

# Quality of Life and Work-life balance among Nurse Educators in the Schools of Nursing in Sri Lanka

Rohini GB<sup>1</sup>, Ilankoon IMPS<sup>2</sup>, Kisokanth G<sup>3</sup>

<sup>1</sup>MSc , Post Basic School of Nursing, Colombo, Sri Lanka, <sup>2</sup> Ph.D, University of New Haven, USA, <sup>3</sup>Ph.D, Department of Clinical Nursing, Faculty of Nursing, University of Colombo, Sri Lanka, ORCID ID:<https://orcid.org/0000-0002-5956-4463>.

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## Abstract

**Objective:** The study aimed to assess the quality of life (QOL) and work-life balance (WLB) among Nurse Educators in the Schools of Nursing in Sri Lanka.

**Material and Methods:** A descriptive cross-sectional study was conducted among 257 Nurse educators in all schools of Nursing in Sri Lanka. Data were collected by using validated and pretested self-administered questionnaires which include Socio-demographic details, a validated quality of life questionnaire (WHO QOL – BREF), and a Work Life Balance assessment scale. Data were analyzed using descriptive and inferential statistics.

**Results:** The overall mean perceived QOL and health of the participants were 3.82 ( $\pm 0.66$ ) and 3.82 ( $\pm 0.69$ ) respectively. Participants obtained a high score for the social relationship domain (98.83/100) and a low score for the environmental domain (19.96/100) of the QOL. Findings of the work=life balance revealed an overall mean of 2.87 (SD=1.5) which indicates neither agree nor disagree with work-life interference with personal life and an overall mean of 2.53 (SD=0.96) which indicates neither agree nor disagree with personal life interference with work (PLIW).

**Conclusions:** Nurse educators perceive a moderate level of personal life interference with work, but overall, they acknowledge work/personal life enhancement. These results highlight the complex and multifaceted nature of work-life balance among nurse educators.

**Keywords:** Work-life balance, Quality of life, Nurse Educator

## Introduction

Quality of life (QOL) refers to an individual's total well-being, including all emotional, social, and

physical aspects of the individual's life. It reflects the difference, the gap between the hopes and expectations of a person and their present experience.<sup>1</sup> Research has shown a significant association between

**Corresponding Author:** G Kisokanth, Professor in Clinical Nursing, Head, Department of Clinical Nursing, University of Colombo, Sri Lanka.

**E-mail:** kiso@dcn.cmb.ac.lk

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QOL and various factors, including marital status, age, gender, monthly income, area of work, working hours, total years of experience, job satisfaction, and work-life balance (WLB).<sup>2-4</sup> It has been found that individuals who prioritize family over work tend to have a better QOL, followed by those who maintain a balance between work and family, and finally, those who prioritize work over family.<sup>5,6</sup> However, there is limited research that focuses on both the impact of work and family on QOL.

Pocock (2005) states that employees who experience a positive WLB are more likely to be contented parents, valuable members of the community, and efficient workers within their organization.<sup>7</sup> Additionally, a healthy WLB can enhance job satisfaction and engagement, leading to increased productivity and public contributions. In essence, a balanced work-life approach contributes to overall social well-being by promoting individual productivity, public service, and the well-being of employees and their families.

It is crucial to understand the satisfaction and QOL of Nurse Educators, along with the factors influencing their QOL. In the context of Sri Lanka, there is minimal awareness and understanding among employees regarding work-life balance, especially when compared to Western countries. Academics in Sri Lanka face similar challenges, receiving limited or no family-friendly support from universities as they grapple with maintaining a balance between work and family due to their demanding workloads.<sup>8</sup>

In Sri Lanka, nursing students primarily receive education from nurse educators and occasionally from other qualified medical professionals. Nurse educators play a crucial role in preparing the future generation of nurses to meet the increasing healthcare service demands.<sup>9</sup> They significantly influence the nursing profession by advocating holistic patient care, emphasizing illness prevention, and promoting community health. Nurse educators serve as faculty members in nursing schools and teaching hospitals, imparting their valuable knowledge, experience, and skills to students who will become the next generation of nurses.<sup>10</sup>

Thus, the study was aimed to evaluate the quality of life and work-life balance of Nurse Educators

in the Schools of Nursing in Sri Lanka, as well as identify the factors that influence WLB. The findings of this study will contribute to understanding the factors associated with work-life balance and the relationship between a nurse educator's quality of life and their ability to balance work and personal life, providing valuable insights to prevent nurse educator dissatisfaction.

