

Work-Related Quality of Life and Work-Life Balance among Public-School Nurses in Davao Region

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Abstract

The work-related quality of life (WRQoL) and work-life balance (WLB) of public-school nurses in Davao Region, highlighted the need for strategic interventions to improve workplace conditions and reduce stress. The research utilized a descriptive-predictive design and employed a universal collected sample strategy, involving complete enumeration of 188 public school nurses from several cities in the Davao Region. The WRQoL scale by Easton and Van Laar (2007) and the Professional Quality of Life (ProQOL) scale by Henry et al. (2009) was the validated instruments for data collection with Cronbach's alpha reliability scores of .95 (WRQoL) and .56 (ProQOL). The findings indicated that nurses reported substantial levels of WRQoL, driven by favorable working conditions and high job satisfaction. However, burnout and mild stress were significant issues. Compassion satisfaction was substantial, suggesting fulfilling caregiving duties. Gender was a key factor positively influencing WLB, with significant correlations between WLB and aspects of WRQoL, such as job satisfaction and workplace autonomy. These results highlighted the critical need for policies that promote supportive environments and effectively manage stress to enhance the well-being of public-school nurses in the Davao Region. Future interventions should focus on addressing the identified areas of concern to cultivate improved WRQoL and WLB among these public-school nurses.

Keywords: *Social Science, Quality of Work-life, Descriptive-Predictive, Davao Region*

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Introduction

Public school nurses' work-life balance and Quality of Work-Life (QWL) are major concerns, particularly within light of the responsibilities associated with their job and family obligations. The COVID-19 pandemic, which brought with it more stress, erratic schedules, and greater demands on caretakers, made these difficulties worse. Because of their heavy workloads and lack of institutional support, public school nurses in the Philippines reported a moderate to poor work-life balance (Macairan, 2020). The impact of the pandemic on QWL is shown by similar findings in Bangladesh and India, where problems including excessive hours and insufficient staffing have a major negative influence on nurses' well-being and service quality (IOSR Journals, 2020; Akter et al., 2020).

Maintaining the productivity and well-being of nurses requires addressing these problems with better institutional support and regulations.

Studies conducted in a variety of international settings, such as the United States, Oman, Greece, and Singapore, highlight the value of supportive work environments and institutional assistance in raising nurses' job happiness and productivity. Positive work environments have been shown to lower burnout, increase job retention, and improve the standard of care provided. On the other hand, low QWL is associated with high turnover rates, inefficiency, and lower quality of care, especially during the pandemic (Lim et al., 2020; Parra-Giordano et al., 2022; Al Sabei et al., 2020; Nena et al., 2021; Lake, 2022). The importance of

supportive work environments and robust institutional support in tackling issues like fatigue and inefficiency among nurses. According to Chilean research, nurses' quality of life is adversely affected by emotional stress, a tremendous workload, and a lack of organizational resources. Nonetheless, their productivity and job satisfaction are greatly increased by putting supportive methods into practice, such as offering enough resources and encouraging a collaborative work atmosphere (Parra-Giordano et al., 2022). The results are consistent with a larger body of global data supporting systemic changes to support nurses' performance and well-being.

Public school nurses in the Philippines reported moderate to poor quality of work life (QWL), which was made worse by heavy workloads and a lack of institutional support during the pandemic (Macairan, 2020). In a similar vein, research from Bangladesh highlights how maintaining nurses' well-being requires better policies and sufficient personnel (Akter et al., 2020). To develop a resilient nursing workforce and guarantee the provision of high-quality care, these issues must be addressed using all-encompassing approaches.

The particular difficulties experienced by public school nurses are still not well understood, despite a wealth of research on nurses' Quality of Work-Life (QWL) and Work-Life Balance (WLB). In non-hospital settings, they strike a balance between clinical care, health education, and scarce resources (Macairan, 2020; Lim et al., 2020). These difficulties were made worse by the COVID-19 epidemic, which resulted in more demands on caregivers, more stringent health regulations, and a lack of staff. However, little is known about how these alterations would affect their QWL in the long run. Designing focused policies and interventions to assist school nurses and improve their capacity to provide high-quality care requires addressing this gap (Parra-Giordano et al., 2022; Al Sabei et al., 2020).

