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SIX DIMENSIONS OF REST AMONG NURSE EDUCATORS IN PRIVATE COLLEGES OF NURSING: A DESCRIPTIVE-COMPARATIVE STUDY INFORMED BY HOLISTIC REST THEORY AND LEVINE'S CONSERVATION MODEL

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Abstract

Research on recovery from work has focused on sleep and on four recovery experiences: detachment, relaxation, mastery, and control. A broader view treats rest as multidimensional: physical, mental, spiritual, emotional, social, and creative. This view has not been examined among nurse educators, whose dual academic and clinical roles demand sustained physical and cognitive effort. To describe nurse educators' rest across six dimensions and to determine whether rest differs by personal and professional profile. A cross-sectional descriptive-evaluative and descriptive-comparative survey was conducted with 356 nurse educators from 36 private colleges of nursing in Region IV-A, Philippines. Rest was measured with a 23-item, 4-point scale adapted from Dalton-Smith's typology of rest. Weighted means, standard deviations, t-tests, one-way ANOVA, and post hoc tests were used. **Results:** Overall rest was rated favorably (weighted mean [WM] = 3.15). Social rest was highest (WM = 3.40) and emotional rest second (3.30). Physical rest was lowest (WM = 2.81), and its lowest item was engaging in regular enjoyable physical activity (2.58). Educators aged 26–35 years and clinical coordinators had the highest means on all six dimensions. Those working 12–18 or 25–30 hours a week rated rest higher than those working more than 35 hours. Sex was associated only with social rest. Nurse educators draw heavily on relational rest, while physical restoration is their weakest form of recovery. Institutional recovery support should prioritize physical rest and attend to educators with long weekly hours. These conclusions are provisional until effect sizes are estimated.

Keywords: *rest; recovery from work; nurse educators; Levine's conservation model; holistic rest; physical rest; Philippines*

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INTRODUCTION

Background

Recovery is the process by which the strain produced by work effort is reversed, so that a person returns to a pre-stressor state of functioning (Meijman & Mulder, 1998; Sonnentag & Fritz, 2007). When recovery is incomplete, strain accumulates and becomes fatigue, exhaustion, and eventually ill health. Long working hours are associated with substantial cardiovascular disease burden worldwide (Pega et al., 2021), which makes the question of how workers recover a public-health concern. For nurse educators, the question is pressing. Many teach in the classroom and supervise students in hospitals during the same academic term. That combination requires physical stamina on the clinical floor, cognitive effort in instruction and grading, and emotional labor with students and patients.

Problem and Research Gap

Recovery research usually measures rest in one of two ways: as sleep, or as four recovery experiences (psychological detachment, relaxation, mastery, and control; Sonnentag & Fritz, 2007). Meta-analyses show that these experiences relate to lower exhaustion and higher well-being. They also show that the relationships differ by type of experience and by how recovery is conceptualized (Bennett et al., 2018; Headrick et al., 2023; Steed et al., 2021). Neither approach asks *which domains of a person's life* are being restored. Dalton-Smith (2017) proposed that people need several distinct types of rest: physical, mental, emotional, spiritual, social, sensory, and creative. A deficit in one type cannot be offset by a surplus in another. To our knowledge, this typology has not been measured among nurse educators, and recovery research in nursing has seldom drawn on nursing theory to explain why rest matters.

Literature Review

Recovery experiences and health. In their original validation, Sonnentag and Fritz (2007) showed that detachment, relaxation, mastery, and control are distinct and relate to lower exhaustion and better well-being. A meta-analysis of 54 samples found that detachment had the strongest negative relationship with fatigue, and that recovery experiences explained variance in well-being beyond work characteristics (Bennett et al., 2018). A larger meta-analysis of 316 samples found that relaxation and mastery predicted positive personal outcomes such as life satisfaction, whereas detachment mainly reduced negative outcomes such as exhaustion (Headrick et al., 2023). Steed et al. (2021) showed that recovery conceptualised as *activities*, as *experiences*, or as a *state* of being recovered is only modestly correlated, and that effect sizes differ markedly by conceptualisation. Recovery is therefore not one construct.

Recovery among educators and nurses. Among Finnish teachers, poor recovery was associated with burnout (Gluschkoff et al., 2016). In another teacher study, workday breaks were examined to see whether older teachers benefit more from break recovery than younger ones (Kinnunen et al., 2019). Workday micro-breaks contribute to recovery depending on their duration and content (Bennett et al., 2020). Among nurses and midwives, psychological detachment strengthened the association between high-involvement work practices and lower burnout (Kilroy et al., 2020). Lower psychological detachment and general well-being were associated with higher turnover intention among Chinese nurses (Zhang et al., 2023). Physical activity has been associated with lower nurse burnout, partly through recovery experiences (Li et al., 2025). Across this work, recovery is measured as experiences or sleep; physical, social, spiritual, and creative domains of rest are seldom distinguished.