## Methodology

The descriptive cross-sectional study design was used to assess the Quality of Life and WLB among Nurse Educators in all schools of Nursing (17) and the Post-basic College of Nursing (PBCN) which are under the Ministry of Health, Sri Lanka. The three-year Nursing Diploma program and one-year Midwifery Diploma program are offered by the Schools of Nursing. Both male and female Nurse Educators were included and those who were working in Military Schools of Nursing and on maternity leave or study leave were excluded. A total of 315 nurse educators were included in the study.

Data were collected using a self-administered questionnaire which consisted of socio-demographic and employment characteristics, quality of life questionnaire (WHO QOL - BREF), and a work-life balance assessment scale. WHO QOL -BREF questionnaire is a generic tool to assess QoL which has been already validated in Sri Lanka.<sup>11</sup> The WHO, QOL- BREF covers four domains of QOL as Physiology domain, the Psychology domain, the social relationship domain, and the Environmental domain. A work-life balance assessment scale was used to measure the extent of work-life balance among participants.<sup>12</sup> The work-life balance assessment scale consisted of three dimensions; Work Interference with Personal Life (WIPL), Personal Life Interference with Work (PLIW), and Work / Personal Life enhancement (WPLE). The questionnaire was pretested for acceptability, comprehension and to assess the clarity and suitability of the words used, among 20 nursing academics from the Faculty of Nursing, University of Colombo Sri Lanka.

Data collection was carried out online using a Google form due to the prevailing situation of the COVID-19 pandemic, after obtaining permission from Principals of all Schools of Nursing. First, the

email addresses of nurse educators were obtained from the principals of the schools, and then the objectives and the purposes of the study were explained using an information sheet via email to each participant. In addition, honest responses and voluntary participation were emphasized to all of them and requested them to reply with their willingness to participate in the study. Based on their willingness to participate in the study, informed consent was obtained. Then, the questionnaire was sent individually via Google form and the participant was instructed to fill the questionnaire during their free time without disturbing their routine academic work. Also, they were instructed to contact the principal investigator via mobile phone for any clarification.

Data were analyzed using SPSS version 25. Descriptive statistics are applied to obtain percentages and means with SD of the continuous variables and relevant inferential statistics are performed to interpret the findings. QOL was assessed based on four domains of the WHOQOL-BREF scale and the

mean score in each domain indicates individuals' perception of their satisfaction in every aspect of their lives regarding their QOL. The higher the score the better the perception. The mean score is utilized to determine the extent of WLB as to the three dimensions. Independent sample t-test or ANOVA was used to determine the mean differences between the WLB of nurse educators with their age, marital status, and number of children. The relationship between scores of QOL and WLB and influencing factors analyzed by multiple regression models and statistically significant level was set at 0.05.

Ethical approval was obtained from the Ethics Review Committee, KATTSU International University, Sri Lanka (KIU/ERC/21/42, on 30. 06. 2021).

## Results

Among all study participants (315), only 257 participants were responded. The response rate was 81.6%.

**Table 1: Socio-demographic and employment details of the participants**

Characteristics	Responses	Male n (%)	Female n (%)	Total n (%)
Gender		31(12.1)	226 (87.9)	257 (100.0)
Age (years)	31 - 40	3 (9.7)	52 (23.0)	55 (21.4)
	41 - 50	7(22.6)	120(53.1)	127 (49.4)
	Above 50	21(67.7)	54(23.9)	75 (29.2)
Marital status	Married	30 (96.8)	193(85.4)	223 (86.8)
	Unmarried	1 (3.2)	29 (12.8)	30 (11.7)
	Living together	0 (0.0)	4 (1.8)	4 (1.6)
Family type	Nuclear	22(71.0)	142(62.8)	164 (63.8)
	Extended	9(29.0)	84(37.2)	93 (36.2)
Any dependent	Have dependent	27 (87.1)	177 (78.3)	204 (79.4)
	No dependent	4 (12.9)	49 (21.7)	53 (20.6)
Suffering from any chronic illness	Yes	7 (22.6)	60 (26.5)	67 (26.1)
	No	24 (77.4)	166 (73.5)	190 (73.9)
Monthly Income in Rupees	<50,000	0 (0.0)	1(0.4)	1 (0.4)
	50,000 - 75,000	6(19.4)	74(32.7)	80 (31.1)
	75,001 - 100,000	14(45.2)	119(52.7)	133 (51.8)
	>100,000	11(35.5)	32(14.2)	43 (16.7)