This study is essential to recognize the vital role of public school nurses play and to address the increasing demands on them. The gaps include the need for insights into specific challenges faced by

public school nurses, the long-terms effects of their QWL, the efficacy of institutional support and policies, and the influence of the educational work environment on their job satisfaction.

Methods

This study employed a complete enumeration sampling method to include all 188 public-school nurses in the Davao Region who met the eligibility criteria. Participants were drawn from various locations, including Davao City, Panabo, Tagum, Mati City, the Island Garden City of Samal, and Digos City. Eligibility was limited to nurses who were at least 21 years old, held a plantilla position, were registered nurses, and were currently employed as public-school nurses. The use of complete enumeration sampling ensured a comprehensive understanding of the work-life balance and working conditions by capturing the experiences of every eligible nurse.

To assess work-related quality of life (WRQoL), the researcher utilized the standardized 23-item WRQoL scale developed by Easton and Van Laar (2007), which measures perceived quality of life across six key psychosocial factors: job and career satisfaction, general well-being, home-work interface, stress at work, control at work, and working conditions. An additional 24th item was included to validate the scale's reliability. Respondents rated each item on a 5-point Likert scale, with reliability tests using Cronbach's alpha showing internal consistency scores ranging from .75 to .86.

Furthermore, the ProQOL scales developed by Henry et al. (2009) were employed to provide insights into compassion satisfaction, burnout, and secondary trauma among nurses. Each subscale is rated on a 5-point Likert scale. Strong reliability was observed in the compassion satisfaction subscale ($\alpha = 0.88$), good reliability in burnout ($\alpha = 0.75$), and respectable reliability for secondary trauma, confirming the robustness of the ProQOL scale in capturing work-related challenges.

Data analysis involved descriptive statistics to summarize the participant's WRQoL and WLB scores, as well as correlational analyses to examine relationships between WRQoL and various demographic factors. Hypothesis testing was conducted to determine the significance of the identified relationships. The key findings revealed several significant insights: first, there is a significant positive correlation between job satisfaction and WRQoL among public-school nurses, indicating that those who are more satisfied with their jobs tend to report higher levels of WRQoL. Second, gender dynamics may play a role in how public-school nurses perceive and manage their work-life balance. Additionally, the study identified that public school nurses experience moderate levels of burnout, which adversely affects their WRQoL, underscoring the challenges faced by

these professionals. Lastly, a supportive work environment was linked to higher levels of compassion satisfaction, revealing that the quality of the work environment matters significantly for the well-being of public-school nurses. In conclusion, public school nurses in the Davao Region demonstrate a substantial work-related quality of life, influenced by factors such as job satisfaction, gender, and workplace conditions. Despite the challenges of burnout, the presence of compassion satisfaction highlights a fulfilling work environment for these nurses. The findings underscore the urgent need for strategic interventions and supportive policies aimed at improving workplace conditions and enhancing the overall well-being of public-school nurses, thereby fostering a better work-life balance and enhancing their capacity to delivery quality care.

Results and discussion

Table 1. Demographic Profile of the Respondents

Demographic Profile	Frequency (n=110)	Percentage (%)
Age		
25-28 years old	26	13.8%
29-32 years old	22	11.7%
33-36 years old	31	16.5%
37-40 years old	48	25.5%
41-44 years old	32	17.0%
45-48 years old	9	4.8%
59-52 years old	10	5.3%
53-56 years old	8	4.3%
57 & above years old	2	1.1
TOTAL	188	100%
Sex		
Male	64	34.0%
Female	124	66.0%
TOTAL	188	100%
Highest Educational Attainment		
BSN	162	86.2%
Master's Degree	25	13.3%
Doctorate	1	0.5%
TOTAL	188	100%

