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**WORK-LIFE BALANCE AND RESILIENCE AMONG NURSE EDUCATORS IN
BAGUIO CITY**

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ABSTRACT

Work-Life Balance (WLB) and resilience of nurse educators are examined in this study, with the demographic profiles of the participants: age, sex, marital status, and years of experience considered. A descriptive-correlational design was employed to determine the relationships among the variables. A total of 120 nurse educators participated, completing an adopted survey questionnaire that included the Fisher-McAuley Work-Life Balance Scale and the 10-item Connor-Davidson Resilience Scale (CD-RISC-10).

The results show that many nursing faculty respondents are aged 35 - 44, female, married, and have 2 - 5 years of experience, which is considered an advanced beginner level. Meanwhile, the demographic profiles of the respondents, including age, sex, marital status, and years of experience, are not significantly associated with WLB. This finding implies that personal and professional harmony is affected by the workplace setting and the support for individuals' characteristics.

The respondents reported a neutral WLB ($M = 3.37$), indicating moderate work-life and life-work interference, yet robust work-life fulfillment. The nursing education is then considered professionally satisfying amid the challenges teachers face. Likewise, nurse educators display an elevated level of resilience ($M = 3.16$), characterized by adaptation, emotional regulation, and perseverance in times of stress. Findings further reveal that, despite no significant relationship between demographic variables and resilience, sex is an essential factor, with females exhibiting variable levels of resilience. Such an outcome suggests that men and women in the profession have varying levels of resilience that may be due to context-based support mechanisms and expected roles. Finally, there is no association between WLB and resilience among

nurse educators, which may be due to the independence of resilience from homeostasis in both personal and professional domains.

Based on the results, the recommendations include reinforcing faculty load management, strengthening agile work systems, and streamlining supportive culture and mechanisms for nurse educators. Moreover, the institutionalization of mentorship programs for beginning faculty members and the development of gender-responsive health initiatives are crucial. Accordingly, future research may focus on conducting longitudinal studies to examine thoroughly the organizational factors that progressively affect WLB and resilience among professionals.

Keywords: work-life balance, resilience, nurse educators

Chapter I

THE RESEARCH PROBLEM

Background of the Study

Finding a balance between professional and personal demands while developing resilience can be challenging for all professionals, including nurse educators. Work-life balance (WLB) entails managing work while maintaining personal functions. On the other hand, resilience denotes the ability to address complexities. Kim and Windsor (2015) stated that these terms are linked, for when there is balance, there is also cultivated resilience. The multifaceted roles of nurse educators, such as teaching, clinical preceptorship, and research, can lead to stressful situations (Erasmus et al., 2024; Smith et al., 2024). Thus, resilience becomes a crucial coping mechanism that empowers educators to maintain health amid the complexities of the job (Keener et al., 2021; Stephens, 2023).

There is a continuous increase in the volume of academic and administrative tasks for nurse educators, especially in teaching content and clinical responsibilities, thereby making it more challenging to maintain a work-life balance (Rothacker-Peyton et al., 2022; Keener et al., 2021). These situations lead to job-related stress and discontentment (LeBaron, 2023; Stephens, 2023). On the other hand, resilience indeed makes individuals more adaptable to emerging circumstances; however, its potential contribution to nurse educators' WLB has not yet been thoroughly explored (Dall'Ora et al., 2020). Thus, addressing this research gap is vital to advancing well-being and stability across all aspects of health among the nursing workforce (Thomas et al., 2019).

Increasing staff demand and burnout are noted concerns globally, worsening the imbalance between work and life for nurses in educational institutions (Navakas-Romero et al., 2021; World Health Organization [WHO], 2022). To enhance the working conditions of nurse educators in Japan, South Korea, and Australia, these countries have initiated policy improvements covering remuneration, wellness programs, and system innovations (Horiuchi et al., 2021). Yet, these interventions are not fully observed as benchmarks in developing nations where a dearth of resources remains perennial, and working conditions for education professionals continue to worsen (Chan et al., 2021).

Low compensation and benefits, lack of institutional improvements, and a continuous decline in the workforce in the Philippines intensify the imbalance between work and life for nurse educators. This context leads to “brain drain” incidents skyrocketing, as seasoned nurses seek greener pastures abroad (Alibudbud, 2023; Fitzpatrick et al., 2022). Wan et al. (2021) add that the bulk of the workload among nurse educators with meager pay heightens job disillusionment.

Locally, nurse educators still experience difficulties in the national and regional contexts, as is the case in Baguio City, an educational hub in the north of the Philippines. There is a constant demand for nurses expected to balance academic, clinical, and administrative workloads (Alibudbud, 2023; Fitzpatrick et al., 2022). Wan et al. (2021) assert that subpar remuneration amid rising living costs in urban cities significantly limits nurses’ ability to attain work-life balance. Therefore, to boost resilience and uphold the well-being of nurse educators, context-based support initiatives, such as wellness programs, reasonable staffing, and professional development opportunities, are more necessary than ever (Chan et al., 2021).

Current efforts to sustain the nurse educators' work-life balance and resilience have been consistently noted worldwide. The American Association of College of Nursing (2020) elevates institutionalized mental health and other wellness efforts. Matahela and van Rensburg (2024) formulated protocols for self-leadership to help faculty agility in vibrant academic environments in South Africa. The University of Baguio in the Philippines has launched a linkage with other educational institutions to promote faculty development through aid, including the provision of state-of-the-art facilities (University of Baguio, 2023). These efforts contribute to organizational and partner cooperation to improve the quality of life for nurse educators at the institution, especially in resource-constrained locations (Pinili, 2024). To maintain all the undertakings mentioned above, sustainability efforts are needed to provide targeted support for nursing faculty (Pasay-an et al., 2014).

Although several studies examine work-related issues in the healthcare sector, research on work-life balance and resilience among nurse educators in the Philippines remains limited (Ubod, 2021). Current empirical analyses primarily emphasize Western contexts, which are totally different from the circumstances of the developing countries in Asia (Moyer, 2022). On the other hand, the present studies are aimed at nursing professionals in general. They are not related to the distinct circumstances of nurse educators who juggle academic, clinical, and other responsibilities (Wan et al., 2021).

This present inquiry is associated with Sustainable Development Goals (SDGs), particularly SDG 3 for Good Health and Well-being, SDG 4 for Quality Education, and SDG 17 for Partnerships for the Goals. The good health and well-being of nurse educators are maintained through the goal of supporting their work-life balance and resilience towards wellness. Also, ensuring excellence in nursing

education necessitates well-supported teachers. Since collaborations and networks among institutions to uphold faculty benefits in all aspects are geared towards partnerships that benefit all stakeholders (WHO, 2020; International Council of Nurses [ICN], 2017),

The significance of this research is the information to be gathered to transform policies and practices to better advocate for the common good of all nurse educators, thereby substantially elevating nursing education. By examining the work-life balance and resilience of nursing instructors, the study can contribute to evidence-based practices that strengthen interventions to address faculty concerns about work overload, mental health needs, and lifelong learning opportunities. Over time, such strategies may fortify both the personal and professional success of every nurse educator. Moreover, these actions can secure an excellent nursing education that produces competent nurses across the Philippines and the international healthcare landscape.

Statement of the Problem

In this study, the link between work-life balance and resilience among nurse educators is delved into. Nurse educators need to achieve harmony between work-life balance and resilience to ensure job fulfillment, functional effectiveness, and efficiency. This study aims to determine the relationship between nurse educators' profile attributes and the main variables: WLB and resilience.

By investigating these associations among the variables, empirical evidence can be presented to help academic institutions craft improved workplace policies and context-based practices to enhance the career productivity and well-being of nurse educators.

Research Objectives

The research aims to determine the association between the nurse educators' work-life balance and resilience. Notably, the study intends to fulfill the following:

1. To describe the demographic profiles of the respondents according to:
 - 1.1 age;
 - 1.2 sex;
 - 1.3 marital status; and
 - 1.4 years of work experience.
2. To describe the level of work-life balance among nurse educators with the following dimensions:
 - 2.1 impact of work on personal life (WIPL);
 - 2.2 influence of personal life on work (PLIW); and
 - 2.3 positive integration of work and personal life.
3. To describe the level of resilience among the respondents across these aspects:
 - 3.1 emotional regulation and adaptability
 - 3.2 self-efficacy and confidence; and
 - 3.3 Social support and optimism.
4. To determine the relationship between work-life balance and the nurse educators' demographic attributes.
5. To determine the relationship between resilience and demographic characteristics of the nurse educators.
6. To determine the relationship between work-life balance and resilience of nurse educators.

Significance of the Study

The current study is relevant to various beneficiary groups in the healthcare setting and the nursing education sector. The nurse educators themselves, together with the student nurses, school authorities, policymakers, and the institution at large, may derive substantial value from the results of this research.

The findings of this study may guide nurse educators in effectively managing their personal and professional relationships in nursing despite the challenges they experience. With a focus on resilience, faculty members can be provided with empirical insights to maintain harmony in their daily routines at home and at work, thereby achieving healthy well-being. This could be enhanced through institutional support, including organizational improvements to the provision of training and development opportunities, and enabling mechanisms to address stress-related issues and concerns in the workplace. Such action plans and strategies can strengthen nursing education by fostering a healthy, productive teaching workforce.

Different nursing schools can make reflective decisions and take actions to continuously empower nurse educators by building a culture of support and improving the academic work environment. The results of this study may inform organizational reforms centered on nurse educators' well-being. Sufficient institutional support for faculty members may continue to inspire and inform the revision and enhancement of existing policies to better cater to the needs of the times.

On the other hand, student nurses may also benefit from the study's results. It is believed that the holistic disposition of the nurse educators directly and indirectly affects the students' academic and clinical performance. Nurse educators who are considered resilient and valued tend to deliver significantly better instruction,

supervision, and demonstration of overall work performance. All of these contribute to a conducive, high-quality learning environment for students. This may be due to the harmony achieved by the nurse educators. The more balance they achieve, the more time they can allocate to teaching, mentoring, and coaching student nurses both in the school and the hospital to become competent and compassionate.

From the nursing administration context, school administrators can derive meaningful insights and reflections from the specific conditions faced by nurse educators as they balance work and life and build resilience. With this takeaway, school authorities can implement better protocols and guidelines, anchored in empirical data, to better support nurse educators, thereby considerably enhancing nurses' job satisfaction and achieving organizational excellence.

Scope and Limitations

The focus of this research is nurse educators' work-life balance and their resilience in fulfilling responsibilities at the School or College of Nursing, whether teaching in class or supervising clinical duties in the hospital. The respondents of the study are considered full-time teachers with the required faculty load for a regular academic term.

This study examines the level of work-life balance and resilience of the nurse educators. Meanwhile, another interest of the study is the association of these main variables with respondents' profile attributes, such as age, sex, civil status, and years of experience.

The first semester of the academic year 2025-2026 is the period covered by the data gathering, with an emphasis on qualified nurse educators, as defined by the inclusion and exclusion criteria. Information emerging beyond the focused data

collection period and respondents who did not meet the purposive sampling criteria are not considered. The results of the study are hoped to provide valuable insights to improve existing policies and practices in faculty support for health and well-being.

Chapter II

THEORETICAL BACKGROUND

Related literature is presented in this section to further discuss the research focus.

Review of Related Literature

Relevant studies deepen the understanding of work-life balance and resilience of nurse educators, thereby enriching the scholarly basis of the current study.

Work-Life Balance of Nurse Educators

Min (2022) characterizes Work-Life balance (WLB) as a recognized parameter in reinforcing health status, including job productivity and fulfillment. Sirgy and Lee (2018) imply that harmony means the blending of individuals' personal and professional contexts. It focuses on the stress-inducing occupational requirements that interfere with achieving the said balance. This is connected to the actual experiences of nurse educators who are on the verge of managing a large volume of tasks in the academe.

Several research studies consider demographic factors such as professional background and age as influential aspects of WLB. Crawford et al. (2023) believe that younger teachers in the initial stages of their careers face high work-related stress as they navigate the practical details of their jobs, including the need to be tenured. However, Poku et al. (2023) argue that more senior educators are more effective at coping with the complexities of the job because they have already developed a stable, balanced way of doing things.

