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PERCEIVED WORKLOAD ACROSS SIX DOMAINS AMONG NURSE EDUCATORS IN PRIVATE COLLEGES OF NURSING IN THE PHILIPPINES: LEVELS AND PROFILE-BASED DIFFERENCES

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Abstract

Nurse educators in Philippine private colleges of nursing often teach in the classroom and supervise clinical rotations within the same load period. Workload policy relies mainly on teaching-unit counts; however, little is known about how educators perceive the separate components of their workload. To describe nurse educators' perceived workload across six domains and to determine whether perceptions differ by personal and professional profile. A cross-sectional descriptive-evaluative and descriptive-comparative survey was conducted among 356 nurse educators from 36 private higher education institutions in Region IV-A (CALABARZON), Philippines. Workload was measured with a researcher-developed 24-item, 4-point scale covering general workload, resources, student demands, work-life balance, technology integration, and cultural pressures. Data were analyzed with weighted means, standard deviations, t-tests, one-way ANOVA, and post hoc tests. Overall perceived workload was low (weighted mean [WM] = 2.19, "Disagree"). General workload was the only domain rated "Agree" (WM = 2.65). Within it, juggling teaching, clinical, and administrative responsibilities was the highest-rated item (WM = 2.92). Technology integration (WM = 1.92) and resources (WM = 1.96) were rated least burdensome. Workload perceptions differed significantly ($p < .05$) by most profile variables; sex was associated only with student demands and technology integration. For these nurse educators, the strain of workload lies less in resources, technology, or institutional culture than in carrying several roles at once. Workload policies should count and limit role multiplicity, not only teaching units. Effect sizes and correction for multiple testing are required to confirm the profile differences.

Keywords: *nurse educators; faculty workload; job demands–resources; role multiplicity; nursing education; Philippines*

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INTRODUCTION

Background

Every nursing workforce is limited by the size of its faculty. Schools cannot admit more students than their faculty can teach and supervise in clinical settings, so faculty retention is a precondition of nurse supply (Boamah et al., 2021). Faculty workload is among the most consistently reported reasons nurse educators leave or consider leaving academic posts. A recent state-level survey of 496 current and former nursing faculty listed unrealistic workload with low compensation, retirement, lack of appreciation, and personal or family issues as significant reasons for departure (Anderson et al., 2024). Qualitative work in Saudi Arabia identified workload, low salary, lack of support, and favoritism as features of a work environment that drives intent to leave (Aldhafeeri & Alanazi, 2024).

In the Philippines, nursing education is delivered largely by private higher education institutions (HEIs) under Commission on Higher Education (CHED) policies, standards, and guidelines (CHED, 2017). Nurse educators in these schools commonly serve as classroom lecturers and clinical instructors at the same time, and some hold coordination or administrative posts as well. National mental health legislation now obliges employers to promote mental health in the workplace (Republic Act No. 11036, 2018). This creates a policy reason to understand how faculty work is experienced.

Problem and Research Gap

Faculty workload is usually measured as a quantity: credit hours, contact hours, or hours worked per week (Ellis, 2013; Gerolamo & Roemer, 2011). Such measures cannot show which *components* of the job educators find burdensome. The same weekly load may be manageable when resources and technology support are adequate, and burdensome when educators must switch repeatedly between classroom, hospital, and administrative roles. Most recent evidence on nursing faculty work-life comes from Canada, the United States, South Korea, and the Middle East (Boamah et al., 2022, 2023; Christianson et al., 2026; Farber et al., 2023; Park & Moon, 2021). To our knowledge, no published study has mapped domain-level workload perceptions among nurse educators in Philippine private HEIs, or examined how those perceptions differ across age, rank, position, and employment arrangements.

Literature Review

Workload and the faculty shortage. Gerolamo and Roemer (2011) noted that little was known about how far nursing faculty workload contributed to the faculty shortage, and called for a clearer definition of workload. A national comparison of US nurse-faculty workload policies found that a 12-credit teaching load per semester was common but that policies varied in how they counted clinical supervision and service (Ellis, 2013). A scoping review of the Canadian faculty shortage found that impending retirements, unsupportive leadership, and stressful work environments recur as contributors (Boamah et al., 2021).

