between the Level of Workload and the Level of Lifestyle Management of Clinical Instructors

Variable		rho	p-value	Sig. level	Interpretation
Level of Workload					
Level of Lifestyle Mangement		0.413	0.000	0.01	Significant

The fifth objective of this study presented in Table 14 was to identify significant relationship in the level of workload and the level of lifestyle management of clinical instructors. The results shows $r = 0.413$ and a p -value of 0.00 with 0.01 level of significance. This signifies significant relationship in moderate correlation. Therefore, the null hypothesis is rejected. There is a significant relationship in the level of workload and the level of lifestyle management of the clinical instructors.

The higher the workload, the higher the lifestyle management. On the study of Sarac et al. (2023), healthy lifestyle behaviors lead to increased productivity in the workplace. In contrary, the study of Lee et al. (2021), found that the number of working hours is associated with unhealthy lifestyles. Clinical instructors' heavy workload and constant pressure is a demanding yet a critical challenge. They often navigate tight deadlines and multiple responsibilities while striving to perform at their peak. Without effective lifestyle management, this pressure can lead to health issues and reduced productivity. Thus, having a greater control in maintaining a healthy lifestyle management such as diet, sleep, and exercise can signify a positive adaptation and improved ability to cope and perform consistently. With heavier workload, the more extensive lifestyle management is needed. When clinical instructors are overwhelmed with duties and responsibilities, they set a break, they take a deep breath, and they connect with others. According to Anderson (2025), effective lifestyle strategies for managing high workload ensure professionals not only to survive but thrive in their careers.

Conclusion

Several key conclusions may be drawn concerning the workload and lifestyle management of clinical instructors in nursing schools in a highly urbanized city in the central Philippines in 2024–2025 based on the targeted objectives and results of this study.

The majority of the respondents were younger, married, and had shorter lengths of service, with a large number being part-time clinical instructors. This profile sheds light on the growing reliance on younger and part-time faculty members to meet the increasing demands of nursing education, especially in urban areas where the college population of nursing students has been on the rise. The presence of mostly part-time faculty members implies that institutions might be employing them on a contractual basis to keep up with the growing student population due to the shortage of qualified full-time instructors.

Clinical instructors carry persistently high academic, clinical, and administrative loads handling numerous teachings, clinical duties, and administrative task, which may lead to stress, reduced effectiveness, and potential burnout. A high level of lifestyle management means clinical instructors effectively balance work, health, and personal life, promoting well-being and sustained performance.

High demand work and overwhelming responsibilities can predispose to a high level of workload of clinical instructors, regardless of age, civil status, length of service, and employment status. The demanding job by receiving an overload as they fill the gap of scarcity of clinical instructors to cater the needs of overflowing number of nursing students that needs to be exposed on the clinical area in strengthening the clinical competence of students contributes to heavy workload.

The study found a moderate correlation between workload and lifestyle management, indicating that as workload increases, adjustments in lifestyle follow to some degree. With the high workload being experienced, they exhibit high level of socialization.

Although stress is inevitable, clinical instructors highly manage their stress, by practicing healthy habits and modifying their lifestyle including diet and activities.

Being tenure on the job and receiving full-time load is exhausting, therefore a high level of biophysiological lifestyle management is needed to compensate the effects on health. Lifestyle management is generally strong and rises with heavier workload, but consistent gaps appear in exercise and caffeine control. A moderate workload–lifestyle link suggests many instructors adapt their routines as demands intensify.

With this, they obtained the optimum wellness or high level of well-being that reflects a strong resilience.

Recommendations

Based on the study's results and conclusions, recommendations are made to curb the heavy work burdens on clinical teachers in nursing schools located in a highly urbanized area. These recommendations are meant toward the promotion of faculty well-being and improve teaching and learning outcomes in the interest of sustainability in nursing education.

Management of academic workload should be given priority by administrators of schools. With more nursing students being admitted, institutions must search for ways to enable a fair balance in the proportion of teaching loads assigned to both full-time and part-time faculty. Such methods may include hiring full-time instructors with suitable qualification levels, preventing faculty members from taking on too many subjects or sections, and allowing the use of some technological tools to lessen the preparation time for lectures and grading processes. Schools may also want to implement automated systems for grading and test administration to reduce repetitive and mechanical academic tasks.

Second, because the clinical load is high, there should be strong collaboration between nursing schools and hospital partners in coming up with organized clinical schedules to maintain the recommended CHED faculty-to-student ratio. Allowing some instructors to be overburdened by student supervision will diminish hands-on training and also lead among the instructors. The clinical instructors may also undergo training and workshops so that they will be informed of the best clinical teaching practices and be strengthened in guiding the students in the hospitals.

Third, administrative tasks must be rationalized and streamlined to prevent overwhelming clinical instructors. Administrative skill-building tasks like committee work, reports, grades, and others must be well spread out with special concern for full-time faculty. The application of digital platforms for record-keeping, communication, and reporting will serve considerably to lessen handwork and allow the instructors more time to devote to teaching and mentoring. This should be supported by management establishing clear policies on administrative tasks and support staff for these tasks.

Adding on, for the well-being of clinical instructors to be maintained, policies, intervention plans, and institutional supports must be put in place. Schools should come up with workload policies that coincide with CHED standards and are based on evidence-based practices. Periodic evaluation of workload distribution and faculty feedback mechanisms should be institutionalized to ensure that faculty concerns

are being addressed on time. Furthermore, wellness programs, counseling services, and stress management workshops must be made available for clinical instructors in the interest of promoting mental health and work-life balance. Should these measures be put into effect, a supportive and efficient environment can be created for clinical instructors to thrive in their many roles while maintaining professional satisfaction and well-being.

Lastly, to sustain performance, implement fair load allocation, cap simultaneous assessments, and audit schedules before approval. Add administrative support and monitor policy compliance on teaching and clinical assignments. Provide targeted time-management seminars, routine health checks, and low-friction wellness supports (sleep windows, brief movement breaks, healthy food access). Encourage regular exercise, adequate sleep, balanced diet, and avoidance of excess caffeine, sugar, alcohol, and smoking/vaping. Expand hiring to reduce overload and fund programs that normalize daily health routines across all faculty. Modify lifestyle to maintain their well-being by engaging to a healthy lifestyle by doing regular exercise; getting enough sleep; eating a healthy diet; avoiding caffeine, too much sugar, alcohol, cigarette and vape smokes, and drugs. They can have a routine check-up once every 6 months to monitor their health as schools should initiate, support, or create programs or health initiatives that promote healthy lifestyle and well-being of clinical instructors that ultimately contributes to a stronger healthcare education system, a well-prepared nursing workforce, and improved public health outcomes.

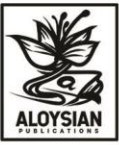
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