Civil Status and sex are likewise critical in the WLB. Lakshmi and Prasanth (2018) believe that women, especially those who are married, find it challenging to attain WLB than their counterparts. Sook et al. (2017) added that spouses with children have to face greater domestic demands that may affect their work commitment. Therefore, several studies suggest that institutions must implement supportive policies, such as flexible work arrangements, to address the identified concerns of married female educators.

During the pandemic that began in 2019, many in the education sector have suffered the crisis's impact, including those responsible for clinical rotations of health science students. Virtual distance learning during lockdowns increases the workload and, in turn, the stress of nurse educators (Yayla & Eskici, 2021). In context, clinical instructors reported a moderate WLB, with skyrocketing burnout, prompting institutional interventions focused on supportive programs and initiatives (Farber et al., 2020).

Work-Life Balance Dimensions

The different dimensions of work-life balance include Work Interference with Personal Life (WIPL), Personal Life Interference with Work (PLIW), and Work-Personal Life Enhancement (WPLE). These aspects are interdependent, which makes up the complexities of personal and professional life.

The first aspect, WIPL, is about the extent to which an individual's job may infringe on their domestic roles, which can lead to friction and, in extreme cases, health deterioration. Conversely, PLIW covers one's functions as they impact work productivity. Medina-Garrido et al. (2023) assert that these two aspects of work-life

balance are reciprocal in the work-life discord. This means that demands from one domain can significantly influence the other.

On the other hand, WPLE tackles the spill-over effect in a positive way, where occupation-related encounters and competences augment personal affairs, and the reverse holds as well. Greenhaus & Powell (2006) both agree that WPLE is consistent with enrichment theory, which posits that various forms of engagement may facilitate job fulfillment.

Resilience of Nurse Educators

Seiler and Jenewein (2019) characterize resilience as the ability to be flexible in addressing stress-related concerns and to maintain this agility to overcome emerging problems. Ebrahimi Ghassemi et al. (2019) argue that resilience among nurse educators is valuable for delivering quality instruction, facilitating mentoring sessions with students, and fulfilling administrative tasks amid disruptions.

The different demographic data likewise affect resilience. Thornton (2018) asserts that a person's capacity to overcome job-related complexities is influenced by age and years of experience. Ulmen (2019) posits that older educators with more experience are expected to show greater resilience than their younger counterparts, who are novices at work and may therefore still be constrained by adjustments in the academe.

It was also observed that the variations in resilience are significant when biological sex differences are taken into consideration. Male and female educators face a fair share of challenges in the workplace. But according to Sook et al. (2017), men show higher levels of resilience as compared to women due to the developed coping mechanisms and with the role expectations. Puku et al. (2023) argue that

women assume balanced responsibilities at home and, when given adequate support, can also demonstrate enhanced resilience.

The institutional and social support mechanisms are beneficial in reinforcing resilience. Thomas and Asselin (2018) emphasize that lifelong learning opportunities focused on health and well-being are critical to nurturing resilience among nursing educators. In the school context, resilient nurse educators become role models for students, inspiring and motivating them to be highly adaptive in the demanding nursing profession. The most particular situation where emotional and mental strength have been evaluated is the post-pandemic context of educators and students alike. This occurred due to the vulnerability and volatility of the educational landscape, which continued to manifest in digital and virtual engagements. These contexts require targeted interventions for nurse educators and students to thrive amid the changes and challenges of the times (Wilson et al., 2021).

Resilience Aspects

Emotional control and adaptability, self-efficacy and confidence, and social support and optimism are the aspects of resilience. These constructs are interconnected components of resilience relevant to any professional in the health education sector, enabling them to overcome stressful situations.

For professionals to cope with work-related stress, emotional regulation and adaptability are required. Such resilience is crucial for nurse educators, who are usually bombarded with academic and clinical demands. Emotional intelligence encompasses emotional regulation, perception, and comprehension, which are necessary for resilience and functional adaptation (Mayer et al., 2004).

Self-efficacy is the ability to facilitate roles and solve problems. Bandura (1997) and Wang et al. (2018) affirm that self-efficacy can bolster foresight and endurance in the face of adversities. In nursing education, a robust level of self-efficacy is associated with stronger coping skills.

The last aspect of resilience, social support and optimism, is a foundational emotional safeguard that mitigates the stressors and optimizes well-being. Shwarzer and Knoll (2007) contend that both assistance and positive outlook stabilize resilience. Indeed, these components form the cornerstone of resilience, continuously providing the strength needed to maintain professional productivity and well-being for nurse educators.

Work-Life Balance and Resilience

It is postulated that the link between work-life balance and resilience is crucial for mitigating stress among professionals, such as nurse educators. Specifically, it is posited that individuals who successfully balance work and life are more likely to exhibit greater resilience (Min, 2022).

Years of work experience have been considered an essential aspect in assessing resilience and WLB. Poku et al. (2023) believe that educators who have been in the profession for extended periods of time have developed resilience through adaptive strategies they employ when confronted with educational-related dilemmas, thereby leading to WLB. Moreover, professionals' civil status likewise matters. Lakshmi & Prasanth (2018) assume that married teachers are expected to manage more domestic tasks, which can significantly affect their ability to overcome struggles and challenges, including balancing work and life.

Since the institutional culture of leadership and management plays a significant role in both WLB and resilience, a supportive organizational environment is believed to foster a resilient workforce, with balance achieved in both personal and professional contexts (Dousin et al., 2019). In contrast, Mahendran et al. (2019) assert that stringent organizational rules and regulations heighten work-related frustrations and dissatisfactions.

Finally, localized and context-based resilience and WLB-building initiatives within the nursing education sector can help nurse educators attain holistic well-being while fulfilling their educator roles (Lovern et al., 2023). Promoting a more enduring yet caring work environment through initiative-taking leadership and management programs can significantly reinforce resilience and WLB among professionals, thereby enhancing educators' productivity and students' academic performance.

Synthesis

Several studies examine the significance of work-life balance and resilience in nursing education among faculty members. The WLB is explained through its various aspects, such as the work interference with personal life (WIPL), individual life interference with work (PLIW), and work-personal life enhancement (WPLE). The three (3) WLB dimensions demonstrate the spillover effect of interruptions between individuals' personal lives and professional work.

On the other hand, resilience as a term comprises three constructs: emotional regulation and adaptability, self-efficacy, social support, and optimism. Such aspects of resilience assist nurse educators in better understanding and managing stress-related challenges at work, both theoretically and practically. The age, sex, marital status, and years of experience of nurse educators are profile variables considered to

influence the WLB and resilience contexts of these professionals. The associations among these factors can reveal levels of WLB and resilience and indicate whether interactions may link these constructs to nurse educators' job performance in academic and hospital settings.

Theoretical Framework

Clark's (2000) Work-Family Border Theory (WFBT) is the theoretical basis of this study. This is a model used to understand better how nurse educators face and overcome the complexities of personal life and professional work. In this framework, family and work domains exist in overlapping contexts shaped by cultural beliefs, demands, and requirements. Multiple factors, including adaptability and boundary impacts, shape the fine line between these two constructs. WFBT theory posits that personalities continuously sustain boundaries between personal and professional domains while exerting effort to achieve harmony toward attaining fulfillment in both life and work.

Nurse educators who are seen to be managing crucial roles in teaching while ensuring that family or personal life is not neglected face a challenge in achieving work-life balance. The pressure of professional work requirements may interfere with the teacher's individual functions, such as caring for family members and other critical domestic tasks. Such a scenario demands a crucial delineation of how to fulfill both functions.

Since WLB in this study is contextualized within three (3) domains with an interplay of encompassing effects and impacts, the goal is even more to attain harmony among them. Work interference with personal life denotes the extent to which work-related functions affect the individual aspects of the professional, such as well-

being, effectiveness, and efficiency. Meanwhile, personal life interference with work shows how domestic and/or social tasks prevent one from fulfilling professional commitments. Finally, work-life enhancement features the positive impact of work on personal holistic wellness, including self-esteem and overall satisfaction (Kelliher et al., 2019; Sirgy & Lee, 2018).

The WLB aspects are not separate entities; however, they operate in an interconnected system of border-related settings. The individuals are to control the varying borders and boundaries through compromise, needs assertion, and support access. When they can accomplish this, the professionals can reduce interruptions and thereby optimize reinforcement to attain the benefits of balanced domains. Therefore, managing the boundaries between work and family is crucial to achieving work-life balance and thereby reinforcing professionals' holistic wellness.

In connection with such a process of boundary exploration, resilience is likewise contextualized through the same theoretical lens, as it is considered an emerging outcome of the harmony achieved between work and life aspects. It is contextualized that resilience is a competence that enables individuals to adapt to stressful situations, navigate complexities, and maintain productivity at work amid difficulties. Ebrahimi Ghassemi et al. (2019) report that nurse educators view resilience as a vital component of their emotional management in addressing complex work demands. Therefore, this concept is theorized to comprise interrelated elements that deepen both self-related and work-context fortitude. The first resilience component is emotional regulation and adaptability, characterized by the competence to remain intervention-focused and collected in stressful situations. Self-efficacy and confidence are the second dimension that pertains to a person's commitment towards goal attainment, notwithstanding drawbacks. Social support and optimism are the final

resilience aspects that focus on sustained encouragement and engagement to remain positively inclined in the face of obstacles (Richardson, 2022; Thomas & Asselin, 2018).

Resilience competences in the context of the Work-Family Border Theory are reinforced through enhanced engagement and dealings by professionals in overcoming disruptions to boundary setting through the integration of external aid and assistance. However, in the absence of such institutional support and personal control to regulate the personal and professional boundaries, resilience is notably diminished.

Profile variables such as age, sex, marital status, and years of experience are known to affect personality, WLB, and resilience levels. More experienced and older nurse educators are considered more effective in setting boundaries, thereby having a higher self-efficacy. In receiving social support, marital status and sex affect roles and responsibilities, which are likewise necessary to attain equilibrium and resilience. With these, the characteristics of the nurse educators, in relation to their demographic data, may directly or indirectly shape their work-family border control.

The Work-Family Border Theory provides a basis for scrutinizing the relationships among WLB, resilience, and individuals' profile variables. Nurse educators have personal attributes that significantly affect how they achieve harmony between their personal and professional contexts. Furthermore, with resilience as an evolving outcome of the boundary-strategy employed, rather than an isolated element, the WFBT model provides a framework for understanding the interrelationships among WLB, resilience, and respondents' profile variables.

Conceptual Framework

The relevant concepts in the study are Work-life Balance (WLB), resilience, and respondents' profile variables. Figure 1 underscores, through the research paradigm, the relationships among these variables.

Casper et al. (2018) define WLB as the capacity of an individual to manage multiple roles effectively while also resolving interruptions to the harmony achieved. The WLB's three key dimensions have been thoroughly identified and contextualized: Work Interference with Personal Life (WIPL), Personal Life Interference with Work (PLIW), and Work Personal Life Enhancement (WPLE). Grawith et al. (2017) characterize WIPL as the extent to which roles interfere with personal matters, leading to emotional fatigue and stress. On the other hand, Allen et al. (2020) described PLIW as the level to which private tasks interfere with professional work productivity. PLIW measures the extent to which personal obligations, such as family tasks and individual health status, as well as other emerging private dedications, may disrupt work performance. On the contrary, Wayne et al. (2017) clarify that WPLE assesses how they attain fulfillment in both personal and professional engagements as these two factors complement each other.

Connor and Davidson (2003) articulate resilience as the skill to flourish despite prevailing constraints. Specifically, resilience is assessed in this study using the CD-RISC 10. This tool measures a person's ability to withstand stress while actively repressing emotions, including emotional reactions and the ability to cope with circumstances, as well as a sense of confidence and self-efficacy, along with a positive outlook on life in general. Tugade and Fredrickson (2011) characterize emotional regulation and adaptability as the skill of sustaining effective stress management while overcoming pressure. Meanwhile, Bandura (1997) theorized that self-efficacy and

confidence are individuals' beliefs in their capacity to cope with work-related stress. Finally, Fredrickson (2001) stressed that social support and optimism are related to robust interpersonal relationships and a hopeful mindset, thereby strengthening resilience.