Workload, work-life interference, and retention. In a national Canadian survey of 645 nursing faculty, work-life imbalance lowered job and career satisfaction and raised intention to leave, whereas a supportive workplace culture had the opposite effects (Boamah et al., 2023). Earlier analyses from the same program linked work-life interference and burnout to turnover intentions (Boamah et al., 2022). Work-life imbalance during the COVID-19 period was associated with poorer professional quality of life among US nurse faculty (Farber et al., 2023). Among 588 US full-time nursing faculty, work efforts and rewards were both related to burnout, and burnout was associated with intention to leave (Christianson et al., 2026). In South Korea, work-related factors were associated with nursing faculty intention to leave (Park & Moon, 2021). A systematic review of nurse-educator job satisfaction grouped its determinants into personal, organizational, managerial, academic, professional, and economic levels (Arian et al., 2018).

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What remains unclear. This literature treats workload mainly as a single demand or as work-life imbalance. Few studies separate *task volume and role multiplicity* from the *resources* available, the *student-generated* demands, the *technological* demands of contemporary teaching, and the *cultural* expectations of constant availability. That separation matters for policy, because each domain calls for a different remedy.

Theoretical Framework

The study is framed by Job Demands–Resources (JD-R) theory (Bakker & Demerouti, 2017; Demerouti et al., 2001). JD-R holds that every job has *demands*, which require sustained effort and carry physiological and psychological costs, and *resources*, which help achieve work goals and buffer the effects of demands. In the instrument used here, general workload, student demands, work-life balance, technology integration, and cultural pressures represent forms of job demands. The resources domain represents the perceived adequacy of job resources (its items are worded negatively, so disagreement indicates adequate resources). JD-R predicts that demands are experienced differently depending on the resources and positions people hold. That prediction motivates the second research question, on profile differences.

Research Questions and Hypothesis

- RQ1: How do nurse educators in private colleges of nursing assess their workload in terms of general workload, resources, student demands, work-life balance, technology integration, and cultural pressures?

- RQ2: Do workload assessments differ when nurse educators are grouped by age, sex, civil status, rank, position, highest educational attainment, years as faculty, weekly working hours, level of students handled, and employment status?

- H0: There is no significant difference in workload assessments when nurse educators are grouped by profile.

Contribution

The study contributes (a) a domain-level description of perceived workload among nurse educators in a Southeast Asian private-HEI system; (b) evidence that, in this context, the burden of workload lies chiefly in carrying several roles at once; and (c) a profile-based picture of which faculty groups perceive greater demands, which can guide targeted workload policy.

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METHODS

Research Design

This study used a quantitative, observational, cross-sectional survey design with two analytic components: a descriptive component, which estimated the level of perceived workload (RQ1), and a comparative component, which tested for differences in workload between naturally occurring subgroups (RQ2). The study is reported in accordance with the STROBE statement for cross-sectional studies (von Elm et al., 2007).

Table A. Study Variables and Their Role in the Design

Variable	Role	Measurement	Level
Workload: general workload, resources, student demands, work-life balance, technology integration, cultural pressures	Outcome (6 domain scores)	Mean of 3–5 items per domain, 1–4 scale; higher = greater perceived workload	Continuous
Overall workload	Outcome (composite)	Mean of 6 domain means	Continuous
Age, sex, civil status, academic rank, position, highest educational attainment, years as faculty, weekly working hours, year level of students handled, employment status	Grouping variables (correlates)	Single-choice items	Categorical

Setting

The study was conducted in 36 CHED-recognized private HEIs offering nursing programs in the five provinces of Region IV-A (CALABARZON), Philippines: Cavite (12 institutions), Batangas (8), Laguna (7), Rizal (3), and Quezon (6). Data were collected during academic year 2025–2026 (June 2025 to March 2026).

