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WORKLOAD, REST, AND WELL-BEING AMONG NURSE EDUCATORS: CORRELATIONAL EVIDENCE FOR AN EFFORT–RECOVERY PATHWAY AND IMPLICATIONS FOR A HOLISTIC FACULTY REJUVENATION PROGRAM

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Abstract

Institutions usually respond to faculty strain in one of two ways: by reducing workload or by offering wellness activities. Recovery theory proposes a third target. Rest is the process through which work demands either do or do not erode well-being. This proposition has not been examined among nurse educators using a multidimensional measure of rest. To determine the relationships among workload, rest, and well-being, and between perceived challenges and each of these variables, among nurse educators in private colleges of nursing; and to derive implications for institutional intervention. A cross-sectional descriptive-correlational survey was conducted among 356 nurse educators in 36 private higher education institutions in Region IV-A, Philippines. Composite scores for workload (24 items), rest (23 items), and well-being (24 items), together with a 21-item challenges scale, were analyzed with weighted means and Pearson correlation. Rest was strongly and positively correlated with well-being ($r = .684$, $p < .001$). Workload was negatively correlated with rest ($r = -.373$) and with well-being ($r = -.263$), both $p < .001$. Perceived challenges were correlated with workload ($r = .583$, $p < .001$) but not with well-being ($r = .090$, $p = .091$) or rest ($r = -.006$, $p = .906$). A supplementary calculation from the reported coefficients, which requires verification with raw data, indicated that the workload–well-being association almost disappears once rest is held constant. Rest was the strongest correlate of nurse educators' well-being, and the pattern of correlations is consistent with rest linking workload to well-being. Formal mediation testing is required. The findings support institutional policies that protect rest, as proposed in the Holistic Faculty Rejuvenation Program.

Keywords: *effort–recovery model; rest; workload; well-being; nurse educators; faculty development; Philippines*

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INTRODUCTION

Background

Long working hours and inadequate recovery are recognized occupational health hazards. Exposure to long working hours accounts for a substantial share of the global burden of ischaemic heart disease and stroke (Pega et al., 2021). International human-rights law recognizes a right to rest and leisure, including reasonable limits on working hours (United Nations, 1948, Art. 24). In the Philippines, the Mental Health Act requires employers to promote mental health in the workplace (Republic Act No. 11036, 2018). For nurse educators, who often combine classroom teaching with clinical supervision, these provisions raise a practical question. Should institutions mainly reduce work, mainly support recovery, or both?

Problem and Research Gap

Studies of nursing faculty have linked work-life imbalance, effort–reward imbalance, and burnout to lower satisfaction and higher intention to leave (Boamah et al., 2023; Christianson et al., 2026). These studies model the path from demands to strain. They rarely model *recovery*, the process between the two. Recovery research shows that rest is associated with lower exhaustion and better well-being (Bennett et al., 2018; Headrick et al., 2023). It measures rest mainly as four recovery experiences, however, and has seldom studied nurse educators. To our knowledge, no study has examined how workload, a multidimensional measure of rest, and multidomain well-being are interrelated in this population.

Literature Review

Recovery as a link between demands and health. The Effort–Recovery Model (Meijman & Mulder, 1998) proposes that work effort produces short-term load reactions that are reversible if recovery is sufficient. Insufficient recovery allows load to accumulate into lasting strain. Conservation of Resources theory (Hobfoll et al., 2018) proposes that people strive to protect and replenish valued resources; demands drain them, and rest is one of the main means of rebuilding them. Within Job Demands–Resources (JD-R) theory, demands initiate a health-impairment process (Bakker & Demerouti, 2017). Kinnunen et al. (2011) extended JD-R by testing recovery experiences as mediators between job characteristics and well-being.