Among the profile variables considered in the study, age, sex, marital status, and years of work experience play influential roles in work-life balance and resilience building among nurse educators.

With age, the categories employed in the study are anchored in the Elder's Life Course Theory (1994), which stresses that transitions occur across age groups with varying responsibilities. Early adulthood is from 25 to 34 years of age; the 35-44 years of age group is considered early midlife; late midlife covers 45 to 54 years of age; and the pre-retirement stage is that of those in the 55-59 years group. Early adulthood is described as the period of transition to steady, dedicated jobs. On the other hand, those individuals who have consolidated their family and work roles are in the early midlife stage. Conversely, those in late midlife have reached the optimal stage of their career. Finally, the pre-retirement group presents that later-life changes occur, but with the redefined roles and responsibilities. Ng and Feldman (2010) suggested that age affects how people manage work-life balance. Older nurse educators are observed to show strong coping skills and greater resilience, which may be due to the accumulation of strategies over time.

The difference in sex profile in the context of WLB and resilience attainment has been noted as well in this study. Eby et al. (2005) report that women find it more difficult to achieve harmony at the person-level due to the bulk of domestic roles, such as caregiving, and social expectations. Meanwhile, civil status also affects the nuances of the WLB and resilience-building among individuals. Lapierre and Allen

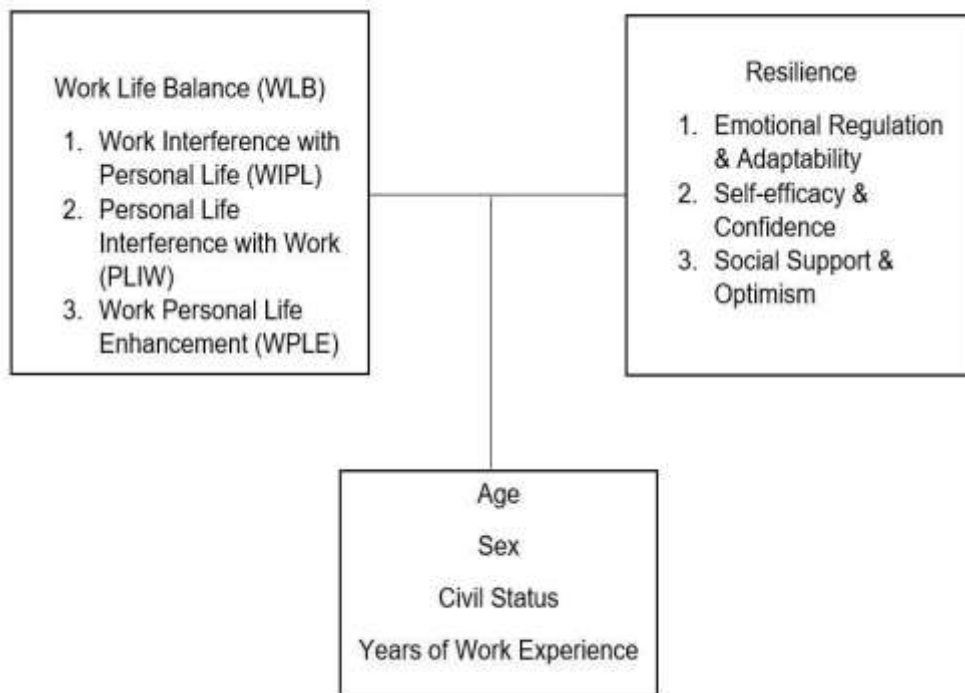
(2012) reveal that married people typically encounter unique stressors that are distinct from those of their spouses, thereby requiring differentiated coping mechanisms compared to their single counterparts.

The difference between WLB and resilience extends to the length of service. In the study, nurse educators' tenure is categorized as 2-5, 6-10, 11-15, and more than 15 years. Specifically, the classification is based on Benner's Novice-to-Expert Model (1984). Benner (1984) and Thomas and Kellgren (2017) present how a neophyte nurse transitions to the final stage, expert, by accumulating exposure, lessons, and competencies. The 2-5-year group is called early-career educators, consistent with the advanced beginner and new practitioner categories. Alternatively, the mid-career educators are the ones with 6-10 years of experience who are at the competent level. Conversely, those with 11-15 years of work are aligned with the proficient stage, while those with more than 11-15 years of work are congruent with the expert level. In context, years of experience are considered to contribute to WLB and resilience among professionals. Cheng et al. (2015) report that the longer individuals' experience is, the more developed their resilience and balance are.

Overall, the nurse educators' profile variables are vital for understanding the potentially significant relationship between WLB and resilience. Studies show that people with higher WLB also have higher resilience. Yu et al. (2019) argue that this is possible because people who find harmony in both their work and domestic life have been exposed to experiences and resources that help them overcome challenges along the way. Shin et al. (2018) also agree that resilience enhances the WLB, as people with such competence are more likely to manage conflicting roles and responsibilities without stress. Significantly, by investigating the relationships among these variables in the context of WLB and resilience, the study contributes to the

existing body of knowledge to inform policy and practice improvements. It offers explicitly empirically based information on elevating WLB and resilience in nursing education.

Figure 2.1. Conceptual paradigm.



Operational Definition

The following are the essential words covered in the study that are operationally defined for clarity and context:

1. **Work-Life Balance (WLB)** – The nurse educators’ ability to overcome personal and professional tasks, thereby achieving harmony at work and life contexts.
2. **Work Interference with Personal Life (WIPL)** – The extent of the effect of work-related requirements that interrupt the personal aspects, such as the health and wellness of nurse educators.

3. **Personal Life Interference with Work (PLIW)** – The level of individual private life, such as domestic roles, which disrupts the job performance of nurse educators.
4. **Work-Personal Life Enhancement (WPLE)** – The overall positive impact of the harmony between personal life and professional work of nurse educators.
5. **Resilience** – The nurse educators' capacity through effective coping strategies to overcome any personal or professional-related stress through effective coping strategies.
6. **Emotional Regulation and Adaptability** – The competency of nurse educators to control themselves and their feelings to be able to solve complexities and challenges.
7. **Self-efficacy and Confidence** – The nurse educators' skill to confidently address difficulties in life and work.
8. **Social Support and Optimism** – The nurse educators' positive mindset to stay encouraged and motivated to find interventions for problems and to attain work-life balance with resilience.
9. **Nurse Educators** – faculty members in the College of Nursing who function as clinical instructors, teaching specialized nursing subjects and overseeing Related Learning Experience (RLE) courses within a university setting.
10. **Age** – The chronological age of respondents, categorized into the following age groups: early adulthood (25-34 years); early midlife (35-44 years); late midlife (45-54 years); and pre-retirement (55-59 years).
11. **Sex** – The biological classification of respondents as male or female.

12. **Civil Status** – The marital status of respondents, classified as single, married, widowed, or separated.

13. **Years of Experience** – The length of time nurse educators has been employed in nursing education, categorized into year intervals: early career educators (2-5 years); mid-career educators (6-10 years); proficient educators (11-15 years); and expert level (15 years and above).

Hypotheses

The following are the alternative hypotheses of the research:

Ha₁: There is a significant relationship between the level of work-life balance and the profile attributes of the nurse educators.

Ha₂: There is a substantial relationship between the level of resilience and the profile characteristics of the nurse educators.

Ha₃: There is a significant relationship between the level of work-life balance and the level of resilience of the respondents.

Chapter III

RESEARCH METHODOLOGY

The chapter presents the research design, setting, and sampling technique, use and size, including the instruments used, data collection activities implemented, data analysis and management employed, and finally, the ethical considerations observed.

Research Design

A descriptive-correlational research design was employed in this study. This was specifically used to measure and analyze the data set. Mohajan (2020) asserts that quantitative research is conducted to calculate study variables and derive results that can be interpreted and implied. Specifically, Seeram (2019) posits that correlational research intends to explain associations between variables. Therefore, the selected research design aims to understand further the extent of work-life balance and resilience, including the influence of profile variables on these levels.

Research Setting

The study was conducted in Baguio City, an urbanized location in the North of the Philippines, considered an educational hub. NEDA-CAR (2017) reported that the city is a thriving educational destination, as it has several academic institutions that offer allied and health science degree programs, such as the Bachelor of Science in Nursing (BSN).

With this, the number of students from different regions opting to study in the highlands of the Cordillera Administrative Region (CAR) is increasing. There is a growing demand for nurse educators to meet the needs of the nursing education sector. The clinical instructors are expected to deliver services in the academe by

teaching theoretical concepts in the classroom and supervising student nurses in actual hospital duties, including research and extension activities. According to Pasayan et al. (2014), these tasks require resilience and balance among nurse educators to accomplish the stated tasks and functions.

Sample Design

The target population of the study is the nurse educators currently affiliated with the educational institutions offering the BSN program. To target qualified respondents for the study, purposive sampling was used. Palinkas et al. (2015) described it as a non-probability method that allows researchers to establish selection criteria to qualify respondents who meet the set parameters.

To be eligible study respondents, the nurse educators must fulfill the following inclusion criteria: 1) they must at least have a two-year experience as a faculty of nursing teaching in any of the academic institutions in Baguio City offering BSN; 2) with age 25-59 year old; 3) must have experienced in assisting and mentoring student nurses in their hospital duties or clinical rotations.

On the other hand, the exclusion criteria consist of 1) all nurses who are general practitioners of the profession and not practicing nurse educators; 2) nurse educators who are 60 and beyond; 3) nurse educators who are new to teaching and who do not have experience in handling clinical duties or rotations. Also, 4) those nursing faculty who may have two (2) years of teaching experience but opted to stop teaching related learning experience in the College of Nursing were excluded from taking part in the study. Furthermore, 5) part-time instructors and preceptors whom the academic institution hires to fill in needed faculty lines and adjunct faculty members were not

considered. Finally, 6) the qualified respondents who were unwilling to be part of the study are likewise exempted.

Sample Size

Data were gathered from respondents throughout one academic semester during the regular school year. The study population comprised nurse educators working in higher education institutions with nursing programs in Baguio City. A total of 120 eligible respondents were identified across five nursing institutions. The study employed complete enumeration, meaning that every nursing faculty member who met the inclusion criteria was treated as a participant, rather than selecting a statistical sample from the population (Creswell & Creswell, 2018).

Table 3 .1

Number of Participants per School of Nursing

| Institution Code | Number of Qualified Participants | Percentage (%) |
|------------------|----------------------------------|----------------|
| Institution A | 44 | 36.7 |
| Institution B | 27 | 22.5 |
| Institution C | 15 | 12.5 |
| Institution D | 6 | 5.0 |
| Institution E | 28 | 23.3 |

Table 3.1 presents the total number of respondents. They were affiliated with various higher education institutions, with most teaching at Institution A (36.7%), followed by Institution E (23.3%), Institution B (22.5%), Institution C (12.5%), and Institution D (5.0%). The list of eligible faculty members was obtained through a

request letter sent to the respective deans and heads of the schools. After finalizing the participant list, all qualified nursing faculty members were invited to take part in the study.

Research Instrument

An adopted survey questionnaire was used to gather data from the qualified respondents. The said research instrument consists of three (3) parts.

The first part asked respondents about their profile variables, such as age, sex, marital status, and years of work experience. Meanwhile, the second section specifically requested the respondents to quantify their level of work-life balance. Finally, the last part of the questionnaire allowed the respondents to measure their resilience levels.

The WLB scale used for the second part of the instrument was adapted from Fisher-McAuley et al. (2003), which includes 15-item statements about the various aspects of WLB: the WIPL, the PLIW, and the WPLE. The WIPL measures how work-related requirements disturb the personal matters of the individual; meanwhile, the PLIW focuses on the impact of personal tasks on the performance of the person's work; and finally, the WPLE covers the positive outcomes of both factors for the holistic wellness of the respondents.