Participants and Sampling

The accessible population comprised 942 nurse educators. The sample was stratified by institution and allocated proportionally, so that each institution contributed about 37.8% of its nursing faculty (Cavite 111; Batangas 97; Laguna 71; Rizal 22; Quezon 55; total 356). Every allocated place was filled, giving 356 complete responses. The dissertation describes the selection as stratified random sampling.

Eligible participants were Filipino nurse educators holding a current full- or part-time teaching appointment in classroom or clinical instruction, with at least one year of teaching experience, able to complete an online questionnaire independently, and giving informed consent. Educators in purely administrative or non-teaching roles, those on extended leave, and those unable to consent were excluded.

Instrument

Part 1 of the questionnaire recorded ten profile characteristics. Part 2, the Nurse Educator Workload Assessment, was developed by the researcher from the literature. It contains 24 items in six domains: general workload (5

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items), resources (4), student demands (4), work-life balance (4), technology integration (4), and cultural pressures (3). Items are rated on a 4-point scale (1 = strongly disagree to 4 = strongly agree). Higher scores indicate greater perceived workload in every domain. The resource items describe a *lack* of resources, so a low score indicates adequate resources. Mean scores were interpreted as 1.00–1.49 strongly disagree, 1.50–2.49 disagree, 2.50–3.49 agree, and 3.50–4.00 strongly agree. The questionnaire was administered in English and translated into Filipino.

Content validity was reviewed by two deans and one academic coordinator of colleges of nursing and one psychologist. In a pilot with 20 nurse educators, Cronbach's α for the workload scale was .83.

Data Collection

After ethics approval, letters were sent to deans, presidents, and research heads of the participating institutions; non-responding institutions were visited in person. Eligible educators received an electronic informed-consent form. Those who consented were directed to the questionnaire on Google Forms, which took 10–15 minutes to complete. Responses were coded (e.g., A-1, A-2) and stored in a password-protected folder with an encrypted backup.

Data Analysis

For RQ1, items and domains were summarized with weighted means and standard deviations. For RQ2, domain scores were compared across profile groups with independent-samples t-tests (sex, employment status) and one-way ANOVA followed by post hoc comparisons (all other profile variables), using SPSS with two-tailed $\alpha = .05$.

Because RQ2 involved 60 tests (10 profile variables × 6 domains), the false discovery rate was controlled with the Benjamini–Hochberg procedure (Benjamini & Hochberg, 1995) applied to the 60 reported p-values, with $q < .05$ taken as significant. p-values reported as ".000" were entered as .001, which is conservative; results were identical when they were entered as .0001.

Ethical Considerations

The protocol was approved by the Institutional Ethics Review Committee of Our Lady of Fatima University (Reference No. 2025-IERC2-20188, Version 3) on 6 May 2025, with approval valid until 6 May 2026. Data collection took place within this period. The study followed the 2022 National Ethical Guidelines for Research Involving Human Participants. Participation was voluntary and unpaid, consent was given electronically, participants could withdraw at any time, and responses were anonymized by code. Participants who felt distressed could contact the researcher for referral to a counselor.

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RESULTS

Participant Characteristics

Table 1 presents the participants' profile. Most were female (76.1%), aged 36–45 years (41.3%), married (61.2%), and held the rank of Nurse Instructor I (53.1%). Just over half (51.4%) served in a dual role as clinical instructor and lecturer, and 61.8% worked more than 35 hours per week. Most were full-time (62.1%). Holders of a master's degree (38.2%) or master's units (34.8%) predominated.

Table 1. **Profile of Participating Nurse Educators (N = 356)**

Characteristic	Category	n	%
Age (years)	≤25	8	2.2
	26–35	63	17.7
	36–45	147	41.3
	46–55	78	21.9
	≥56	60	16.9
Sex	Female	271	76.1
	Male	85	23.9
Civil status	Single	105	29.5
	Married	218	61.2
	Widowed	20	5.6
	Others	13	3.7
Academic rank	Nurse Instructor I	189	53.1
	Nurse Instructor II	24	6.7
	Nurse Instructor III	5	1.4
	Nurse Instructor IV	8	2.2