Length of period of employment as school nurse	75	39.9%
1-5 years	87	46.3%
6-10 years	22	11.7%
11-15 years	4	2.1%
16-20 years	188	100%
TOTAL		

Table 1 presents the analysis of the nursing workforce highlights several trends in age, gender, education, and experience. A significant portion (25.5%) are aged 37 to 40, with other notable groups in the 33-36 (16.5%) and 41-44 (17.0%) ranges, reflecting a predominance of mid-career nurses. Only 1.1% are aged 57 and above, indicating challenges for older nurses related to physical demands and burnout. Females constitute 66.0% of respondents, maintaining traditional gender norms, but the increasing presence of male nurses suggests growing diversification. Educationally, 86.2% hold a Bachelor of Science in Nursing (BSN), but only 0.5% have doctoral degrees, highlighting barriers to advanced education. In terms of experience, 46.3% have 6 to 10 years in the field, yet just 2.1% have over 15 years, raising concerns about retention and burnout among seasoned professionals. These findings indicate significant challenges within the nursing workforce that need to be addressed.

Table 2. Level of Work-Related Quality of Life.

Indicators	Mean	SD	Description
Job Career Satisfaction	3.81	1.15	High
General Well-being	3.58	1.08	High
Home-Work Interface	3.64	1.12	High
Stress at Work	2.68	1.15	Moderate
Control at Work	3.56	1.11	High
Working Condition	3.65	1.13	High
Overall	3.49	1.11	High

Legend: 5.00-4.21- Very High; 4.20-3.41- High; 3.40- 2.61- Moderate; 2.60-1.81- Low; 1.80- 1.00- Very Low; SD- Standard Deviation

Table 2 emphasize the essential part of stress management and career satisfaction in improving nurses' work-related quality of life (WRQoL). While nurses generally reported positive WRQoL, with high scores in Job Career Satisfaction (M = 3.81, SD = 1.15) and supportive working conditions (M = 3.65, SD = 1.13), moderate stress levels (M = 2.68, SD = 1.15) suggest a need for targeted interventions. High job satisfaction, as supported by Wang and Liu (2020), is linked to well-being and reduced burnout, emphasizing the critical role of career fulfillment. Conversely, the stress observed aligns with Demarzo et al. (2021), who attribute it to emotional demands and workload pressures common in healthcare.

The positive ratings for Home-Work Interface (M = 3.64, SD = 1.12) and Control at Work (M = 3.56, SD = 1.11) reflect supportive environments, echoing findings by Sarmiento and de la Cruz (2023) on the benefits of manageable workloads and autonomy. WHO guidelines further emphasize the value of control and participation in reducing stress and promoting job satisfaction. While the overall WRQoL (M = 3.49, SD = 1.11) is encouraging, addressing stress through organizational policies prioritizing well-being and resilience is essential to sustaining and improving quality of life for nurses.

Table 3. Level of Work-Life Balance

Work-Life Balance	Mean	SD	Interpretation
Compassion Satisfaction	4.04	0.85	Very High
Burnout	3.45	0.96	High
Secondary Traumatic Stress	2.79	1.06	Moderate
Overall	3.43	0.96	High

Legend: 5.00-4.21- Very High; 4.20-3.41- High; 3.40- 2.61- Moderate; 2.60-1.81- Low; 1.80- 1.00- Very Low; SD- Standard Deviation

Table 3 shows the level levels of work-life balance, the highest mean score was found in Compassion Satisfaction ($M = 4.04$, $SD = 0.85$), rated as “Very High.” This suggests that nurses experience a high degree of satisfaction and fulfillment from helping others, which can serve as a positive buffer against workplace stress. Compassion satisfaction significantly enhances emotional well-being, particularly in caregiving roles, where the sense of fulfillment derived from helping others plays a crucial part in maintaining resilience and job satisfaction (Magsino, 2024). Compassion satisfaction can also reinforce nurses' commitment to their roles, providing a sense of purpose and meaning even amidst challenging work environments.