The nurse educators completed the WLB survey questionnaire using a five-point scale as the reference, with the related explanation for context. These details and specifications are presented in full in Table 3.2.

Table 3.2*Mean Score Interpretation for Work-Life Balance*

| Mean Score Range | Interpretation | Description |
|------------------|-------------------|---|
| 1.00 – 1.79 | Strongly Disagree | WIPL is high, PLIW is high, WPLE is low |
| 1.80 – 2.59 | Disagree | WIPL is moderate, PLIW is moderate, WPLE is low to moderate |
| 2.60 – 3.39 | Neutral | Balance between job demands and personal life |
| 3.40 – 4.19 | Agree | WIPL is low, PLIW is low, WPLE is moderate to high |
| 4.20 – 5.00 | Strongly Agree | WIPL is very low, PLIW is very low, WPLE is high |

Concurrently, to assess the resilience level of the nurse educators, the Connor-Davison Resilience Scale (CD-RISC 10) was used. The questionnaire assesses the respondents' competence in adapting to stressful situations, coping with complex circumstances, and addressing emerging difficulties in their personal and professional lives. The nurse educators' responses are also based on a five-point scale, with the specific information presented in Table 3.3.

Table 3.3*Mean Score Interpretation for CD-RISC 10*

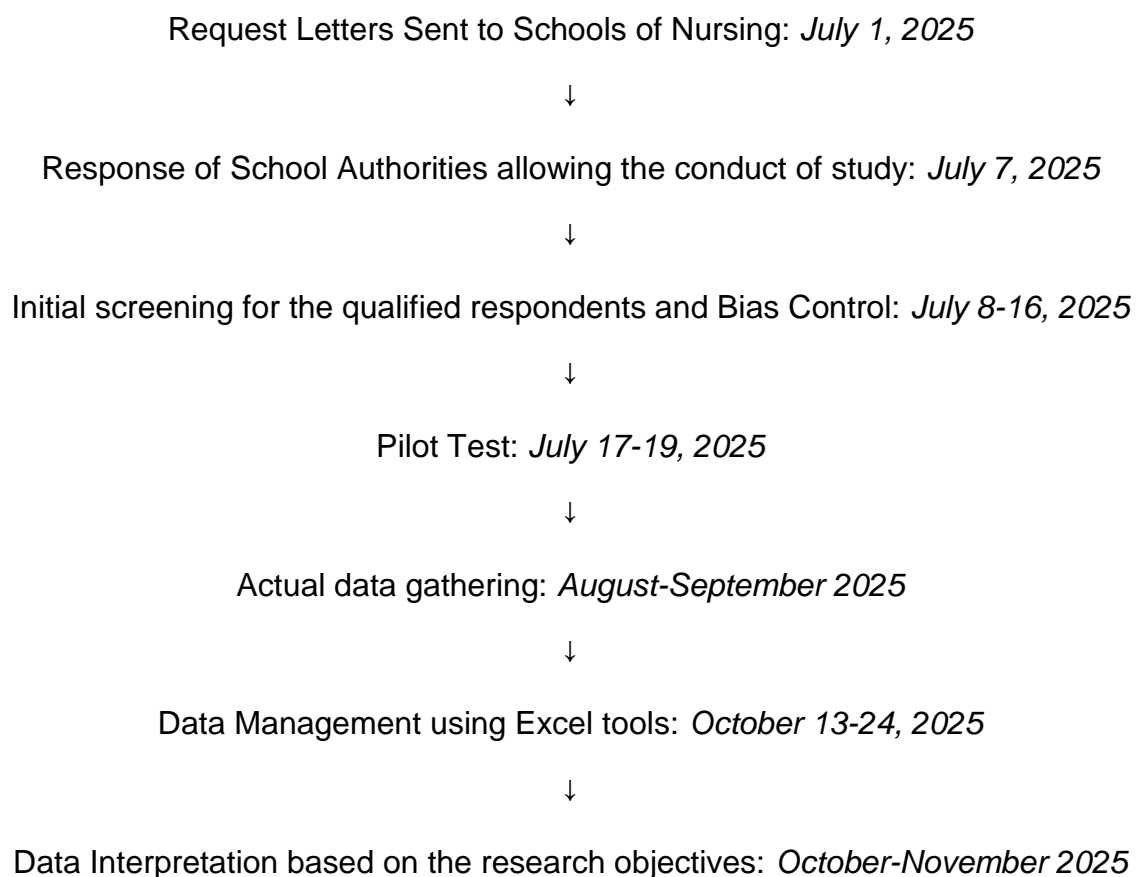
| Mean Score Range | Interpretation | Description |
|------------------|----------------------|--|
| 0.00 – 0.79 | Very Low Resilience | Individuals rarely or never experience adaptive behaviors |
| 0.80 – 1.59 | Low Resilience | Individuals rarely or sometimes exhibit adaptive behaviors |
| 1.60 – 2.39 | Moderate Resilience | Individuals sometimes show resilience, but may struggle with high stress |
| 2.40 – 3.19 | High Resilience | Individuals often show resilience and manage stress well |
| 3.20 – 4.00 | Very High Resilience | Individuals consistently demonstrate resilience and manage adversity effectively |

The researcher sought authorization from the owners of the two (2) adopted survey questionnaires for WLB and resilience, respectively. After securing the survey authors' approval, a pilot test was conducted to assess the suitability of the research tool for the study's specified respondents. The preliminary survey was distributed to 20 nurse educators from a higher education institution in Baguio City who also met the selection criteria. The reliability test result shows that Cronbach's alpha is 0.87, which demonstrates good internal consistency of the tool. Afterward, the survey questionnaire was administered onsite, where respondents completed it for an estimated 20-30 minutes.

Data Collection

The whole data-gathering procedure began with a request to conduct the study at different academic institutions in Baguio City. Official correspondence was drafted and sent to the school authorities to secure approval to distribute survey questionnaires to their nurse educators. Figure 2 specifies the actions performed throughout the data collection process.

Figure 3.1. Data collection plan.



After which, a preliminary screening was conducted to identify potentially qualified respondents. It took about 5-10 minutes to facilitate. The first section of the survey tool collects demographic data to determine respondents' qualifications for the study. Included in the printed questionnaire are detailed ethical considerations for the awareness and basis of the nurse educators taking part in the survey. Specifically,

anonymity was ensured by not requiring respondents to sign their names; they were instead asked to sign the informed consent form. With the selection criteria set, this part of the data gathering identified the eligible respondents to proceed with completing the other two parts of the survey.

The central part of the survey questionnaire was the second and third parts, which covered the WLB and resilience items. The nurse educators who completed the survey were given ample time, around 20-30 minutes. Consideration was given to respondents who were busy and could not answer the study immediately. They were given three to a week for them to turn in the completed tool.

Upon completion of the responses, the researcher organized the questionnaires by sorting them and encoding the data set in Excel sheets for accurate record-keeping and report preparation. The data were sorted correctly and managed, and subjected to statistical treatment in line with the research questions that formed the focus of the study. The interpretation and corroboration were immediately conducted to provide a thorough account of the results and discussion, including the formulation of the conclusions and recommendations.

Data Analysis and Management

The responses gathered from the nurse educators through the distributed survey questionnaire were processed using the statistical techniques appropriate for each research question.

Table 3.4 presents a detailed summary of the explicit statistical tools used to answer the study's research questions, anchored in the research objectives.

Table 3.4*Data Processing and Statistical Methods*

| Research Objective | Data Collection | Statistical Treatment |
|--|---------------------------------------|-------------------------------|
| 1. Participants' demographic profiles | Survey questionnaire | Frequency counts, percentages |
| 2. Levels of work-life balance | Adopted WLB scale (5-point Likert) | Average Weighted Mean (AWM) |
| 3. Levels of resilience | Adopted resilience scale (CD-RISC 10) | Average Weighted Mean (AWM) |
| 4. WLB and profile variables association | WLB scores, demographic data | Chi-square test |
| 5. Resilience and profile variables link | Resilience scores, profile variables | Chi-square test |
| 6. WLB and resilience relationship | WLB and resilience scores | Contingency Coefficient |

Note: WLB = Work-Life Balance, AWM = Average Weighted Mean

Frequency counts and percentages were computed to describe the nurse educators' profiles, including age, sex, marital status, and years of work experience. Specifically, age was classified, while sex was categorized into male or female. On the other hand, marital status was categorized as male or female, and years of work experience were grouped into intervals.

The Average Weighted Mean (AWM) for the detailed scale components was computed to determine the levels of WLB and resilience. In the meantime, a chi-

square test of independence was employed to assess the existence of significant relationships between work-life balance and the respondents' profile variables. The same statistical test was used to determine whether resilience exhibited substantive associations with the nurse educators' demographic data. A contingency coefficient analysis was conducted to assess the relationship between work-life balance and resilience.

Ethical Considerations

The research strictly adhered to ethical principles throughout the study. It focused on the nurse educators' autonomy, privacy, confidentiality, and safety. Bhandari (2023) emphasized the relevance of informed consent to ensure voluntary participation of the research subjects. Moreover, the nurse educators have been told that they are free to discontinue should they wish to, for any reason, without penalty. This acknowledges the respondents' autonomy to omit their responses at any time without repercussions.

In line with existing ethical principles, the nurse educators were fully informed about the purpose of the research, its benefits, and its risks, among others. It was also mentioned to them that there would be no monetary compensation for their participation; however, their engagement helped inform and improve current efforts and initiatives related to the welfare of nurse educators in the context of work-life balance and resilience.

The researcher's reflexivity was ascertained to avoid a conflict of interest. This was ensured by excluding any faculty of nursing from the researcher's home university. For confidentiality purposes, anonymity was maintained by using necessary codes for the respondents' schools, such as "Institution A and "Institution B," rather

than disclosing their actual institutional names. In the survey instrument, names were no longer collected unless provided by the nurse educators, and signatures were intentionally blurred or removed when presented.

The researcher met all other ethical requirements through adherence to the ethical review process. Documents and templates were duly accomplished and submitted—all these actions geared towards upholding the welfare of all involved. In accordance with institutional protocol, the study was issued an official certificate of ethical approval.

Chapter IV

RESULTS AND DISCUSSIONS

This chapter presents the results of the present study. It highlights the demographic characteristics of the respondents, their work–life balance and resilience levels, and the relationships among these variables.

Demographic Profile of the Participants

The demographic characteristics include age, sex, civil status, and years of professional experience, as shown in Table 4.1, which presents the frequencies and percentages for each category.

Table 4.1

Participant Demographics

| Attributes | Category | Frequency (f) | Percentage (%) |
|----------------------------|-----------------|----------------------|-----------------------|
| Age Group | 25–34 years | 16 | 13.3 |
| | 35–44 years | 47 | 39.2 |
| | 45–54 years | 35 | 29.2 |
| | 55–59 years | 22 | 18.3 |
| Sex | Male | 35 | 29.2 |
| | Female | 85 | 70.8 |
| Civil Status | Married | 80 | 66.7 |
| | Single | 40 | 33.3 |
| Years of Experience | 2–5 years | 67 | 55.8 |
| | 6–10 years | 18 | 15.0 |
| | 11–15 years | 7 | 5.8 |
| | ≥ 15 years | 28 | 23.3 |

Note: Percentages are based on the total number of respondents (N = 120).

Among the 120 nurse educators who participated in the study, 39.2% were aged 35–44 years, followed by 29.2% aged 45–54 years, 18.3% aged 55–59 years, and 13.3% aged 25–34 years. This trend reflects the nursing workforce worldwide, where midlife professionals (aged 35–44 years) constitute the majority in both the educational and clinical sectors (International Council of Nurses [ICN], 2021; World Health Organization [WHO], 2020). Utilizing Elder’s Life Course Theory (1994), these age brackets reflect salient developmental stages that help trace changing role demands across one’s life course. The number of midlife educators suggests that many are in a stage of life characterized by significant demands related to leadership responsibilities, workload, and family duties.