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Characteristic	Category	n	%
	Assistant Professor	37	10.4
	Associate Professor	36	10.1
	Full Professor	13	3.7
	Others	44	12.4
Position	Lecturer	48	13.5
	Clinical instructor	66	18.5
	Clinical instructor and lecturer (dual role)	183	51.4
	Clinical coordinator	16	4.5
	Dean	28	7.9
	Others	15	4.2
Highest educational attainment	BS Nursing	57	16.0
	With master's units	124	34.8
	Master's graduate	136	38.2
	With PhD units	24	6.7
	PhD in Nursing	10	2.8
	Others	5	1.4
Years as faculty	<5	96	27.0
	5–10	60	16.9
	11–15	32	9.0

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Characteristic	Category	n	%
	16–20	17	4.8
	21–30	48	13.5
	>30	103	28.9
Weekly working hours	12–18	52	14.6
	19–24	18	5.1
	25–30	20	5.6
	31–35	46	12.9
	>35	220	61.8
Year level of students handled	First	63	17.7
	Second	115	32.3
	Third	75	21.1
	Fourth	103	28.9
Employment status	Full-time	221	62.1
	Part-time	135	37.9

RQ1: Levels of Perceived Workload

Overall perceived workload was low (WM = 2.19, "Disagree"). Table 2 ranks the six domains. Only general workload received an "Agree" rating (WM = 2.65, SD = 0.93). The remaining five domains were rated "Disagree", from work-life balance (WM = 2.25) down to technology integration, the lowest (WM = 1.92).

Table 2. Perceived Workload by Domain, Ranked (N = 356)

Rank	Domain	WM	SD	Interpretation
1	General workload	2.65	0.93	Agree

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Rank	Domain	WM	SD	Interpretation
2	Work-life balance	2.25	0.99	Disagree
3	Student demands	2.24	0.82	Disagree
4	Cultural pressures	2.12	0.87	Disagree
5	Resources (lack of)	1.96	0.84	Disagree
6	Technology integration	1.92	0.82	Disagree
	Overall workload	2.19	—	Disagree

At the item level (Table 3), five items were rated "Agree". Three came from general workload: juggling teaching, clinical, and administrative responsibilities (WM = 2.92, the highest of the 24 items); feeling overwhelmed by the amount of work (2.76); and working beyond scheduled hours (2.62). The other two were dealing with challenging student behaviors (2.89) and lacking access to adequate resources such as technology, equipment, and support staff (2.58). Within the resources domain, participants disagreed that their workload was unmanageable given available resources (1.73) and that they were under-supported in professional development (1.88). Bringing work home was close to the agreement threshold (2.47, SD = 1.11), the item with the greatest variability.

Table 3. **Item-Level Workload Assessments (N = 356)**

Domain and item	WM	SD	Interpretation
General workload			
Juggle teaching, clinical, and administrative responsibilities	2.92	0.85	Agree
Feel overwhelmed by the amount of work	2.76	0.98	Agree
Work beyond scheduled hours	2.62	1.00	Agree
Difficulty finding time for rest	2.49	0.93	Disagree
Pressured to meet unrealistic deadlines	2.46	0.88	Disagree
Resources			

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Domain and item	WM	SD	Interpretation
Lack access to adequate resources (technology, equipment, support staff)	2.58	0.88	Agree
Not enough time or resources to attend conferences or workshops	2.23	0.98	Disagree
Under-supported in professional development	1.88	0.81	Disagree
Workload not manageable given available resources	1.73	0.76	Disagree
Student demands			
Deal with challenging student behaviors	2.89	0.86	Agree
Pulled in different directions by student needs	2.13	0.81	Disagree
Pressured to be available to students outside class hours	2.01	0.78	Disagree
Difficulty balancing student responsibilities with own rest	1.96	0.81	Disagree
Work-life balance			
Bring work home	2.47	1.11	Disagree
Always "on", never truly able to relax	2.28	0.97	Disagree
Difficulty finding time for hobbies	2.26	0.94	Disagree
Difficult to separate work from personal life	1.97	0.92	Disagree
Technology integration			
Struggle to keep up with changing technology	1.94	0.82	Disagree
Technology adds to workload and stress	1.94	0.92	Disagree
Lack of training and support in technology	1.92	0.75	Disagree