Empirical evidence. In a meta-analysis of 54 samples, recovery experiences explained additional variance in well-being beyond work characteristics, consistent with a partial mediation model (Bennett et al., 2018). A meta-analysis of 316 samples supported separate pathways from recovery experiences to job and health outcomes (Headrick et al., 2023). In a study of nurses, job demands were linked to burnout and presenteeism through sleep quality and relaxation (Gillet et al., 2020). Fritz and Sonnentag (2006) showed that recovery experiences during vacation were related to well-being and that workload after return eroded those gains. Among nurses and midwives, psychological detachment strengthened the negative association between high-involvement work practices and burnout (Kilroy et al., 2020). Among US nursing faculty, burnout carried the effect of effort–reward imbalance on intention to leave (Christianson et al., 2026).

What remains unknown. None of these studies measured rest as a set of physical, mental, emotional, social, spiritual, and creative domains, or well-being as multidomain flourishing. None was conducted among nurse educators in Southeast Asia. Whether rest carries the strongest association with well-being in this group, rather than workload itself, has not been examined.

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Theoretical Framework

The study integrates the Effort–Recovery Model (Meijman & Mulder, 1998) with Conservation of Resources theory (Hobfoll et al., 2018) and the health-impairment pathway of JD-R (Bakker & Demerouti, 2017). The framework implies three expected associations: (a) workload is negatively associated with rest, because effort consumes the time and energy available for recovery; (b) rest is positively associated with well-being, because recovery replenishes resources; and (c) workload is negatively associated with well-being, mainly through reduced rest. Perceived challenges, the educators' own appraisal of barriers in work, rest, and well-being, are expected to relate most strongly to workload, since that is where barriers originate.

Research Questions and Hypotheses

- RQ1: What challenges do nurse educators report in relation to their workload, rest, and well-being?
- RQ2: Is there a significant relationship between perceived challenges and workload, rest, and well-being?
- RQ3: Are there significant relationships between workload and well-being, workload and rest, and rest and well-being?
- H01: There is no significant relationship between perceived challenges and workload, well-being, or rest.
- H02: There is no significant relationship between workload and well-being, workload and rest, or rest and well-being.

Contribution

The study (a) provides correlational evidence on the workload–rest–well-being triad among nurse educators using multidimensional measures; (b) shows that rest is a far stronger correlate of well-being than workload; and (c) links this evidence to a structured institutional program, the Holistic Faculty Rejuvenation Program (HFRP).

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METHODS

Research Design

This study used a quantitative, observational, cross-sectional survey design with a correlational component, which estimated the associations among workload, rest, and well-being (RQ3) and between perceived challenges and each of these variables (RQ2), and a descriptive component for the challenges themselves (RQ1). 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	Correlate (demand)	Mean of 24 items, 1–4; higher = greater perceived workload	Continuous
Rest	Correlate (recovery)	Mean of 23 items, 1–4; higher = more rest	Continuous
Well-being	Correlate (outcome in the theoretical model)	Mean of 24 items, 1–4; higher = greater well-being	Continuous
Perceived challenges (workload, rest, well-being)	Correlate	21 items (20 unique), 1–4; mixed item direction	Continuous

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.

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%).

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Instruments

Four researcher-developed or adapted scales were used, all rated on a 4-point agreement scale.

- **Workload:** 24 items in six domains. Higher scores indicate greater perceived workload. Pilot α = .83.
- **Rest:** 23 items in six domains, adapted from Dalton-Smith (2017). Higher scores indicate more rest. Pilot α = .924.
- **Well-being:** 24 items in eight domains, adapted from VanderWeele (2017). Higher scores indicate greater well-being. Pilot α = .735.
- **Challenges:** 21 items, seven each on workload, rest, and well-being challenges. Pilot α = .762.

Content validity was reviewed by two deans, an academic coordinator, and a psychologist.

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

Challenge items were summarized with weighted means and standard deviations. Relationships were tested with Pearson's product–moment correlation in SPSS (two-tailed, α = .05). Coefficients were interpreted as negligible (±.01–.20), low (±.21–.40), moderate (±.41–.70), high (±.71–.90), and very high (±.91–.99).