Conversely, Secondary Traumatic Stress (STS) had the lowest mean score ($M = 2.79$, $SD = 1.06$), rated as “Moderate.” While not as prevalent as compassion satisfaction, moderate levels of STS still indicate that some nurses are impacted by the emotional toll of their work, especially when caring for students facing difficult situations. Repeated exposure to others' trauma can lead to Secondary Traumatic Stress (STS), which significantly impacts mental health and, if not properly managed, can disrupt work-life balance (Demarzo et al., 2021). For school nurses, STS may arise from ongoing interactions with vulnerable students, a concern particularly noted in regions with high social and economic challenges.

Burnout scored moderately high ($M = 3.45$, $SD = 0.96$), interpreted as “High,” indicating that nurses experience some level of emotional exhaustion, though it does not dominate their work-life experience. Burnout in healthcare professionals, driven by excessive workload and emotional demands, negatively impacts well-being and work-life balance (Wang & Liu, 2020). This dual strain can lead to stress and decreased job satisfaction. However, the high compassion satisfaction scores suggest that the intrinsic rewards of caregiving may help mitigate burnout, promoting a healthier, more sustainable workforce.

Overall, the mean score for work-life balance ($M = 3.43$, $SD = 0.96$) was interpreted as “High,” reflecting a generally positive balance between work demands and personal well-being. This suggests that while some stressors, such as burnout and STS, are present, the high levels of compassion satisfaction help to mitigate these effects. WHO guidelines support this view, advocating for mental health support in healthcare settings as a means to sustain compassion satisfaction and prevent burnout. Ensuring access to mental health resources and fostering a supportive environment can further strengthen work-life balance for nurses, enhancing both their professional and personal resilience.

Table 4. Test of Relationship between the Nurses ‘Level of Work-Related Quality of Life and Work-Life Balance

Work-Related Quality of Life	Work-Life Balance			
	r_s	p-value	Decision	Remarks
Job Career Satisfaction	.145	.048	Reject H_{01}	S
General Well-being	.038	.603	Accept H_{01}	NS
Home-Work Interface	.031	.671	Accept H_{01}	NS
Stress at Work	-.374	<.001	Reject H_{01}	S
Control at Work	.192	.008	Reject H_{01}	S
Working Condition	.197	.007	Reject H_{01}	S
Overall	.038	.223	Accept H_{01}	NS

Legend: $p < 0.05$ (Significant); NS-Significant; r_s = rho; IV- WRQL; DV-WLB.

The table above presents the relationship between work-related quality of life and work-life balance among nurses. The results show a significant positive correlation between work-life balance and job career satisfaction ($r_s = .145$, $p = .048$), control at work ($r_s = .192$, $p = .008$), working conditions ($r_s = .197$, $p = .007$), and caring efficacy. These findings align with research by Wang and Liu (2020), highlighting that job satisfaction, autonomy, and favorable working conditions enhance fulfillment and reduce job strain, promoting a better work-life balance.

Conversely, a significant negative relationship was found between workplace stress and work-life balance ($r_s = -.347$, $p < .001$), leading to the rejection of the null hypothesis (H_{01}). This supports Demarzo et al. (2021), who noted that high stress disrupts personal time and depletes psychological resources, increasing the risk of burnout and secondary traumatic stress. As Magsino (2024) emphasizes, prolonged stress undermines nurses' well-being and effectiveness, further jeopardizing their professional and personal balance.

The results also highlight that enhancing job satisfaction, workplace control, and working conditions positively influences work-life balance, while elevated workplace stress undermines it. In contrast, factors such as general well-being ($r_s = .038$, $p = .603$) and the home-work interface and professional development ($r_s = .031$, $p = .671$) showed no significant correlation with work-life balance

Table 5. Test of Relationship between the Nurses 'Demographic Profile and Work-Life Balance.