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Domain and item	WM	SD	Interpretation
Overwhelmed by the amount of technology used in teaching	1.88	0.81	Disagree
Cultural pressures			
Pressure to be available to students and colleagues at all times	2.16	0.89	Disagree
Institutional culture encourages long hours	2.10	0.91	Disagree
Difficult to take time for self without guilt	2.10	0.81	Disagree

RQ2: Differences in Workload by Profile

Table 4 summarizes the significance tests. Of the 60 profile-by-domain comparisons, 47 were significant at $p < .05$. Civil status, rank, and level of students handled were associated with all six domains. Sex was associated only with student demands (higher among women) and technology integration (higher among men). Employment status was associated with four domains: part-time educators rated general workload higher, and full-time educators rated resources, student demands, and work-life balance higher. Technology integration did not differ by educational attainment, years as faculty, working hours, or employment status.

Table 4. Significance of Differences in Workload Domains by Profile (p-values; group with highest mean in brackets)

Profile	General workload	Resources	Student demands	Work-life balance	Technology	Cultural pressures
Age	.002 [36–45]	<.001 [36–45]	.002 [46–55]	.946	<.001 [26–35]	.013 [36–45]
Sex	.934	.147	.002 [F]	.489	<.001 [M]	.252
Civil status	<.001 [Widowed]	.008 [Single]	.001 [Widowed]	.001 [Widowed]	.001 [Widowed]	<.001 [Widowed]
Rank	<.001 [Full Prof.]	.003 [NI III]	.004 [Assoc. Prof.]	<.001 [Assoc. Prof.]	.023 [Asst. Prof.]	.044 [Assoc. Prof.]
Position	<.001 [Dean]	.478	<.001 [Dean]	<.001 [Dean]	.049 [Clin. Coord.]	.551

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Profile	General workload	Resources	Student demands	Work-life balance	Technology	Cultural pressures
Education	<.001 [PhD]	<.001 [PhD]	<.001 [PhD]	<.001 [PhD]	.116	<.001 [BSN]
Years as faculty	.001 [21–30]	.002 [16–20]	<.001 [5–10]	<.001 [16–20]	.103	.001 [5–10]
Weekly hours	<.001 [31–35]	.410	.043 [31–35]	<.001 [31–35]	.172	.002 [31–35]
Student year level	<.001 [1st]	.003 [1st]	<.001 [2nd]	.002 [1st]	.006 [1st]	<.001 [2nd]
Employment	<.001 [PT]	.003 [FT]	<.001 [FT]	<.001 [FT]	.860	.101

Post hoc comparisons in the dissertation showed several recurring contrasts. Educators aged 36–45 rated general workload, resources, and cultural pressures higher than those aged 25 or younger. Full Professors rated general workload higher than Nurse Instructors I and II. Deans rated general workload, student demands, and work-life balance higher than instructors. PhD holders rated general workload, resources, student demands, and work-life balance higher than BSN holders. Educators working 31–35 hours per week rated general workload higher than those working more than 35 hours. Educators teaching first-year students rated general workload, resources, work-life balance, and technology higher than those teaching third-year students. All of these pairwise contrasts were reported at $p \leq .008$.

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DISCUSSION

Workload Is Experienced as Role Multiplicity

The most notable finding is the shape of the workload profile. These educators did not describe themselves as short of resources, overwhelmed by technology, or pressured by an institutional culture of long hours. All three domains fell in the "Disagree" range. What they did endorse was general workload, and within it, chiefly the need to juggle teaching, clinical practice, and administrative tasks. That item scored highest of the 24. The pattern fits the employment structure of the sample: more than half held a dual role as classroom lecturer and clinical instructor. Unlike faculty who teach only in the classroom, they must move between campus and hospital schedules and between didactic and bedside supervision.