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

Composite Levels

As reported in the companion articles, the composite means were 2.19 for workload ("Disagree", indicating low perceived workload), 3.15 for rest ("Agree"), and 3.37 for well-being ("Agree").

RQ1: Perceived Challenges

Table 1 presents the challenge items and the subscale means for both versions. Once positively worded items are reverse-keyed so that higher scores consistently mean greater challenge, all three subscales fall in the "Disagree" range: workload challenges 2.20, rest challenges 2.15, and well-being challenges 2.07. Participants therefore reported low perceived challenges overall. As reported in the dissertation, without reverse scoring, the workload and rest subscales appeared in the "Agree" range (2.52 and 2.81). That classification is an artifact of mixed item direction.

At item level, participants agreed that their professional development was well supported (3.15) and that they had sufficient resources (2.98). They disagreed with the negatively worded workload items, such as feeling overwhelmed (2.40) and working beyond scheduled hours (2.31). On rest, they agreed that they kept clear work–personal boundaries (3.17), had time to socialize (3.14), and used mindfulness (3.12). They disagreed that they sleep 8 to 10 hours a day (2.26), the clearest rest-related challenge. On well-being, they agreed that their job gives meaning to daily tasks (3.28) and disagreed that work harms their mental health (2.06) or that their well-being is declining (2.00).

Table 1. **Perceived Challenges Related to Workload, Rest, and Well-Being (N = 356)**

Subscale and item	WM	SD	Interpretation
Workload challenges (subscale WM = 2.52, SD = 0.88)			
Professional development is well supported by the institution (+)	3.15	0.74	Agree
Have sufficient resources (technology, equipment, staff) (+)	2.98	0.82	Agree
Often overwhelmed by the amount of work	2.40	1.05	Disagree
Student demands add significantly to workload	2.35	0.84	Disagree
Challenging to balance teaching, clinical, and administrative tasks	2.32	0.90	Disagree
Workload requires work beyond scheduled hours	2.31	0.92	Disagree
Pressured to use technology in teaching	2.14	0.89	Disagree

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Subscale and item	WM	SD	Interpretation
Rest challenges (subscale WM = 2.81, SD = 0.84)			
Make clear boundaries between work and personal time (+)	3.17	0.73	Agree
Have time to socialize with friends and family (+)	3.14	0.88	Agree
Use mindfulness to manage stress and focus (+)	3.12	0.64	Agree
Use relaxation techniques (breathing, exercise, stretching) (+)	3.04	0.81	Agree
Use break time during workday to rest and recharge (+)	2.58	1.05	Agree
Find it challenging to incorporate rest into daily routine	2.38	0.79	Disagree
Sleep 8 to 10 hours per day (+)	2.26	1.00	Disagree
Well-being challenges (subscale WM = 2.30, SD = 0.88)			
Job allows me to find meaning and purpose in daily tasks (+)	3.28	0.67	Agree
Experience frequent job-related stress or anxiety	2.32	1.06	Disagree
Financial concerns related to work affect my well-being	2.20	0.97	Disagree
Often physically exhausted and unable to recharge (item 7)	2.11	0.91	Disagree
Often physically exhausted and unable to recharge (item 2)	2.10	0.93	Disagree
Work responsibilities negatively affect my mental health	2.06	0.90	Disagree
Overall well-being declining due to work challenges	2.00	0.71	Disagree

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RQ2: Challenges and Workload, Rest, and Well-Being

Perceived challenges were moderately and positively correlated with workload ($r = .583$, $p < .001$). They were not significantly correlated with well-being ($r = .090$, $p = .091$) or rest ($r = -.006$, $p = .906$). H01 is therefore rejected for workload only (Table 2).