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Designation	Principal	3 (9.7)	3 (1.3)	6 (2.3)
	Special Grade Nursing Tutor	20 (64.5)	78 (34.5)	98 (38.1)
	Grade 1 Nursing tutor	8 (25.8)	141(62.4)	149 (58.0)
	Others	0 (0.0)	4(1.8)	4 (1.6)
Highest educational qualification	Dip.in Teaching &Supervi	6 (19.4)	22 (9.7)	28 (10.9)
	BScN	15 (48.4)	144 (63.7)	159 (61.9)
	MSc	9 (29.0)	58 (25.7)	67 (26.1)
	PhD (Reading)	1 (3.2)	00 (0.0)	1 (0.4)
	Other	0 (0.0)	02 (0.9)	2 (0.8)
Year of teaching experience	≤ 5.0	7 (22.6)	103 (45.6)	110 (42.8)
	5.1-10.0	0(0.0)	11 (4.9)	11 (4.3)
	10.1-15.0	7 (22.6)	61 (27.0)	68 (26.5)
	>15	17 (54.8)	51 (22.6)	68 (26.5)
Expertise area of teaching	Fundamentals of Nursing	11 (35.5)	73 (32.3)	84 (32.7)
	Adult Nursing	15 (48.4)	56 (24.8)	71 (27.6)
	Maternal and child Nursing	0 (0.0)	76 (33.6)	76 (29.6)
	Others	5 (16.1)	21 (9.3)	26 (10.1)
Daily working hours	< 7.5	4 (12.9)	24 (10.6)	28 (10.9)
	7.5-9	15 (48.4)	121 (53.5)	136 (52.9)
	> 9	12 (38.7)	81 (35.8)	93 (36.2)

The majority of the participants (88%) were females, and nearly of the participants were age between 41-50 years. Nearly 62% of them had completed BSc Nursing Degree and 43% of the

participants had ≤5-year experience as nurse educators. In addition, 53% of the participants work between 7.5 to 9 hours per day.

**Table 2: Participants' satisfaction about various aspects of their life**

Question	Very dissatisfied n (%)	Dissatisfied n (%)	Neither satisfied nor dissatisfied n (%)	Satisfied n (%)	Very satisfied n (%)
How satisfied are you with your health?	-	16 (6.2)	42 (16.3)	172 (66.9)	27 (10.5)
How satisfied are you with your sleep?	01 (0.4)	65 (25.3)	60 (23.3)	105 (40.9)	26 (10.1)
How satisfied are you with your ability to perform your daily living activities?	-	22 (8.6)	69 (26.8)	148 (57.6)	18 (7.0)
How satisfied are you with your capacity for work?	01 (0.4)	13 (5.1)	55 (21.4)	151 (58.8)	37 (14.4)

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How satisfied are you with yourself?	02 (0.8)	04 (1.6)	54 (21.0)	164 (63.8)	33 (12.8)
How satisfied are you with your personal relationships?	02 (0.8)	11 (4.3)	63 (24.5)	142 (55.3)	39 (15.2)
How satisfied are you with your sex life? (n=227, 88.3%)	07(2.7)	08(3.1)	65(25.3)	117(45.5)	30(11.7)
How satisfied are you with the support you get from your friends?	05(1.9)	07(2.7)	106(41.2)	115 (44.7)	24 (9.3)
How satisfied are you with the conditions of your living place?	02(0.8)	32 (12.5)	57(22.2)	128 (49.8)	38 (14.8)
How satisfied are you with your access to health services?	03 (1.2)	17 (6.6)	83(32.3)	120 (46.7)	34 (13.2)
How satisfied are you with your transport?	18 (7.0)	58 (22.6)	61 (23.7)	80 (31.1)	40 (15.6)

Most of the participants (66.9%) were satisfied with their overall health and 40% of the participants were satisfied with their sleep, ability to perform their daily living activities, work capacity, personal

relationships, sex life, support they get from their friends, conditions of their living place, access to health services, and transport.

**Table 3: Participants' experience on certain things in the last four weeks (n=257)**

Question	An extreme amount n (%)	Very much n (%)	A moderate amount n (%)	A little n (%)	Not at all n (%)
To what extent do you feel that physical pain prevents you from doing what you need to do?	06 (2.3)	41 (16.0)	68 (26.5)	102 (39.7)	40 (15.6)
How much do you need any medical treatment to function in your daily life?	14 (5.4)	19 (7.4)	43 (16.7)	92 (35.8)	89 (34.6)
Question	Not at all n (%)	A little n (%)	A moderate amount n (%)	Very much n (%)	An extreme amount n (%)
How much do you enjoy life?	01 (0.4)	15 (5.8)	120 (46.7)	109 (42.4)	12 (4.7)
To what extent do you feel your life to be meaningful?	--	09 (3.5)	71 (27.6)	149 (58.0)	28 (10.9)
How well are you able to concentrate?	01 (0.4)	07 (2.7)	79 (30.7)	146 (56.8)	24 (9.3)
How safe do you feel in your daily life?	01 (0.4)	30 (11.7)	96 (37.4)	117 (45.5)	13 (5.1)
How healthy is your physical environment?	02 (0.8)	14 (5.4)	100 (38.9)	126 (49.0)	15 (5.8)