In JD-R terms (Bakker & Demerouti, 2017), the main demand in this group appears to be the *switching* demand of multiple roles rather than a deficit of resources. Workload studies elsewhere have focused on work-life imbalance as the central problem (Boamah et al., 2023; Farber et al., 2023). Here, work-life balance items were mostly rated "Disagree", although bringing work home approached agreement and showed the widest spread of responses. Workload policies based on credit-unit counts, which vary in how they count clinical supervision (Ellis, 2013; Gerolamo & Roemer, 2011), may therefore miss the domain these educators find most demanding.

The findings should not be read as showing that workload is light. On average, participants agreed that they felt overwhelmed by the amount of work and worked beyond scheduled hours, and 61.8% worked more than 35 hours per week. Long working hours carry established cardiovascular risk at the population level (Pega et al., 2021). The low ratings in five domains may partly reflect professional norms of uncomplaining commitment. They may also reflect adaptation by an experienced workforce: 28.9% reported more than 30 years in teaching, subject to the coding check noted in Table 1.

Adequate Resources and Low Technological Strain

Disagreement with items such as "my workload is not manageable given the resources available" (WM = 1.73) suggests that participants considered their institutional support generally sufficient. Participants did agree, modestly, that they lacked access to some resources, such as equipment and support staff (WM = 2.58). This is consistent with the JD-R view that resources buffer demands. It also points to a specific, addressable gap: support staff and equipment rather than professional development, which participants did not report lacking. The low technology scores (WM = 1.92) contrast with concerns raised during and after the COVID-19 transition to online teaching. Learning management systems may now be routine in these institutions. This interpretation is tentative, because the dissertation did not measure which technologies were in use.

Who Perceives More Workload

The profile comparisons suggest that perceived workload rises with responsibility. Deans, Full and Associate Professors, PhD holders, and mid-career educators (aged 36–45; 16–30 years as faculty) were the groups with the highest means in most domains. This is consistent with reports that senior faculty and academic leaders accumulate administrative, research, and supervisory duties (Arian et al., 2018; Boamah et al., 2021). Two results run against simple expectations. First, educators working 31–35 hours per week rated general workload higher than those working more than 35 hours. Those working more hours may have chosen a heavier schedule, or may report hours differently. Second, educators handling first-year students rated several domains higher than those handling third-year students. This may reflect the orientation and adjustment needs of new nursing students, but the data cannot confirm that explanation. Sex was associated only with student demands (higher among women) and technology (higher among men). This suggests that, apart from these domains, workload is perceived similarly by male and female educators.

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These profile results should be treated as provisional. The dissertation reported p-values for 60 tests without effect sizes or correction for multiple testing. Several of the groups with the highest means were very small, and at n = 356 even small differences reach significance. The pattern of results may therefore look more widespread and consistent than it is.

Implications for Policy and Practice

Three implications follow. First, faculty-loading policies in private colleges of nursing should count role multiplicity explicitly: the number of distinct roles held at once and the transitions between campus and clinical sites, as well as teaching units. Second, resource support should prioritize support staff and equipment, the one resource item participants endorsed. Third, workload review should begin with deans, senior ranks, and mid-career educators, the groups reporting the highest demands. Any review should first confirm these differences using effect sizes.

Limitations

The study used a cross-sectional design, self-reported data, and a researcher-developed instrument whose factor structure has not been tested. Reliability was estimated on a pilot of 20, and the pilot item count does not match the final scale. The sampling procedure within institutions must be clarified. Results come from private HEIs in one region and may not generalize to state universities or other regions. The profile comparisons lack effect sizes and multiplicity correction. Social desirability may have lowered reports of strain.

Future Research

Future studies should validate the six-domain workload instrument with factor analysis; measure role multiplicity directly, for example as the number of concurrent roles or campus-to-clinic transitions per week; link perceived workload to objective load records; and compare private and state HEIs.

Conclusion

Nurse educators in private colleges of nursing in Region IV-A reported low workload overall. The exception was general workload, driven mainly by having to juggle teaching, clinical, and administrative roles. Resources, technology, and institutional culture were not perceived as major burdens. Perceptions appeared to differ by responsibility-related characteristics, but these differences must be confirmed with effect sizes. For Philippine nursing education, the evidence points to workload policies that count and limit simultaneous roles, not only teaching units.

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