These significant demands are heightened in the Philippines through norms that place women in the role of caring for the household and aging parents at the same time (Panopio & Raymundo, 2019). Such dual caregiving roles have implications for the work-life balance and resilience of midlife nurse educators, who must navigate academic obligations alongside extensive domestic responsibilities. This implication aligns with broader research showing that conflict may arise among midlife professionals, especially when balancing expectations from academic responsibilities and familial demands (Abou Hashish et al., 2025).

The results in teaching experience reveal that more than half (55.8%) had 2 to 5 years of experience. According to Benner’s Novice to Expert Model (1984), the age bracket corresponds to the advanced beginner to early competent stages, where educators require guidance from more expert authorities (Cole et al., 2025). Meanwhile, 23.3% had more than 15 years of experience, representing Benner’s specialist stage. The number of nursing professionals reveals that those with 2 to 5 years of experience are more likely to need structured mentorship and faculty

development opportunities (Cristobal & Lapuz, 2020; Orbeta & Abrigo, 2022). Those labeled as expert educators mirror the resilience and grit they gained through challenges amid faculty retention, pressures to migrate, salary disparities, and other career opportunities (WHO, 2020).

Overall, the demographic profile reveals that the female workforce dominates the midlife professional category, which shapes the resilience and work-life balance of Philippine nurse educators. These findings underscore the need for reformed institutional policies that support guidance from superiors, workload management, mental health programs, and family-responsive practices to help promote sustainability across career stages.

Level of Work-Life Balance among Nurse Educators

The indicators of Work-Life Balance (WLB) for nurse educators were identified in this study through Table 4.2, which shows the weighted mean scores for nurse educators' WLB across its different dimensions.

Table 4.2

Weighted Mean Scores on Work–Life Balance Dimensions

| Dimension / Indicator | Mean | Standard Deviation |
|--|------|--------------------|
| Work Interference with Personal Life (WIPL) | | |
| WIPL 1. Missed personal activities due to work | 2.88 | 1.05 |
| WIPL 2. Job limits time with family/friends | 2.62 | 1.014 |
| WIPL 3. Work schedule disrupts personal life | 2.98 | 1.025 |
| WIPL 4. Difficulty relaxing after work | 3.23 | 0.905 |
| WIPL 5. Work demands hinder personal duties | 3.04 | 0.929 |
| Sub-Mean (WIPL) | 2.95 | 0.985 |

Table 4.2 (continued)

| Dimension / Indicator | Mean | Standard Deviation |
|---|------|--------------------|
| Personal Life Interference with Work (PLIW) | | |
| PLIW 6. Family/personal matters affect work | 3.28 | 1.014 |
| PLIW 7. Personal duties reduce work time | 3.47 | 0.879 |
| PLIW 8. Home issues affect job focus | 3.47 | 0.879 |
| PLIW 9. Family/social life drains energy for work | 2.88 | 1.039 |
| PLIW 10. Personal problems hinder work focus | 3.25 | 0.91 |
| Sub-Mean (PLIW) | 3.27 | 0.944 |
| Work–Personal Life Enhancement (WPLE) | | |
| WPLE 11. A job enriches personal life | 3.99 | 1.049 |
| WPLE 12. Work skills help with personal matters | 4.10 | 0.938 |
| WPLE 13. Work enhances confidence/self-esteem | 3.93 | 1.019 |
| WPLE 14. A job provides personal fulfilment | 3.63 | 0.987 |
| WPLE 15. Work contributes to well-being | 3.79 | 0.986 |
| Sub-Mean (WPLE) | 3.89 | 0.996 |
| Overall Mean | 3.37 | 0.975 |

NOTE: Scale: 1.00–1.80 = Strongly Disagree; 1.81–2.60 = Disagree; 2.61–3.40 = Neutral; 3.41–4.20 = Agree; 4.21–5.00 = Strongly Agree.

Table 4.2 revealed an overall work–life balance ($M = 3.37$), indicating a balanced relationship between job demands and personal life. Meanwhile, the standard deviation of 0.975, almost 1.0, indicating high, implies that experiences of the participants vary, with some participants experiencing minimal interference, while others display difficulty balancing work and personal responsibilities.

The mean score of 2.95 on the Work Interference with Personal Life (WIPL) suggests moderate interference with teaching tasks, such as lesson preparation, grading, and student consultations, and a moderately high standard deviation of 0.985. Personal Life Interference with Work (PLIW) revealed a neutral mean of 3.27, with some items slightly above the neutral point, and a moderately high standard deviation of 0.944. This result indicates that family and household responsibilities occasionally affect work performance, but only to a manageable extent. In contrast, Work-Personal Life Enhancement (WPLE) showed the highest mean of 3.89 (“Agree”) with a 0.996 standard deviation, indicating that many nurse educators view their academic role as personally enriching and identity-affirming.

A neutral overall mean of 3.37 aligns with the literature, suggesting that work-life balance may involve moderate, manageable levels of conflict (Min, 2022). The neutral result of WIPL and PLIW also reflects the bidirectional pressures commonly described in WLB theory (Medina-Garrido et al., 2023), while the higher WPLE score supports enrichment theory, indicating that work still provides benefits despite occasional conflicts (Kawakita & Hosoda, 2024). Together, these corroborate the conclusion that respondents experience a balanced, but not strongly positive, work–life state.

This pattern of moderate role interference and substantial enhancement mirrors how, worldwide, balanced work-life dynamics may be linked to better job satisfaction, life satisfaction, and mental health outcomes. Randstad (2025) demonstrated that higher perceived work-life balance is associated with greater job and life satisfaction and lower anxiety and depression. At the same time, moderate levels of WIPL and PLIW are consistent with broader work-family research indicating that employed

adults, especially in caregiving professions, may need to balance overlapping demands between work and home (Honda et al., 2025).

In a usual Philippine setting, Filipino adults, particularly women, often care for children and aging parents simultaneously, which can periodically intensify work-family conflict (Suaco et al., 2025). Meanwhile, the high WPLE scores align with studies showing that when nurses perceive their work as meaningful, they experience greater well-being and professional commitment. Recent nursing literature indicates that satisfaction with work-life balance is associated with better performance and perceived quality of care, including in Philippine settings. Hence, supportive work policies, manageable workloads, and social support are salient in maintaining balance and sustaining quality care.

Despite the results revealing that many nurse educators can cope with work and personal demands, a considerable proportion may be at risk of stress and role conflict (Abou Hashish et al., 2025). The standard deviations suggest moderate to high variability across responses, implying that participants differ in how they juggle between work-related demands and personal life responsibilities (Erasmus et al., 2024).

Taken together, the findings suggest that Filipino nurse educators maintain a balanced role between work and family duties. Nevertheless, there is a need to underscore the importance of institutional strategies. These actions may include reasonable teaching loads, flexible scheduling, and supportive leadership (Lagaac, 2025). All these efforts may lead to the preservation and even the improvement of the well-being and resilience of nurse educators.

Resilience Level of Nurse Educators

To assess the level of resilience among nurse educators, the CD-RISC-10 instrument was used, as shown in Table 4.3, with weighted mean scores reported.

Table 4.3

Weighted Mean Scores on the Connor–Davidson Resilience Scale (CD-RISC-10)

| CD-RISC-10 Item | Mean | Standard Deviation |
|---|------|--------------------|
| CD-RISC 1. Able to adapt to change | 3.16 | 0.70 |
| CD-RISC 2. Can deal with whatever comes | 3.07 | 0.71 |
| CD-RISC 3. Tries to see the humorous side of problems | 3.04 | 0.76 |
| CD-RISC 4. Coping with stress strengthens me | 3.09 | 0.79 |
| CD-RISC 5. Tends to bounce back after illness or hardship | 3.10 | 0.81 |
| CD-RISC 6. Can achieve goals despite obstacles | 3.35 | 0.66 |
| CD-RISC 7. Under pressure, focuses and thinks clearly | 3.11 | 0.73 |
| CD-RISC 8. Not easily discouraged by failure | 3.12 | 0.81 |
| CD-RISC 9. Thinks of self as a strong person | 3.32 | 0.67 |
| CD-RISC 10. Can handle unpleasant feelings | 3.28 | 0.67 |
| Overall Weighted Mean | 3.16 | 0.55 |

Scale: 0.00–1.00 = Very Low | 1.01–2.00 = Low | 2.01–3.00 = Moderate | 3.01–4.00 = High | 4.01–5.00 = Very High

Table 4.3 shows that the high overall resilience level (M = 3.16, SD = 0.55) indicates that nurse educators often demonstrate resilience and manage stress well, but there remains room for strengthening their resilience capacities. The standard deviation indicates moderate variability, meaning that most respondents have similar

resilience levels with some differences. Most items of the CD-RISC 10, adapting when changes occur, dealing effectively with difficulties, and staying focused and thinking clearly under pressure, had means between 3.04 and 3.16, all falling under high resilience. This pattern suggests that the respondents perceive themselves as capable of maintaining psychological stability and functioning adaptively when challenged by academic and role-related stressors, consistent with American Psychological Association (2025) conceptualization of resilience, which posits that individuals can thrive amidst adversity.

Notably, several indicators reflected an even stronger adaptive profile. Items reflecting the belief in achieving goals despite obstacles, the capacity to manage unpleasant or painful feelings, and a tendency not to be easily discouraged by failure yielded means between 3.28 and 3.35, indicating extremely high resilience. These responses may be a result of high perseverance, strong emotional regulation, and firm goal-directed determination, which are regarded as indicators of resilience, capturing the ability to endure stressors such as change, problems, pressure, failure, and painful experiences (Rudenstine et al., 2025).

This resilience profile aligns with broader nursing literature showing that nurses often develop strong adaptive capacities in response to demanding work environments. Akgün Çıtak et al. (2025) integrative review concluded that resilience in nurses is shaped by personal attributes, such as optimism and self-efficacy, and supported by coping strategies, including cognitive reframing, and maintaining meaningful relationships. These enable them to continue functioning effectively despite workload and emotional strain. Recent work also shows that higher resilience is associated with better professional quality of life, notably higher compassion satisfaction and lower burnout and secondary traumatic stress among nurses,

underscoring resilience as compelling evidence of healthy well-being and performance in high-stress care settings (Alonazi et al., 2023).

Within the broader Filipino nursing context, resilience has been documented as a critical resource for sustaining commitment and intention to serve, even under challenging conditions such as the COVID-19 pandemic and chronic understaffing. Filipino nurses draw their motivation from family support, strong faith, and a sense of calling, which are seen as adaptive strategies for balancing time at home and at work (Diño et al., 2022). Although that study focused on clinical nurses, the same cultural and motivational factors are likely to support resilience among nurse educators, who also manage heavy academic workloads, caregiving responsibilities, and evolving educational demands.

Overall, the consistently high to very high CD-RISC scores suggest that these nurse educators possess strong psychological resources that help them maintain both professional effectiveness and personal well-being amidst competing demands. For institutions, this underscores the importance of not only recognizing existing resilience but also reinforcing it through supportive leadership, fair workload policies, and programs that protect mental health and sustain compassion in the academic nursing workforce.

Association of Work-Life Balance and the Profile

The association between respondents' Work-Life Balance (WLB) and their profile variables is shown in Table 4.4, highlighting associations with respondents' age, sex, civil status, and years of experience.

Table 4.4*Association between Work–Life Balance and Profile*

| Profile Variable | p-value | Decision on Alternative Hypothesis ($\alpha = .05$) |
|-------------------------|----------------|---|
| Age Group | .671 | Reject H_{a_1} |
| Sex | .264 | Reject H_{a_1} |
| Civil Status | .413 | Reject H_{a_1} |
| Years of Experience | .149 | Reject H_{a_1} |

The chi-square test of independence ($p = .671$) revealed no statistically significant association between age group and work-life balance (WLB) among the nurse educators. Although the age categories in this study reflect meaningful life-course stages (early adulthood, early midlife, late midlife, and pre-retirement), WLB levels did not differ significantly across them. This suggests that both younger and older faculty members experience similar balances between professional and personal responsibilities, despite differing social roles and career trajectories.