Demographic Profile	η	p-value	Decision	Remarks
Age	.225	.068	Accept H_{02}	NS
Sex	.263	<.001	Reject H_{02}	S
Highest Educational Attainment	.100	.730	Accept H_{02}	NS
Length of period of employment as school nurse	.184	.822	Accept H_{02}	NS

$p < 0.05$ (Significant); NS-Not Significant; η = eta; DV-Work-Life Balance.

Table 5 presents the correlation between nurses' biographic profile and work-life balance. The results show that sex has a significant positive relationship with nurses' work-life balance ($\eta = .263$, $p < .001$). Gender influences how nurses experience and manage work-life balance, with female nurses often facing unique challenges in juggling work, household, and caregiving responsibilities. These demands often require more complex emotional and time management strategies compared to their male counterparts (Wang & Liu, 2020).

This disparity highlights the need for gender-sensitive workplace policies that address these challenges to support overall well-being and work-life balance. Additionally, the findings suggest that creating equitable support systems, such as flexible work arrangements or on-site childcare, can help reduce the strain on female nurses and enhance their ability to maintain a healthier balance between professional and personal responsibilities in high-demand healthcare roles.

On the other hand, age ($\eta = .225$, $p = .068$), highest educational attainment ($\eta = .100$, $p = .730$), and length of hospital experience ($\eta = .184$, $p = .822$), did not show any significant relationship with work-life balance. These led to the acceptance of null hypothesis (H_{02}) as their p-values are less than 0.05 alpha level of significance. While age and experience undoubtedly contribute to clinical expertise, they may not directly enhance work-life balance, as the demanding nature of nursing roles remains a challenge regardless of years of experience (Demarzo et al., 2021). Factors such as institutional support and job control, however, have a more significant influence on work-life balance than demographic characteristics. This underscores the idea that structural workplace factors, such as organizational support and autonomy, play a more critical role in achieving a balanced work-life dynamic than personal biographic alone (Sarmiento & de la Cruz, 2023).

Table 6. Test of Influence of Work-Related Quality of Life on Work-Life Balance of Nurse

WLB	Observed Estimate	Bootstrap SE	Z	P-value	Decision	Remarks
Mean						
WLB	3.426	.030	112.47	0.000		
Effect						
JCS	-.033	.067	-0.50	0.620	Accept H_{03}	Not Significant

GWB	-.066	.063	-1.05	0.295	Accept H ₀₃	Not Significant
HWI	-.141	.047	-2.98	0.003	Reject H ₀₃	Significant
SAW	-.129	.028	-4.56	0.000	Reject H ₀₃	Significant
CAW	.031	.034	0.91	0.363	Accept H ₀₃	Not Significant
WC	.181	.047	3.87	0.000	Reject H ₀₃	Significant

Legend: Significant if p-value <.05; R²= 0.1922; DV-WLB (Work-Life Balance).

Table 6 revealed that work-related quality of life interms of home-work interface (OE=-.141, p=.003), stress at work (OE=-.129, p=.000), and working conditions (OE=0.181, p=.000) showed significant influence on the level of work-life balance among nurses. These led to the rejection of null hypothesis (H₀₃) as their p-values are less than 0.05 alpha level of significance. On the other hand, other domains like job career satisfaction (OE=-.033, p=.620), general well-being (OE=-.066, p=.295), and control at work (OE=.031, p=.363) did not show any significant influence on work-life balance. A well-supported home-work interface reduces role conflicts and enhances time management, improving work-life balance (Sarmiento & de la Cruz, 2023). Work demands that spill into personal life compromise work-life balance, stressing the need for clear boundaries (Demarzo et al., 2021). High-stress environments, especially with vulnerable populations, intensify burnout and secondary traumatic stress, impacting work-life quality (Magsino, 2024). These findings align with WHO guidelines, emphasizing stress management and supportive practices for healthcare professionals. Additionally, favorable working conditions, like adequate resources and manageable workloads, improve job satisfaction and work-life balance by reducing stress (Wang & Liu, 2020).