Table 2. Correlations of Perceived Challenges with Workload, Well-Being, and Rest (N = 356)

Pair	r	p	Interpretation	r^2 †	95% CI for r †
Challenges – Workload	.583	<.001	Moderate positive	.340	[.510, .648]
Challenges – Well-being	.090	.091	Negligible, n.s.	.008	—
Challenges – Rest	−.006	.906	Negligible, n.s.	<.001	—

RQ3: Workload, Rest, and Well-Being

All three relationships were significant (Table 3). Rest and well-being were moderately and positively correlated ($r = .684$, $p < .001$); the two variables share about 47% of their variance. Workload was negatively correlated with rest ($r = -.373$, $p < .001$; 14% shared variance) and with well-being ($r = -.263$, $p < .001$; 7% shared variance). H02 is rejected for all three pairs.

Table 3. Correlations Among Workload, Rest, and Well-Being (N = 356)

Pair	r	p	Interpretation	r^2 †	95% CI for r †
Rest – Well-being	.684	<.001	Moderate positive	.468	[.624, .736]
Workload – Rest	−.373	<.001	Low negative	.139	[−.459, −.280]
Workload – Well-being	−.263	<.001	Low negative	.069	[−.357, −.164]

Supplementary Calculation: Is the Workload–Well-Being Association Carried by Rest?

The three correlations in Table 3 determine the partial correlation between workload and well-being with rest held constant, and the standardized coefficients of a two-predictor regression of well-being on workload and rest (Table 4). Holding rest constant, the workload–well-being correlation falls from −.263 to −.012. In the implied regression, rest has a standardized coefficient of .681 and workload one of −.009. The product of the workload–rest correlation and the rest coefficient (−.373 × .681 = −.254) accounts for about 97% of the bivariate workload–well-being correlation.

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Table 4. **Values Implied by the Reported Correlations (Supplementary Calculation)**

Quantity	**Value**
Partial r, workload–well-being, controlling for rest	−.012
Partial r, rest–well-being, controlling for workload	.655
Implied standardized β, rest → well-being	.681
Implied standardized β, workload → well-being	−.009
Implied R^2 for well-being	.468
Product term (r workload–rest × β rest)	−.254 (≈ 97% of r = −.263)

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DISCUSSION

Rest Is the Strongest Correlate of Well-Being

The central finding is the size of the rest–well-being correlation. At r = .684, rest shares nearly half its variance with well-being, about seven times the variance well-being shares with workload. For nurse educators in these institutions, *how well they recover* is far more strongly associated with how well they are than *how much work they perceive*. This fits recovery theory (Meijman & Mulder, 1998) and Conservation of Resources theory (Hobfoll et al., 2018), in which rest is the main means of replenishing resources. It also agrees with meta-analytic evidence that recovery explains well-being beyond work characteristics (Bennett et al., 2018). The finding extends that evidence to a multidimensional measure of rest and a multidomain measure of well-being.

A Pattern Consistent with an Effort–Recovery Pathway

Workload was negatively related to both rest and well-being, as the health-impairment pathway of JD-R predicts (Bakker & Demerouti, 2017). The supplementary calculation suggests that almost all of the workload–well-being association overlaps with rest: once rest is held constant, the association is close to zero. This is the pattern an effort–recovery pathway would produce, in which workload is associated with lower well-being because it erodes rest. It agrees with studies showing that job demands relate to strain through sleep and relaxation (Gillet et al., 2020) and that recovery mediates within JD-R (Kinnunen et al., 2011).

Three cautions apply. First, the pathway has not been tested; the calculation shows only that the correlations are *consistent* with it. Second, cross-sectional data cannot establish the temporal order that mediation implies. Poorer well-being could, for example, lower rest and raise perceived workload (Maxwell & Cole, 2007). Third, all variables were self-reported on the same occasion, so common-method variance may inflate the correlations (Podsakoff et al., 2003). The dissertation's description of rest as the "primary mediator" should therefore be treated as a hypothesis for formal testing, not as a finding.