A multidimensional view of rest. Dalton-Smith (2017) describes physical rest (passive, such as sleep, and active, such as stretching), mental rest (quieting cognitive activity), emotional rest (authentic expression of feeling), social rest (restorative rather than draining relationships), spiritual rest (connection to meaning and purpose),

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creative rest (restoration of wonder and inspiration), and sensory rest (relief from stimulation). The typology offers a vocabulary for *where* depletion is occurring. Its empirical base is still thin, which is part of the rationale for this study.

Theoretical Framework

Two frameworks guide the study. Dalton-Smith's (2017) typology defines the six dimensions measured; sensory rest was deliberately excluded because it overlaps conceptually with physical and mental rest in this population. Levine's Conservation Model (Levine, 1973, 1991) explains why rest matters for nurse educators. Levine held that the goal of nursing is to promote adaptation and maintain wholeness through four conservation principles: conservation of energy, structural integrity, personal integrity, and social integrity. The six rest dimensions map onto these principles:

- physical rest corresponds to conservation of energy and structural integrity;
- mental, emotional, and creative rest correspond to personal integrity;
- social and spiritual rest correspond to social integrity.

Under this framework, a low score on any dimension signals a threat to the corresponding form of integrity. The Effort–Recovery Model (Meijman & Mulder, 1998) adds that the load built up by work effort must be reversed during non-work time, which leads to the expectation that educators with longer weekly hours will report less rest.

Research Questions and Hypothesis

- RQ1: How do nurse educators assess their rest in terms of physical, mental, spiritual, emotional, social, and creative rest?
- RQ2: Does rest 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 rest when nurse educators are grouped by profile.

Contribution

The study (a) operationalizes a multidimensional rest framework in nursing education; (b) identifies the dimension of rest in which nurse educators are most and least restored; (c) links rest to a nursing theory, Levine's conservation principles; and (d) identifies faculty subgroups with weaker rest, to inform targeted recovery support.

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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 rest across six dimensions (RQ1), and a comparative component, which tested for differences in rest 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
Rest: physical, mental, spiritual, emotional, social, creative	Outcome (6 dimension scores)	Mean of 3–5 items per dimension, 1–4 scale; higher = more rest	Continuous
Overall rest	Outcome (composite)	Mean of 6 dimension 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 the 36 private higher education institutions 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 between June 2025 and 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 [AUTHOR: state how respondents were selected within each institution, e.g., random draw from the faculty list].

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. The sample was predominantly female (76.1%), aged 36–45 (41.3%), and full-time (62.1%), and just over half (51.4%) held a dual clinical instructor–lecturer role.

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Instrument

The rest scale (Part III of the questionnaire; Iglesia, 2026, Appendix A) was adapted by the researcher from Dalton-Smith's (2017) typology. It contains 23 positively worded items: physical (5), mental (5), spiritual (3), emotional (4), social (3), and creative (3). Items were rated on a 4-point scale (1 = strongly disagree to 4 = strongly agree), so higher scores indicate more rest. Each item is presented in English with a Filipino translation. 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.

Data Collection

The protocol received ethics approval before any contact with participants. Letters were then sent to the deans, presidents, and research heads of the participating institutions, and non-responding institutions were visited in person. Eligible educators received an electronic information sheet and consent form. Those who consented completed the questionnaire on Google Forms, which took 10–15 minutes. Responses were coded (for example, A-1, A-2) and stored in a password-protected folder with an encrypted backup.

Data Analysis

For RQ1, items and dimensions were summarized with weighted means and standard deviations. For RQ2, dimension 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 dimensions), 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

RQ1: Levels of Rest Across Six Dimensions

All six dimensions were rated in the "Agree" range (overall WM = 3.15). Table 1 shows a clear gradient. Social rest (WM = 3.40) and emotional rest (3.30) were highest, followed by creative (3.23) and spiritual rest (3.20). Mental rest (2.98) and physical rest (2.81) were lowest.

Table 1. Rest Across Six Dimensions, Ranked (N = 356)

Rank	Dimension	Items	WM	SD	Interpretation
1	Social	3	3.40	0.65	Agree
2	Emotional	4	3.30	0.72	Agree
3	Creative	3	3.23	0.70	Agree
4	Spiritual	3	3.20	0.75	Agree
5	Mental	5	2.98	0.84	Agree
6	Physical	5	2.81	0.87	Agree
	Overall rest	23	3.15	—	Agree

At item level (Table 2), the single "Strongly Agree" rating was for having a strong support network (WM = 3.52). Spending quality time with loved ones followed (3.49). The lowest items were all in the physical dimension: engaging in regular enjoyable physical activity (2.58), incorporating relaxation techniques into the daily routine (2.77), and being able to take breaks during the workday (2.81). The highest physical-rest item, getting enough sleep at night (2.99), had the largest standard deviation of any item (1.10). Responses on sleep were therefore the most divided.