Furthermore, the nonparametric regression analysis revealed that 19.22% of the variance in work-life balance can be explained by motivation and work-related quality of life, as indicated by an r-squared value of 0.1922. This implies that 80.78% of the variation in work-life balance is influenced by factors beyond work-related quality of life. These factors may include external influences such as social support, personal coping mechanisms, and institutional policies, all of which significantly contribute to shaping nurses' ability to achieve a balanced integration of their professional and personal lives. The findings highlight the importance of a holistic approach to improving work-life balance, considering not only workplace conditions but also the broader personal and organizational contexts that impact nurses' well-being.

Table 7. The Test of Influence of Demographic Profile on Work-Life Balance of Nurses.

WLB	Observed Estimate	Bootstrap SE	Z	P-value	Decision	Remarks
Constant	2.991	.127	23.63	0.000		
Demographic Profiles:						
Age	.032	.019	1.72	0.086	Accept H ₀₄	NS
Sex	.234	.067	3.51	0.000	Reject H ₀₄	S
HEA	.003	.087	0.04	0.971	Accept H ₀₄	NS
LOHE	-.047	.038	-1.24	0.213	Accept H ₀₄	NS

Legend: Significant if p-value <.05; NS= Not Significant; R²=.0675; DV-Work-Life Balance.

Table 7 revealed that sex significantly influences nurses' work-life balance (OE = .234, p = 0.000), leading to the rejection of the null hypothesis (H₀₄). However, age (OE = .032, p = 0.086), educational attainment (OE = .003, p = 0.971), and hospital experience (OE = -.047, p = 0.213) showed no significant impact. Regression analysis indicated that demographic factors account for 6.75% of the variance in work-life balance, with 93.25% influenced by other factors. This aligns with findings that female nurses face added caregiving burdens,

influenced by societal expectations and traditional gender roles, which often complicate their ability to achieve work-life balance in demanding healthcare settings (Wang & Liu, 2020; Sarmiento & de la Cruz, 2023).

In contrast, the non-significant effects of Age, Highest Educational Attainment, and Length of Hospital Experience suggest that these factors may not substantially impact how nurses experience work-life balance. This aligns with the work of Demarzo et al. (2021), who found that while age and experience contribute to clinical competence and expertise, they do not necessarily affect one's ability to balance work and personal life. These non-significant findings are also supported by WHO guidelines, which suggest that while educational background and professional experience enhance technical competencies, they may not directly improve WLB without supportive work conditions.

Conclusion and Recommendations

The study on public-school nurses in the Davao Region examines both the positive and challenging aspects of their work experience. While nurses reported high Work-Related Quality of Life (WRQoL) and Work-Life Balance (WLB), challenges such as staffing shortages, heavy workloads, and limited resources contribute to moderate stress levels and concerns about burnout and Secondary Traumatic Stress. Although nurses experience high job satisfaction, especially in Compassion Satisfaction, stress negatively impacts their overall well-being.

The findings stress the need for improved working conditions, more control over job-related decisions, and effective stress management strategies. Gender was identified as a significant factor influencing WLB, indicating the necessity for tailored interventions. The study recommends prioritizing self-care, incorporating mindfulness and physical activity, and creating peer support groups to enhance emotional resilience.

Key recommendations involve optimizing staffing levels, ensuring equitable workload distribution, and providing adequate resources to alleviate stress. Administrators should implement support programs, maintain a positive workplace culture, and recognize nurses' contributions through rewards and feedback. Essential policies include better nurse-to-student ratios and funding for professional development and mental health resources.

Future research should investigate factors like job autonomy, organizational support, and demographic influences on work-life balance. Comparative and longitudinal studies focusing on stress management and tailored support strategies

can offer evidence-based solutions. The goal is to ensure a sustainable work-life balance and enhance the overall quality of care provided by public-school nurses.

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