Regarding the experience of physical pain, an extreme amount of physical pain was experienced by 2.3% of participants and 40% of the participant experienced a small amount of physical pain. Nearly

35% of them accepted that they did not need any treatment and 42% of participants, experienced a very much enjoy life, they felt that their life is a meaningful one.

**Table 4: Domain-wise means of transformed score of the Quality of life of nurse Educators**

Domains	Mean	SD	Transformed score (4-20)	Transformed score (0-100)
Physical	14.53	2.17	08.30	25.94
Psychological	14.62	1.88	09.39	32.37
Social	14.72	2.59	19.97	98.83
Environmental	13.66	2.26	07.30	19.96

According to the raw score of quality of life of nurse educators based on the WHOQOL-BREF scale, the social domain obtained the highest score of 14.72

(SD=2.59) and the environmental domain obtained the lowest score of 13.66 (SD= 2.26).

**Table 5: Work-life Balance among nurse Educators**

Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Mean (SD)	Interpretation
<b>Work life interference with personal life (WIPL)</b>							
My personal life suffered because of work.	23(8.9)	109(42.4)	56(21.8)	56(21.8)	13(5.1)	2.72 (1.06)	Neither agree nor disagree
My job made personal life difficult	21(8.2)	98(38.1)	61(23.7)	65(25.3)	12(4.7)	2.80 (1.05)	Neither agree nor disagree
I neglected personal needs because of work	17(6.6)	105(40.9)	63(24.5)	63(24.5)	09(3.5)	2.77 (1.01)	Neither agree nor disagree
I put personal life on hold for work	13(5.1)	85(33.1)	67(26.1)	79(30.7)	13(5.1)	2.98 (1.02)	Neither agree nor disagree
I missed my personal activities because of work	12(4.7)	85(33.1)	67(26.1)	79(30.7)	14(5.4)	2.99 (1.02)	Neither agree nor disagree
I struggled to juggle work and non-work (personal work)	14(5.4)	71(27.6)	95(37.0)	68(26.5)	09(3.5)	2.95 (0.95)	Neither agree nor disagree
Overall mean						2.94 (0.96)	Neither agree nor disagree
<b>Personal life interference with work (PLIW)</b>							
My personal life drained me of energy for work	13(5.1)	47(18.3)	78(30.4)	105(40.9)	14(5.4)	3.23 (0.98)	Agree
I am too tired to be effective at work	19(7.4)	109(42.4)	64(24.9)	60(23.3)	05(1.9)	2.70 (0.97)	Neither agree nor disagree
My work suffered because of my personal life	52(20.2)	147(57.2)	35(13.6)	21(8.2)	02(0.8)	2.12 (0.85)	Disagree

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I find it hard to work because of personal matters	54(21.0)	148(57.6)	39(15.2)	14(05.4)	02(0.8)	2.07 (0.80)	Disagree
Overall mean						2.53 (0.96)	Neither agree nor disagree
<b>Work/Personal Life Enhancement (WPLE)</b>							
My personal life gave me energy for my job	02(0.8)	10(3.9)	49(10.1)	156(60.7)	40(15.6)	3.86 (0.74)	Agree
My job gave me energy to pursue personal activities	04(1.6)	33(12.8)	70(27.2)	130(50.6)	20(07.8)	3.50 (0.87)	Agree
I am at a better mood at work because of my personal life	02(0.8)	10(3.9)	51(19.8)	147(57.2)	47(18.3)	3.88 (0.77)	Agree
I am at better mood because of my job.	06(2.3)	33(12.8)	74(28.8)	118(45.9)	26(10.1)	3.49 (0.92)	Agree
Overall mean						3.68 (0.93)	Agree

Nearly one-third of participants disagreed with the statements of their personal life suffered because of work and that their job made personal life difficult and an overall mean of 2.87(SD=1.5) which indicates neither agree nor disagree with work-life interference with personal life. Nearly 41% of participants agreed that their personal life drained them of energy for work and nearly two-thirds of them disagreed with the statement that they were too tired to be effective at work. An overall mean of 2.53 (SD=0.96) which indicates neither agree nor disagree with personal life interference with work (PLIW).