Table 2. Item-Level Rest Assessments (N = 356)

Dimension and item	WM	SD	Interpretation
Physical			
Get enough sleep at night	2.99	1.10	Agree
Feel rested and energized on waking	2.89	0.76	Agree

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Dimension and item	WM	SD	Interpretation
Can take breaks during the workday to rest and recharge	2.81	0.92	Agree
Incorporate relaxation techniques into daily routine	2.77	0.82	Agree
Engage in regular physical activity I enjoy	2.58	0.78	Agree
Mental			
Do de-stressing activities (reading, music, nature)	3.27	0.78	Agree
Can clear my mind when not at work	2.98	0.91	Agree
Manage time effectively to avoid feeling overwhelmed	2.94	0.81	Agree
Set boundaries so as not to bring work home	2.87	0.91	Agree
Practice mindfulness or meditation	2.81	0.80	Agree
Spiritual			
Feel purpose and connection to something larger	3.23	0.73	Agree
Engage in spiritual practices that bring peace	3.22	0.81	Agree
Find moments of quiet reflection	3.16	0.69	Agree
Emotional			
Engage in activities that bring joy and balance	3.40	0.71	Agree
Have people to talk to about my feelings	3.34	0.84	Agree
Set boundaries to protect emotional well-being	3.31	0.60	Agree
Express emotions healthily	3.15	0.74	Agree
Social			

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Dimension and item	WM	SD	Interpretation
Have a strong support network	3.52	0.63	Strongly agree
Spend quality time with loved ones and friends	3.49	0.63	Agree
Engage in social activities that help me feel connected	3.20	0.68	Agree
Creative			
Feel inspired to be creative in work and life	3.45	0.55	Agree
Allow time to explore new ideas and interests	3.20	0.74	Agree
Engage in creative activities that bring joy	3.05	0.81	Agree

RQ2: Differences in Rest by Profile

Of 60 profile-by-dimension comparisons, 50 were significant at $p < .05$ (Table 3). Age, civil status, position, educational attainment, weekly working hours, and student year level were associated with all six dimensions. Sex was associated only with social rest, which was higher among women. Employment status was not associated with emotional or social rest. Full-time educators reported more physical and creative rest, and part-time educators more mental and spiritual rest.

Table 3. Significance of Differences in Rest Dimensions by Profile (p-values; group with highest mean in brackets)

Profile	Physical	Mental	Spiritual	Emotional	Social	Creative
Age	<.001 [26–35]	<.001 [26–35]	<.001 [26–35]	<.001 [26–35]	<.001 [26–35]	.044 [26–35]
Sex	.064	.071	.130	.484	.003 [F]	.073
Civil status	<.001 [Widowed]	<.001 [Widowed]	.001 [Widowed]	<.001 [Single]	<.001 [Single]	.002 [Single]
Rank	.147	.024 [NI IV]	.005 [Asst. Prof.]	.092	.046 [NI IV]	.037 [NI IV]
Position	<.001 [CC]	<.001 [CC]	<.001 [CC]	<.001 [CC]	.006 [CC]	<.001 [CC]

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Profile	Physical	Mental	Spiritual	Emotional	Social	Creative
Education	<.001 [PhD]	<.001 [MA]	<.001 [MA]	<.001 [PhD]	<.001 [MA]	.001 [PhD]
Years as faculty	.004 [>30]	.228	.014 [>30]	.002 [21–30]	.019 [11–15]	.014 [>30]
Weekly hours	<.001 [12–18]	<.001 [12–18]	<.001 [12–18]	<.001 [25–30]	<.001 [25–30]	.001 [12–18]
Student year level	.005 [1st]	<.001 [1st]	<.001 [3rd]	<.001 [3rd]	.001 [3rd]	.003 [3rd]
Employment	.001 [FT]	<.001 [PT]	.010 [PT]	.952	.967	.020 [FT]

The dissertation's post hoc comparisons showed consistent contrasts across dimensions. Educators aged 26–35 reported more rest than those aged 56 and above on all six dimensions. Clinical coordinators reported more rest than instructors on all six. On every dimension, the post hoc test favored a lower-hours group over those working more than 35 hours per week: 12–18 hours for physical, mental, spiritual, and creative rest, and 25–30 hours for emotional and social rest. Educators with more than 30 years as faculty reported more physical, spiritual, and creative rest than those with 5–10 years. All reported pairwise p-values were ≤ .004.