Organizational conditions, such as workload, support, culture, autonomy, among others strongly shape WLB, often outweighing demographic influences (Widayana et al., 2025). In Philippine nursing schools, where faculty of all ages share similar teaching loads, research expectations, and accreditation duties, such uniformity is plausible. Rosita et al. (2024) note that digital tools and flexible arrangements can reduce generational gaps in WLB experiences, contributing to more standardized perceptions across age groups like the Millennial and the Generation Z. As a result, the nurse educators place more value on the importance of work roles.

However, this finding differs from study of Mathebula et al. (2025), which describe age-related WLB challenges, such as early-career adjustment difficulties or

later-career caregiving and health constraints, as factors in maintaining work-life balance. This contrast suggests that the respondents in the current study may benefit from contextual, institutional, or workload factors that reduce age-related disparities typically observed in other populations. In the Philippine nursing academic context, these differences may be mitigated by collectivist Filipino family structures, which distribute caregiving responsibilities across household members, and by strong vocational identity among educators.

Similarly, no significant association between sex and WLB emerged ($p = .264$), indicating that male and female nurse educators reported comparable levels of balance. This supports recent analysis showing that gender gaps in workplace support and flexibility are gradually narrowing, thereby equalizing WLB experiences between men and women (Chenny & Saragih, 2025). Because of this, Filipino nurse educators, regardless of sex, navigate workloads and committee obligations as manageable and undermine gender-based disparities.

At the same time, this contrasts earlier research noting that women traditionally face greater WLB strain due to gendered caregiving roles (Sahni et al., 2025). As Filipinos value family time and the division of familial roles, the absence of such differences may indicate the importance of family relationships, especially in extended families, thereby reducing gender-role-based conflict (Cuidon & Fundal, 2021).

Civil status also demonstrated no significant association with WLB, $p = .413$. Married and single nurse educators reported comparable levels of balance, suggesting that marital status did not influence their personal and professional lives. Gerald et al. (2024) similarly argue that modern organizational supports and more precise work boundaries can lessen WLB disparities previously associated with marital and parental roles. In fact, in the Philippines, even unmarried educators often shoulder family

obligations, such as supporting siblings or taking care of elderly parents, which may equalize WLB experiences across civil status categories.

This aligns with Effendi et al. (2025), who suggest that WLB is more heavily influenced by work-related factors such as job demands and job resources than any demographic characteristics such as marital status. It also aligns with Fontaine et al., (2025), who highlighted that both married and single employees face role demand: married employees meet familial duties, while single employees may face other pressures, such as extended work hours or increased professional expectations.

Finally, years of teaching experience showed no statistically significant association with WLB ($p = .149$). Nonetheless, the Cramer's V value of 0.21 suggests a small-to-moderate practical effect, indicating meaningful patterns worth discussing. Early-career educators (2–5 years), aligned with Benner's (1984) advanced beginner and competent stages, appeared more concentrated in the moderate WLB category, reflecting that these educators often face ongoing professional adjustment, high learning demands, and limited role autonomy that may contribute to early-career strain (Haron et al., 2025).

Conversely, those with more than 15 years of experience, aligning with the proficient and expert stages, were more represented in the high and very high WLB categories. This is consistent with evidence that experienced educators take advantage of greater autonomy, efficiency, role clarity, and more established coping strategies (Ćurić, Petric, & Kokić, 2025). Recent studies in nursing education similarly highlight that experienced Filipino faculty often rely on well-developed routines and supportive peer networks to maintain WLB (Moyer, 2022).

Overall, the results indicate that individual demographic characteristics were not primary indicators of WLB among the nurse educators. This is consistent with scholarship showing that WLB among faculty is shaped primarily by institutional factors, such as workload distribution, administrative expectations, collegial climate, and access to supportive structures, rather than by age, sex, civil status, or experience (Yıldırım & Şenel, 2023; Wei, 2022; Chipka, 2023). While teaching experience showed a small practical effect, the general stability of WLB across demographic groups underscores the need for institutional, rather than demographic-specific, interventions to strengthen work–life balance.

Association of Resilience and Profile

The resilience and respondents' profile attributes are shown in Table 4.5, highlighting the relationship between resilience and respondents' profiles.

Table 4.5

Association between Resilience Level and Profile

| Profile Variable | p-value | Decision on Alternative Hypothesis ($\alpha = .05$) |
|------------------------------|----------------|---|
| Age Group | .440 | Reject Ha ₂ |
| Sex | .0047 | Fail to Reject Ha ₂ |
| Civil Status | .774 | Reject Ha ₂ |
| Years of Teaching Experience | .421 | Reject Ha ₂ |

The chi-square analyses examined whether resilience levels varied across demographic characteristics of the nurse educators—age group, sex, civil status, and years of teaching experience—using Elder’s Life Course Theory (1994) and Benner’s

Novice-to-Expert Model (1984). The results indicated that age group was not significantly associated with resilience, $\chi^2 (12, N = 120) = 10.73, p = .440$, suggesting that resilience remained comparable across early adulthood, early midlife, late midlife, and pre-retirement stages. This pattern aligns with Southwick et al. (2025), who characterized resilience primarily as rooted in psychological resources and independent from age or development stage. It emphasized that resilience is molded by enduring psychosocial assets such as coping flexibility, optimism, and social support, which are stable across adulthood.

Although some studies suggest that resilience may increase with age due to accumulated life experiences, the findings in this study did not reflect such a trend. In the Philippine context, shared caregiving structures, strong familial bonds, and communal support systems minimize generational gaps in capacity. This viewpoint was also supported by local evidence from Baloran and Hernan (2021), who found that during the COVID-19 pandemic, coping and community orientation reinforce resilience among Filipino educators, regardless of their life-course stage.

In contrast, sex was significantly associated with resilience, $\chi^2 (4, N = 120) = 15.20, p = .0047$, indicating distinct differences between male and female nurse educators. The distribution showed that women gathered at the extremes (very high and very low resilience), whereas men were more concentrated in moderate-to-high resilience levels. This aligns with findings by Bennett et al. (2025), who suggested that the sexes differ in their coping mechanisms, where women rely more on relational and emotion-focused coping, while men use physical activity approaches. Social support networks strengthen women's resilience, whereas men's resilience tends to operate through direct action and problem-solving. Furthermore, resilience manifests differently across sexes due to differences in emotional regulation and social roles.

Despite the strong claim on gender differences, this finding contrasts with the results of Al Asmary and El-Saidi (2024) in Saudi Arabia, who found no sex-based differences in resilience among nurse educators. They suggest that resilience is based on contextual and cultural factors. In the Philippines, female nurse educators often juggle between domestic responsibilities and academic workloads, which helps explain the broader variability in their resilience levels. At the same time, strong family ties and community support may contribute to the extremely high resilience scores observed among many women in the sample.

Meanwhile, civil status demonstrated no significant association with resilience, $\chi^2 (4, N = 120) = 1.85, p = .774$, indicating comparable resilience levels between married and single respondents. This is consistent with Wolke et al. (2025), who underscored that resilience is a contemporary concept based on an individual's internal psychological resource: persistence, adaptability, and effective coping rather than dependent on marital roles or relationship status. Therefore, resilience is more a function of an individual's psychological capacity rather than social trends and labels. Although some literature suggests that married individuals may benefit from emotional support that enhances resilience (French, Upenieks, & Chen, 2025), others note that single individuals may develop adaptive abilities that improve their autonomy and independent coping as it contributes to psychological resilience and thriving (Leah, Butterworth, & Rodgers, 2025). Supporting the current findings, Pinili (2024) found no significant association between marital status and well-being indicators among nurse educators in Negros Occidental. This result may support the claim that Filipino faculty, regardless of marital status, often share family responsibilities, thereby promoting resilience in the workforce.

Finally, years of teaching experience were not significantly associated with resilience, $\chi^2 (15, N = 120) = 15.56, p = .421$, indicating that resilience did not differ systematically across novice, mid-career, and expert educators, as conceptualized in Benner's model (1984). This supports Jones (2025) view that resilience is shaped by several factors, including professional identity, emotional coping, and contextual support, rather than by length of service alone. Mixed evidence in prior literature reflects this complexity: Barnová et al. (2025) found veteran teachers more resilient due to accumulated coping resources, whereas Li and Wang (2024) observed strong resilience among early-career teachers driven by enthusiasm and optimism.

In the Philippine context, Antonio (2023) reported that educators across all tenure levels sustained resilience during the pandemic through adaptability, spirituality, and a keen sense of professional vocation. This explains why resilience remained consistent across experience brackets, which were heightened by cultural values of bayanihan (collective support), faith, and community embeddedness.

Overall, the results showed that only sex was associated with resilience, whereas age, civil status, and teaching experience were not. This aligns with broader literature stating that resilience is shaped more by psychosocial factors, emotional regulation, and environmental conditions rather than by demographic attributes (Kaiser, Schaub, & Schäfer, 2024). Recent studies further support that gender moderates teachers' coping pathways (Dolev, Itzkovich, & Katzman, 2021), with teachers' access to emotional resources, while Xue et al. (2024) showed gender-modulated links among resilience, empowerment, and burnout. The findings, therefore, draw attention to the need for gender-responsive, contextually grounded resilience-building programs for Filipino nurse educators, while ensuring that well-

being initiatives remain accessible across all age groups, marital statuses, and experience levels.

Work-Life Balance and Resilience Relationship

A chi-square test of independence was conducted to determine whether Work–Life Balance (WLB) was significantly associated with resilience levels as measured by the Connor-Davidson Resilience Scale-10 (CD-RISC-10). Table 4.6 presents the association result. The analysis revealed no statistically significant association, $\chi^2 (8, N = 120) = 4.43, p = .817$.

Table 4.6

Association of Work-Life Balance and Resilience

| Statistical Test | value | Statistical Decision |
|---------------------------------|--------------|-----------------------------|
| Chi-Square Test of Independence | $p = .817$ | Reject H_{a3} |
| Contingency Coefficient | $C = .189$ | Reject H_{a3} |

The chi-square test revealed no significant association between Work–Life Balance (WLB) and resilience, $\chi^2 (8, N = 120) = 4.43, p = .817$, indicating that resilience levels remained comparable across educators with very high, high, moderate, low, and very low WLB. The weak contingency coefficient ($C = .189$) reinforces the conclusion that differences in WLB were not meaningfully associated with nurse educators' resilience.

This suggests that, in this population, resilience functions as a stable psychological resource that does not fluctuate remarkably with the balance between work and personal responsibilities. Keener et al. (2021) similarly observed that healthcare professionals can maintain resilience despite workload imbalances or

personal stress by relying on intrinsic coping strengths and a sense of professional purpose.

The finding aligns with broader research establishing that resilience is shaped more by internal coping mechanisms, personal resources, and contextual support systems than by perceptions of balance or imbalance in one's work and non-work areas (Bernuzzi et al., 2022). Chang, Huang, Wang, and Hsieh (2025) further argue that resilience often acts as a moderator, allowing individuals to function amid work-life challenges.

This interpretation strongly mirrors the Philippine nurse educator context, where faculty across life-course stages, from early adulthood through pre-retirement, experience similar institutional demands, such as accreditation tasks, research output expectations, student mentoring, and community extension work. As Elder's Life Course Theory (1994) emphasizes, age-graded transitions shape experiences. The present findings suggest otherwise: Filipino nurse educators are resilient across these stages, supported by strong cultural values, including familial interdependence, spirituality, and communal coping.

Years of experience, aligned with Benner's Novice-to-Expert Model (1984), also provide vital context. Early-career educators (2–5 years)—often in the “advanced beginner” or “competent” stages—typically face heavier role adaptation tasks and steep learning curves. Nonetheless, their resilience levels remain on par with those of veteran educators in the “proficient” or “expert” stages. This supports Jones and Beebe (2025) finding that resilience in educators emerges not solely from length of service but from professional identity formation, emotional engagement, and supportive leadership environments.

The stability of resilience across WLB categories also supports Price's (2023) view of “designer resilience.” Price (2023) elaborates that the intentional development of coping skills, flexibility, and adaptive strategies allows faculty to continue performing well despite academic demands. In the nursing education context, Erasmus et al. (2024) highlighted how faculty gain resilience from inner strength, purpose, and the meaningfulness of their role in preparing future nurses to maintain work-life harmony even during high-stress periods.