Challenges Track Workload, Not Rest or Well-Being

Perceived challenges were related to workload but not to rest or well-being. The workload association is partly built into the measures, because several challenge items restate workload items. The null associations are more informative. Educators' own appraisal of challenges was unrelated to their reported rest and well-being. This suggests that the barriers educators *name* are work-centered, while the factors most strongly linked to their well-being (rest) are not ones they frame as challenges. Institutions that rely on faculty complaint or grievance data may therefore miss the recovery deficits most closely tied to well-being. Because the scoring of the challenges scale is unresolved (see Methods), this interpretation remains provisional.

Implications: From Evidence to the Holistic Faculty Rejuvenation Program

The dissertation translated these findings into the Holistic Faculty Rejuvenation Program (HFRP), an institutional action plan with 15 areas of concern, each with objectives, strategies, responsible units, timelines, and budget sources. Table 5 connects the components of the plan most directly supported by the present evidence to the findings that justify them. The HFRP has not been implemented or evaluated. It is presented here as an evidence-informed proposal, not as an intervention with demonstrated effects.

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Table 5. Evidence-to-Action Mapping for Selected HFRP Components

Finding	HFRP component	Example strategy	Responsible unit
Rest is the strongest correlate of well-being (r = .684)	Rest and recovery	Scheduled break times and workload limits; rest and wellness training; designated rest spaces	Dean, HR, wellness committee, facilities
Workload is associated with lower rest (r = −.373)	Workload management	Semester review of teaching, clinical, and administrative loads; workload distribution policy	Dean, program chair, QA office
Workload is associated with lower well-being (r = −.263)	Work-life balance	Flexible scheduling; limits on after-hours tasks	Dean, HR
Challenges center on workload, not rest	Monitoring and evaluation	Annual survey of workload, rest, and well-being, not complaint data alone	Research office, QA office
Well-being needs institutional support	Well-being enhancement	Counseling and mental health services; stress management workshops	HR, guidance, psychologist
Compliance and sustainability	CHED coordination; plan sustainability	Faculty-loading audit with CHED regional office; annual policy review	Administration, CHED RO

The main practical message is one of emphasis. If rest is the variable most strongly associated with well-being, recovery-protecting policies may matter as much as workload reduction. Such policies include protected breaks during clinical duty, limits on after-hours communication, and time and space for physical activity. A program could test this directly by measuring rest and well-being before and after implementation. That would also provide the longitudinal data needed to test the pathway.

Limitations

Several limitations apply. First, the design is cross-sectional and correlational, and all measures are self-reported, so causal and mediational claims cannot be made, and common-method variance may inflate the correlations. Second, the instruments are researcher-developed or adapted, and reliability was estimated in a pilot of 20; full-sample reliability is still to be reported. Third, the challenges scale mixes item directions and contains a duplicate item. Its correctly keyed means are reported here, but its correlations await recomputation. Fourth, the calculations from reported coefficients assume the three correlations came from identical cases, and they provide no inferential tests. Fifth, confounders such as weekly working hours, position, and civil status were not controlled, and the analyses did not adjust for clustering of educators within 36 institutions. Finally, participants came from private HEIs in a single region.

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Future Research

Priorities are a formal bootstrapped mediation analysis of the existing data (workload → rest → well-being), adjusting for working hours and position; domain-level path models, for example, physical rest linking workload to physical health; a longitudinal or pre–post evaluation of the HFRP; and replication in public HEIs and other regions.

Conclusion

Among nurse educators in private colleges of nursing in Region IV-A, rest was by far the strongest correlate of well-being. Workload was negatively associated with both rest and well-being, and the pattern of correlations is consistent with workload relating to well-being mainly through reduced rest. That pathway must still be tested formally. Perceived challenges reflected workload but not rest or well-being. The findings support institutional programs, such as the proposed Holistic Faculty Rejuvenation Program, that treat faculty rest as something to protect through policy, not leave to individual effort.

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