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DISCUSSION

Physical Rest Is the Weakest Dimension

The main finding is a consistent gradient: nurse educators report the most rest in relational domains and the least in physical domains. Physical rest was the lowest dimension, and its items included the lowest-scoring item on the scale, regular enjoyable physical activity. Sleep, by contrast, divided respondents more than any other item. In Levine's terms (Levine, 1991), this points to a threat to *conservation of energy* and *structural integrity*: the bodily resources most heavily used by dual-role educators who move between lecture rooms and clinical units are the ones least restored. The finding is consistent with evidence that physical activity is associated with lower burnout among nurses (Li et al., 2025), and it identifies physical activity as a recovery activity these educators seldom use.

Mental rest ranked second-lowest. Its weakest items were practicing mindfulness (2.81) and setting boundaries so as not to bring work home (2.87). Recovery meta-analyses identify psychological detachment as the experience most strongly related to lower fatigue (Bennett et al., 2018). The boundary item is the closest analog to detachment in this scale. Interventions that build detachment, such as norms for after-hours communication, may therefore be useful for this group.

Relational Rest as a Reserve

Social and emotional rest were the highest dimensions. Having a strong support network was the only item rated "Strongly Agree". In Levine's terms, this indicates well-maintained *social integrity*. It suggests that these educators draw on family and peer relationships to restore themselves. Meta-analytic evidence shows that different recovery routes serve different outcomes: relaxation and mastery relate to positive outcomes such as life satisfaction, and detachment to lower negative outcomes (Headrick et al., 2023). A similar specialization may apply across rest dimensions. Strong relational rest may support morale and meaning without restoring physical energy. A high overall rest score could therefore hide a physical deficit. This is the central claim of a multidimensional view of rest, and it is supported here at least descriptively.

Who Rests Less

The profile results fit the Effort–Recovery Model (Meijman & Mulder, 1998). Educators working more than 35 hours per week were consistently compared unfavorably with lower-hours groups, which is the pattern expected when longer effort leaves less time for recovery. The age finding is less expected. Educators aged 26–35 reported more rest on all six dimensions than those aged 56 and above. Kinnunen et al. (2019) examined whether older teachers benefit more from workday breaks, and the present pattern suggests caution in assuming that seniority brings better recovery. A different result appears for experience: educators with more than 30 years as faculty reported more physical, spiritual, and creative rest than those with 5–10 years. Age and experience therefore point in different directions.

Clinical coordinators reported the most rest on every dimension, more than instructors. A plausible explanation is that coordinators schedule others' clinical rotations rather than staffing them, and so have more control over their own time. With only 16 coordinators, this finding is fragile. Sex was largely unrelated to rest; the one exception was higher social rest among women.

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Implications for Practice

Recovery support for nurse educators should begin with physical rest: protected break times during clinical duty days, access to space and time for physical activity, and attention to sleep. These measures address the weakest dimension, rather than the generic wellness activities that tend to target domains already well restored. Workload allocation should treat more than 35 weekly hours as a threshold that warrants attention. Mental rest could be strengthened through norms limiting after-hours work communication. Relational rest is a reserve that institutions can protect, for example by not scheduling faculty activities into family and personal time.

Limitations

Several limitations apply. First, the design is cross-sectional and observational, so profile differences are associations, not effects. Second, the rest scale is a new operationalization of a typology with limited empirical validation. Reliability was estimated in a pilot of 20, and dimension-level reliability and factor structure in the full sample are still to be reported. Third, sensory rest was excluded. Fourth, the longest-hours and longest-experience groups come from write-in "Others" responses, and the Filipino wording of the oldest age option was mistranslated. Fifth, educators are nested within 36 institutions, and the analyses did not adjust for clustering. Sixth, the false-discovery-rate correction was applied to rounded p-values, and effect sizes are pending. Finally, rest was measured as a general perception rather than as daily recovery, which diary designs capture better (Headrick et al., 2023), and the sample comes from one region's private HEIs.

Future Research

Priorities are a psychometric validation of the six-dimension rest scale, including sensory rest; daily diary studies linking clinical duty days to physical rest; tests of whether physical-activity or protected-break interventions improve physical rest scores; and analyses relating each rest dimension to workload and well-being.

Conclusion

Nurse educators in private colleges of nursing reported favorable rest overall, but the dimensions were uneven. Relational rest was strong and physical rest weak. Rest appeared lower among educators working more than 35 hours a week and higher among those aged 26–35 and among clinical coordinators. Viewed through Levine's conservation principles, educators maintain social integrity well and conserve physical energy poorly. Institutional recovery support should therefore target physical rest first.

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