For Filipino nurse educators specifically, the cultural expectations of multigenerational caregiving, combined with institutional pressures such as regulatory compliance, student performance monitoring, and clinical coordination, create multiple responsibilities that emphasize resilience. Resilience remains strong across the WLB spectrum, bolstered by familial support systems, spiritual grounding, and shared professional commitment. This aligns with Kuntz et al. (2024), who found that resilience is a salient determinant of psychological stability in academic settings, enabling faculty to cope effectively amid work-life imbalances.

Overall, the findings indicate that resilience operates independently of work-life balance and serves as a critical psychological safeguard that sustains Filipino nurse educators across developmental stages and experience levels. While improving WLB remains essential for well-being, resilience allows educators to maintain equilibrium, teaching effectiveness, and emotional stability even in less-than-ideal work-life conditions.

Chapter V

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

The results show that the nursing workforce, by demographic profile, is majority female, aged 35-44, married, and with mostly 2-5 years of work experience. This reveals that many nurse educators in their mid-career are expected to continue improving their professional expertise in the education sector.

The level of work-life balance among nurse educators is reported to be neutral, which means that there is a moderate harmony between work-to-life and life-to-work interruptions, yet there is an elevated level of work-life enhancement. Likewise, nurse educators exhibited high resilience, characterized by regulated emotion, adaptability, and focus amid complexities and challenges.

As to the relationship of WLB to the profile variables, age, sex, civil status, and years of work experience did not have a considerable influence. This implies that personal and professional harmony at work and in life is more than individually determined; it may be affected by the organizational culture of leadership and support to ensure work productivity, satisfaction, and well-being.

On the other hand, the only factor that showed a significant association with resilience was sex: female nurse educators had higher resilience levels than their counterparts. This is the case due to the dynamic roles of women, which make them exhibit greater variability in resilience. Despite their complex tasks and many functions to fulfill, they can accomplish them because of their resilience.

Lastly, work-life balance and resilience are not significantly associated. This may suggest that resilience is an independent characteristic sustained by numerous factors and influences rather than a component of the balance between personal and

professional conditions. The overall findings highlight the need to employ context-based initiatives and programs that may reinforce work-life balance and resilience, rather than a generalized intervention, for the common good of the workforce in the nursing education sector.

Conclusions

The research aimed to determine the profile of the respondents, the level of work-life balance and resilience, and the relationships among the variables in the context of nurse educators.

The data indicate that most nurse educators are in their midlife, with more female faculty members, most of whom are married, and most having 2-5 years of work experience.

There is a neutral level of work-life balance among the nurse educators, marked by moderate work-personal and personal-work disruption, but with adequate work-personal life improvement. This result implies that nurse educators, despite the challenges of the profession, find satisfaction in what they do.

As for resilience level, nurse educators are reported to have a high resilience level, characterized by adaptation, emotion regulation, and confidence with support when faced with problems. Therefore, resilience becomes an enabling force for nurse educators to fulfill their roles and functions despite the professional demands and requirements.

When it comes to the relationship between WLB and resilience, and the respondents' profile variables, none of the demographic factors are associated with WLB. Yet, for resilience, it is only sex that has a considerable influence, which would imply the need for gender-based intervention and support for nurse educators.

Finally, there is no relationship between WLB and resilience, suggesting that the latter is independent of the former. Nevertheless, the overall findings necessitate institutional initiatives to be implemented at the organizational level, rather than being demographic based, to truly sustain work and life harmony with resilience among nurse educators.

Given the summary of findings and the conclusions, the researcher obtained a profound understanding that work-life balance and resilience may be independent realities but are interconnected phenomena that affect the personal and professional lives of nurse educators. Amid the academic and clinical responsibilities, they can find balance between their duties and functions with the individual coping strategies and enhanced by institutional support. The nurse educators sustain their resilience through personal factors and professional dealings. Therefore, the need for continuous organizational development to strengthen and sustain work-life balance and resilience among nurse educators is fundamental.

Recommendations

Anchored on the conclusions, the following recommendations are proposed to guide policy improvements and practice innovations that strengthen work-life balance and enhance resilience towards the nurse educators' well-being:

1. Policy Improvement

- 1.1 Institutions can craft faculty well-being policy to proactively stabilize work-life balance and reinforce resilience through workload and staffing management protocols to address work interferences among the nurse educators.
- 1.2 Organizations can institutionalize strengths-based systems highlighting collegial and collaborative academic support for the nurse educators.

- 1.3 Administrators can revisit to improve the staffing and scheduling systems, workload assignments, and other task prioritization mechanisms across all demographics of the nurse educators.
- 1.4 Schools of Nursing are suggested to institutionalize an organizational culture of academic aid to provide context-based assistance to faculty members through a collegial and collaborative approach.
- 1.5 Higher education institutions may craft ways to sustain gender-based wellness programs, especially for married women in nursing education who continue to juggle multiple roles at work and at home.

2. Practice Innovation

- 2.1 Faculty development programs may highlight and integrate firsthand training and workshops to reinforce the integration of capacity building for work-life balance and resilience sustainability among nurse educators.
- 2.2 Organizations are encouraged to implement a targeted mentoring and coaching program aimed at guiding nurse educators towards personal and professional role harmonization enhancement, especially for novice personnel.
- 2.3 Peer mentoring and reflective circles can be created and sustained to provide an avenue for targeted and context-based sharing of best-fit practices for personal and professional enhancement amid the challenges of the times.

3. Future Research

- 3.1 Future studies can employ other research designs, such as longitudinal or mixed-method models, to evaluate how WLB and resilience transform over the changes and demands of time.

3.2 Future researchers can emphasize the research focus on the moderating and mediating influences of organizational culture, including the leadership and management practices on WLB and resilience among nurse educators.

3.3 Related studies may be undertaken in the context of other sectors, such as private, religious, and other geographical locations, including the online distance learning modalities to be able to determine emerging WLB and resilience patterns and influences.

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Appendices

APPENDIX A

REQUEST LETTER FOR THE STUDY TO BE CONDUCTED

Good day.

I am Virgo C. Lopez, a graduate student from UPOU who respectfully requested from your office to allow me to conduct my thesis titled "Work-Life Balance (WLB) and Resilience among nurse educators in Baguio City." The study aims to explore the association between WLB and resilience, including potential influences of the demographic variables under investigation.

I ascertain that your institutional protocol on conducting research will be followed. Relatively, attached is the ethics approval from our university for your reference.

I am looking forward to your positive response.

Thank you very much.

Respectfully,

VIRGO C. LOPEZ

MAN Student, UPOU

Noted by:

ASSOC. PROF. QUEENIE R. RIDULME

Chair, Advisory Committee

APPENDIX B
REQUEST LETTER TO USE RESEARCH INSTRUMENT FOR
WORK-LIFE BALANCE

Mesdame/ Sir:

Greetings.

I am Virgo C. Lopez from UPOU, who is currently pursuing my Master's Thesis on research titled, "Work-Life Balance and Resilience among nurse educators in Baguio City." In connection with this, I would like to request that you adopt your survey questionnaire on the level of WLB.

I will follow the process to obtain your approval relative to this request.

I am looking forward to your affirmative response. Thank you.

Always,

Noted by:

VIRGO C. LOPEZ

ASSOC. PROF. QUEENIE R. RIDULME

MAN Student, UPOU

Chair, Advisory Committee

APPENDIX C

REQUEST LETTER TO USE THE RESEARCH INSTRUMENT FOR RESILIENCE

Dear Sir/ Mesdame:

Greetings.

I am Virgo C. Lopez from UPOU, who is currently pursuing my master's thesis on research titled, "Work-Life Balance and Resilience Among Nurse Educators in Baguio City." In connection with this, I would like to request that you adopt the CD-RISC-10 resilience questionnaire.

I will follow the process to obtain your approval relative to this request.

I am looking forward to your affirmative response. Thank you.

Very truly yours,

VIRGO C. LOPEZ

MAN Student, UPOU

Noted by:

ASSOC. PROF. QUEENIE R. RIDULME

Chair, Advisory Committee

APPENDIX D

INFORMED CONSENT FORM

(Adapted from UPOU IREC)

Informed Consent Form for *the Nurse Educators of Baguio City*

Name of Principal Investigator/Researcher: VIRGO C. LOPEZ

Name of Organization: UPOU FMDS Master of Arts in Nursing (MAN)

Name of Project and Version: MASTER'S THESIS

PART I: INFORMATION SHEET

INTRODUCTION

You are invited to participate in a research study titled "Work-Life Balance and Resilience among Nurse Educators in Baguio City. This is a graduate thesis under the Master of Arts in Nursing program of the University of the Philippines Open University. Your participation is entirely voluntary. Please take time to read the information below. You may ask questions or choose not to participate at any point.

PURPOSE OF THE RESEARCH

The study aims to explore the relationship between work-life balance and the resilience of nurse educators. Specifically, it purports to describe the demographic attributes of the respondents, including age, sex, marital status, and years of experience. Likewise, it will represent the level of work-life balance among the respondents, focusing on 1) the impact of work on personal life (WIPL), 2) the influence of personal life on work (PLIW), and 3) positive integration of work and personal life. On the other hand, the level of resilience will also be described in the context of its dimensions: 1) emotional regulation and adaptability, 2) self-efficacy and confidence, and 3) social support and optimism. Furthermore, the relationships between work-life balance and the profile variables, including resilience and demographic profiles, are examined. Finally, the relationship between work-life balance and resilience among nurse educators will be identified.

TYPE OF RESEARCH INTERVENTION

You will be asked to complete a survey comprising demographic questions and standardized measures of work-life balance and resilience.

PARTICIPANT SELECTION

You are being invited to participate in this study because you are a practicing nurse educator in Baguio City and can offer meaningful insights relevant to the research. The number of respondents will depend on the outcome of purposive sampling, in which all qualified nursing faculty members from the four higher education institutions in the city offering the Bachelor of Science in Nursing program will be asked to participate in the study. To be eligible, respondents must: (1) be nursing faculty members with at least two years of teaching experience, (2) be 25 to 59 years old, and (3) have experience supervising students in clinical settings. Individuals will not be included if they: (1) are general practitioners not engaged in nursing education, (2) are not nurse educators, (3) are 60 years old or above, (4) have fewer

than two years of teaching experience, (5) serve only as part-time instructors or preceptors, or (6) choose not to participate. All individuals who meet the inclusion criteria in the initial screening will be included through total enumeration.

VOLUNTARY PARTICIPATION

Participation in this study is entirely voluntary. The participant may withdraw anytime without penalty or loss of benefit to which the participant is entitled. Also, the participant or the participant's legally acceptable representative will be informed promptly if information becomes available that may be relevant to the participant's willingness to continue participating. However, the researcher reserves the right to terminate a participant's involvement in cases of non-compliance with survey instructions, repeated incomplete or invalid responses due to technical issues, breach of confidentiality, withdrawal of organizational approval, or if it becomes clear that the participant did not fully understand the terms of consent. In such cases, no penalties will be imposed, and any collected data will be excluded from the study to protect participant integrity.

PROCEDURES

You will complete a survey that may take 20–30 minutes. You are free to skip any question that makes you uncomfortable.

DURATION

The anticipated time to complete the survey is about 20-30 minutes.

RISKS

There are a few risks associated with some questions and the duration of time they may take, which may cause inconvenience on your end. Feel free to complete the survey during your free time so as not to interfere with your work.

BENEFITS

While there may be no direct benefits to you, your participation may help improve understanding of nurse educators' needs and inform institutional support programs.

REIMBURSEMENTS

There is no monetary refund for your participation in this study unless you incurred an expense, such as transportation to attend or complete the survey questionnaire.

CONFIDENTIALITY

All responses will be kept confidential. No identifying information will be linked to your responses. Data will be securely stored and will be accessible only to the researcher. Access to research documents will be restricted solely to the researcher, and any future use of the data will require the respondents' explicit consent. All gathered information is securely stored and is exclusively used for this study. Anonymity will be maintained by using necessary codes to refer to the respondents rather than disclosing their identities by name.