### Discussions

The findings revealed that a majority of nurse educators (66.9%) reported that they were satisfied with their overall health. This suggests that nurse educators in our sample generally perceive themselves as being in good health. These results are consistent with a similar study conducted by Smith et al. (2018), which found a high level of self-rated health satisfaction among nurse educators in the United States.<sup>13</sup> Further, 10.5% of the participants expressed being very satisfied with their health, indicating a higher level of contentment. This finding highlights that a subset of nurse educators experiences exceptional levels of physical and mental well-being. Although it is worth mentioning that

a considerable proportion of participants did not report complete satisfaction regarding their health, further exploration is required to better understand the underlying reasons for any dissatisfaction.

Further, a majority of nurse educators mentioned that they were satisfied with these aspects, indicating favorable subjective experiences in these areas. These positive findings align with previous research. A study conducted by Jones and colleagues (2017) found that nurse educators reported good sleep quality and were satisfied with their sleep patterns.<sup>14</sup> Similarly, another study by Taylor et al. (2016) reported that nurse educators perceived their work capacity to be adequate and were satisfied with their ability to perform daily living activities.<sup>15</sup>

Moreover, the social domain received the highest raw score of 14.72 (SD=2.59), suggesting that nurse educators generally perceive their social relationships and interactions as positive and fulfilling. This aligns with previous research by Johnson et al. (2019), which found that nurse educators reported a high level of satisfaction with their social support and social connections within their work and personal lives.<sup>16</sup> In contrast, the environmental domain received the lowest raw score of 13.66 (SD=2.26), indicating potential areas of dissatisfaction related to the physical environment in which nurse educators work

and live. These environmental factors may negatively impact the overall quality of life experienced by nurse educators. The physical and psychological domain scores were relatively low, with scores of 25.94 out of 100 and 32.37 out of 100, respectively. These results suggest that nurse educators may face challenges related to their physical health and psychological well-being. This finding is consistent with a study by Roberts et al. (2018), which highlighted challenges faced by nurse educators, such as limited resources and inadequate physical infrastructure.<sup>17</sup> Similar findings were observed in a study by Wang et al. (2017), which reported low scores in the physical and psychological domains among nurse educators.<sup>18</sup> These aspects of quality of life should be further investigated and addressed to ensure a healthier and more balanced life for nurse educators.

The overall mean score of work-life balance assessment was 2.87 (SD=1.5) suggests that nurse educators neither strongly agree nor strongly disagree with the idea of work-life interference. This indicates a relatively neutral perception of the impact of work on their personal lives. These results align with previous research which also found a moderate level of work-life interference among healthcare professionals, including nurse educators.<sup>19</sup> It is worth noting that approximately 41% of participants agreed that their personal life drained them of energy for work. This finding raises concerns regarding the potential negative effects of personal life demands on the energy and motivation of nurse educators in their work roles. Similar findings were reported by Clark and Baird (2016),<sup>20</sup> who identified energy depletion resulting from personal life demands as a significant factor contributing to work-life imbalance among educators.

However, two-thirds of the participants disagreed that they were too tired to be effective at work. This suggests that despite personal life demands, nurse educators can maintain their effectiveness and productivity in their work roles. These findings are consistent with a study found that nurse educators reported a high level of adaptability and resilience in balancing their personal and work responsibilities.<sup>21</sup> In terms of personal life interference with work (PLIW), the overall mean score of 2.53 (SD=0.96) indicates that nurse educators neither strongly agree

nor strongly disagree with the notion of their personal life interfering with their work responsibilities. This suggests that the impact of personal life demands on their work is perceived to be relatively moderate.

### Limitations

There is a little reduction in response rate (82%) as the study has been conducted online (Google Form). The majority of the statements of the questionnaire concerned the experience or perceptions of the participants on certain things in the last four weeks. Due to the COVID-19 pandemic nursing schools were closed and nurse educators worked at home.

### Conclusions

Overall, these findings suggest a relatively positive perception of health and well-being among nurse educators. Further, it highlights the importance of considering the different domains of quality of life among nurse educators. While social interactions appear to be a source of satisfaction and fulfillment, attention should be directed towards improving the physical environment, as well as addressing the physical and psychological well-being of nurse educators. In addition, Nurse educators perceive a moderate level of personal life interference with work. Further research is needed to explore individual factors and coping mechanisms that contribute to these perceptions and to develop strategies to promote a healthier and more balanced work-life integration for nurse educators.

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