SHARING THE RESULTS

The results of the study may be shared through research presentations and publications. Nevertheless, the respondents' privacy and confidentiality will be ascertained. To access the study's findings, respondents can contact the researcher.

RIGHT TO REFUSE OR WITHDRAW

The participant has the right to discontinue participation in the study at any time, including during and after the completion of the survey questionnaire. The participant can even decide to exclude related data from the results and discussion when deemed necessary.

DATA MANAGEMENT

Data gathered and processed will be kept securely, with access limited to the researcher, and protected by a password. With this, the researcher complies with the Data Privacy Act of 2012. Data retention will last for at least three years; thereafter, all files will be deleted. Most importantly, no information will be shared with any other party without the respondents' consent.

WHO TO CONTACT

Virgo C. Lopez | +63 9277178493 | vclopez1@up.edu.ph

Once the UPOU Research Ethics Committee approves, respondents may contact the committee for any inquiries about their rights, or for concerns and complaints, through the FMDS REC email: fmds-ethics@upou.edu.ph

PART II: CERTIFICATE OF CONSENT

This section should be written in the first person and must contain a few brief statements describing the research. It should then be followed by a declaration like the one in bold below. If a participant is unable to read but provides oral consent, a witness must sign on their behalf. The researcher, or the individual who reviews the informed consent with the participant, must sign each consent form.

This section is mandatory.

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it, and all have been answered to my satisfaction. I voluntarily consent to participate in this study. Print Name of Participant:

Signature of Participant: _____

Date: [MM/DD/YYYY]

If Illiterate

A literate witness must sign (if possible, the participant should select this person and ensure they have no connection to the research team). Illiterate respondents should also include their thumbprint.

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has freely given consent.

Print name of witness _____

Thumb print of participant:

Signature of witness _____

Date: [MM/DD/YYYY]

STATEMENT BY THE RESEARCHER OR PERSON TAKING CONSENT

I have clearly read and explained the information sheet to the potential participant and, to the best of my ability, ensured that they understand the following:

1. Participation in the study is voluntary.
2. A survey questionnaire will be provided for them to answer, but they may stop responding at any time if they wish.
3. Their responses will be analyzed and interpreted, but their identity will always remain confidential.

I affirm that the participant was given sufficient opportunity to ask questions about the study, and I have answered all inquiries accurately and to the best of my knowledge. I also confirm that the participant was not in any way forced to consent and that their agreement to participate in the study is voluntary.

The participant was provided with a copy of the Informed Consent.

Print Name of Researcher or person taking the consent

Signature of Researcher or person taking the consent

Date: <MM/DD/YYYY>

APPENDIX E

ADOPTED RESEARCH INSTRUMENT

Dear research participant,

Good day.

I am **Virgo C. Lopez** from UPOU. I am currently working on a thesis study titled “Work-Life Balance and Resilience among nurse educators in Baguio City.”

The study aims to determine the level of WLB and to examine the relationship between resilience and respondents' profiles.

As a nurse educator, you are invited to participate in this research study by completing a survey questionnaire.

Rest assured that your autonomy, privacy, and confidentiality will be respected accordingly.

Thank you.

Very truly yours,

Virgo C. Lopez

UPOU MAN Student Researcher

Part I: Participant Profile

Instructions:

Put a ✓ in the box that corresponds to your response.

Profile Information

1. **Age:**

- 25–34 years old 35–44 years old 45–54 years old 55–59 years old

2. **Sex:**

- Male Female

3. **Marital Status:**

- Single Married

4. **Professional Experience in Nursing Education:**

- 2–5 years 6–10 years 11–15 years More than 15 years

5. Have you experienced handling student nurses in their clinical duties or rotations?

- Yes No

Part II. Work-Life Balance (WLB)

Instructions:

Tick (✓) the appropriate box that best corresponds to your response. Use the scale below:

| Scale | Response |
|-------|-------------------|
| 1 | Strongly Disagree |
| 2 | Disagree |
| 3 | Neutral |
| 4 | Agree |
| 5 | Strongly Agree |

Work Interference with Personal Life (WIPL)

| # | Statement | 1 | 2 | 3 | 4 | 5 |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | My job makes it difficult to spend time with my family or friends. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | I often miss personal activities because of my work schedule. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | My work responsibilities interfere with my ability to relax at home. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | I feel emotionally drained from work, which affects my personal life. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | My work schedule does not allow me enough time for personal interests. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Personal Life Interference with Work (PLIW)

| # | Statement | 1 | 2 | 3 | 4 | 5 |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6 | Personal responsibilities sometimes prevent me from focusing on my job. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | I have difficulty completing work tasks due to personal obligations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | I feel tired or stressed from personal life issues, which affects my work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | I sometimes take time off work to handle personal matters. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | My personal life demands make it challenging to meet work deadlines. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

APPENDIX F

CERTIFICATE OF ETHICAL APPROVAL

| | | | |
|---|--|----------------------|----|
|  | UP OPEN UNIVERSITY Faculty of Management and Development Studies Research Ethics Committee | | |
| | CERTIFICATE OF ETHICAL APPROVAL | REC Form No. | 4C |
| | | Version No: | 01 |
| | | Date of Effectivity: | |


02 July 2025

This is to certify that the following protocol and related documents have been granted approval by the Faculty of Management and Development Studies Research Ethics Committee (FMDS REC).

The FMDS REC is the body that implements the university policy of overseeing the ethical soundness of the institutional research produced, including any research conducted by faculty members, students, REPS, and staff at the faculty office level. All FMDS research proposals must undergo ethics review and shall gain certification clearance from the FMDS REC.

The committee operates according to Philippine Health Research Ethics Board (PHREB) guidelines and regulations.

| | | | |
|---------------------------|---|------------------------------------|------------------------------|
| REC Protocol No. | 2025-005-GS-FMDS | | |
| Principal Investigator(s) | Mr. Virgo C. Lopez | | |
| Title | Work-Life Balance and Resilience Among Nurse Educators in Baguio City | | |
| Document Type | Study Protocol | | |
| Protocol Version No. | v02 | Version Date | 15 June 2025 |
| Other Documents | 1. Application for Ethics Review Form 2. Letter of request for review from Researcher to FMDS REC Chair 3. Curriculum Vitae of the Researcher 4. Full Proposal/Study Protocol (Chapters 1-3) 5. Study Protocol Assessment Form 6. Health-Related Assessment Form 7. Informed Consent Form Checklist 8. Informed Consent Form 9. Endorsement Form from Unit Head 10. Thesis Approval Sheet 11. Diagrammatic Workflow | | |
| Type of Review | <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Full Board Meeting Date: | Duration of Approval from Date to: | 02 July 2025 to 02 July 2026 |

| FMDS REC External Vice Chair | Signature | Date |
|------------------------------|---|--------------|
| REGINE KARLA P. BAGALANON |  | 02 July 2025 |

APPENDIX G

CURRICULUM VITAE



VIRGO CLEMENTE LOPEZ
 +63 9277178493
 govirgolopez@gmail.com | vclopez1@up.edu.ph

| Educational Background | |
|------------------------------------|--|
| 2025 | University of the Philippines Open University (UPOU) Master of Arts in Nursing major in Nursing Administration Thesis: “Work-life Balance and Resilience among Nurse Educators in Baguio City” |
| 2021 | Philippine Normal University Doctor of Philosophy in Educational Leadership and Management (PhD) Dissertation: “School-based Resilience Leadership for Principals in Times of Disaster” |
| 2016 | Benguet State University Master of Arts in Education (MAEd) Major in Educational Administration and Supervision Thesis: “Teaching and Learning in the Graduate School” |
| 2014 | Benguet State University Professional Education (18 units) |
| 2012 | University of the Cordilleras Bachelor of Science in Nursing (BSN) |
| 2008 | La Salette of Ramon High School |
| 2004 | Burgos Elementary School Grade School |
| Organizational Affiliations | |
| 2022-Present | NAKEM Conferences International Philippines Chapter Inc. (Lifetime Member) Philippine Association for Teachers and Educators (PAFTE), Inc. (Member) |
| 2019-2022 | MAESTRA Professional Journal (Editor-in-Chief) |
| 2016-2017 | National Schools Press Conference (NSPC) Secondary School Paper Advisers Association (SPA) Member |
| 2012-Present | Philippine Nurses Association (PNA) Member Philippine Nurses Research Society (PNRS) Member |

| Eligibility | |
|--|--|
| 2014 | <p>Passed the Civil Service Examination (Professional)</p> <p>Passed the Board Licensure Examination for Professional Teachers</p> |
| 2012 | Passed the Nurses' Licensure Examination |
| Work Experience | |
| 2023-Present | Vice President for Academics, Panpacific University |
| 2022-2023 | Vice Chancellor, Academics and Research and Innovation, Panpacific University |
| 2021-2022 | Dean, Romeo Padilla School of Education and Arts, Panpacific University |
| 2020-Present | English Teacher, CupOfEnglish |
| 2021-Present | Adjunct Faculty, Panpacific University-Graduate School |
| 2020 | School Nurse and Senior High Teacher, Academia De Sophia International |
| 2020-2023 | Faculty, University of the Cordilleras-College of Nursing |
| 2019-2022 | Quality Improvement and Training Director, CBRC |
| 2019-2022 | Editor-in-Chief, MAESTRA Professional Journal |
| 2020-2022 | Book/Publication editor, CBRC Ultimate Learning Series |
| 2019-2022 | Quality Management Representative/ ISO 9001:2015 Auditor and Core Member, CBRC |
| 2014-Present | National and International Lecturer for NURSING, LET, and CIVIL SERVICE Review, CBRC |
| 2018-2019 | Administrative Director, CBRC |
| 2017-2018 | International Affairs Officer, CBRC |
| 2017-2018 | Chief Correspondent, CBRC News Live (CNL) |
| 2017-2018 | Civil Service Exam (CSE) Review Coordinator, CBRC |
| 2016-2017 | Classroom Teacher and Co-Curricular Adviser, Academia De Sophia International School |
| 2012-2016 | English as a Second Language (ESL) Teacher and Tutor in the English Academy in Baguio City |
| Research Work/ Article/ Presentations | |
| 2025 | <p>Gomosio, S. I., Escarez, M. A., Tomulin, A., De Pirro, N., Pagtakhan, A., Cabañero, M. I., ... Lopez, V. (2025). A Linguistic Analysis of Award-Winning Essays of Palanca. <i>Dibon Journal of Languages</i>, 1(4), 389–403. https://doi.org/10.64169/djl.160</p> <p>Preserving Ilocano Language: High School Learners' Experience in Multilingual Families- Presented at the 20th NAKEM International Conference in Hawaii, USA.</p> |

| | |
|------|---|
| 2024 | Lopez, V. (2024). School-Based Resilience Leadership Framework for Principals in Times of Disaster. AsTEN Journal of Teacher Education. Retrieved from https://po.pnuresearchportal.org/ejournal/index.php/asten/article/view/2743 |
| 2023 | Cultural Integration of Filipino Nurses Overseas: An Appreciative Inquiry (2023)- Presented at the 18th NAKEM International Conference in California, USA. |
| 2023 | School-based Resilience Leadership Framework for Principals in Times of Disaster (2021)- Paper Presented at PNU (2022) and AsTEN (2023) |
| 2021 | Assessing the Viability of Lesson Study as a Professional Development Model for Enhancing the Capabilities of Filipino Teachers (Article Published in the Psychology and Education Journal, Vol. 58 No. 5, 2021), an article co-authored with Sibayan, Isabelle S., Fabia, Jonald I., Tabbal, Blesilda C., Caigoy, Liza C., Nayve, Cecilia O., and Elipane, Levi E. |
| 2017 | Use of Worksheets in Enhancing Student Participation in Journalism Classes, action research written and presented at Academia De Sophia International in Baguio City for the Academic Year 2016-2017 |
| 2016 | Interactive Strategies in Enhancing the Fluency in Filipino of Grade 6 Learners, action research written and presented at Academia De Sophia International in Baguio City for the Academic Year 2015-2016 |