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EXPLORING THE RELATIONSHIPS AMONG ACADEMIC WORK-RELATED STRESS AND QUALITY OF LIFE OF NURSING LECTURERS WITH PRINCIPALS OF NURSING COLLEGES IN PAKISTAN

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Abstract

The purpose of this study was to explore the relationship of the Nursing College's Principals role with the nursing lecturers of work-related stress and quality of life among Nursing Institutes in Pakistan. Participants included Nursing Instructors (NIs) (N= 94) in Punjab, Pakistan recruited from twenty (20) private nursing Institutes.

Method: An ex post facto design was used to test the hypotheses of this study; independent t-tests compared Senior NI's and Junior NI's responses on survey tools measuring work-related stress and

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quality of life. Multiple regression analysis was used to examine the interrelationships among these variables. NIs (N=94) completed five survey instruments, including a researcher developed demographic form.

Results: The results of the study explored work- related stress did not show any statistical difference between the twenty nursing institutes. Moreover, academic work-related stress and quality of life did not show a difference in the twenty colleges, when total scores were analyzed. However, Standard multiple regression showed a significant relationship existed between Senior and Junior Nursing Instructors, work related stress and quality of life. This research is the first study to explore the Nursing Principal's role in relation to these variables.

INTRODUCTION

Work-related stress and quality of life are the factors that greatly affect nursing Instructors academic performance in the Nursing Institutes. These variables have global implications. Further research is needed on the factors related to nursing Instructor's turnover. This study explored the relationship between the Nursing College Principal's role and work-related stress and quality of life with the Nursing Instructors.

Work-Related Stress:

Research on work related stress has been explored for over one decade and has been found to be a major factor related to poor academic performance. The academics-related stress as a conflict resulting from a disconnection between an individual's perception of the demands of the position and the ability or inability to meet those demands (Danauskė, Raišienė et al. 2023). The effects of academic and administrative work-related stress are poor students grades, resulting in large numbers of nursing Instructors leaving for abroad and performing bed side practices (Arian, Soleimani et al. 2018). Nursing Lectures describes workload, as resulting from inadequate resources and an inability to deliver high quality nursing education (Oshodi and Sookhoo 2025).

Vol. 5 No. 2 (2026)

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Inefficiencies in Nursing colleges are reported to impact workload for the average nursing Lecturer. Nursing Instructors spend an inordinate amount of time in documenting, with many redundancies in the process (De Groot, De Veer et al. 2022). One reported inefficiency is implementation of computer documentation related to students' admission process. An unintended consequence of computerized documentation is an increased burden on Nursing instructors who take more time to document students results with the new technology than with the former protocols. The Lecturers are often not provided with sufficient training and support during the equipment dissemination process and have little time to master the new technology while they practice nursing education (Altmiller and Pepe 2022).

Additionally, lack of organizational support occurs when Nursing Principals and directors do not exercise the necessary skills for leadership positions, the Lecturer is left feeling that administration is unsupportive. In turn, lack of support leads to situations in which nursing Instructors are more likely to leave their institutions (Anderson, Taylor et al. 2024). Nursing Instructors reported that strong colleague support helped them experienced less stress and have a higher quality of life; this in turn contributed to enhancing quality of nursing education (Orszulak, Kubiak et al. 2022).

In addition, nurse instructors identified as a contributor to increased academic work-related stress was lack of autonomy or low control over their nursing education (Bhurtun, Kähkönen et al. 2026). NI's who perceived such a lack of control stated that they had no influence over work related matters and that they were not taken seriously; they felt powerless. When they did not feel empowered, they were more likely to have higher stress levels than senior nursing instructor who had a strong sense of autonomy (Torbergsen, Utvær et al. 2023).

One more factor in academic work-related stress involves communication. High stress levels led to negative communication, lack of teamwork, and a feeling that principals were unresponsive (Ulfiah, Nurannisa et al. 2022). Negative communications may be received not only from other colleagues, especially Vice Principal, but also from Principals and administration (Bush and Leadership 2024).

Vol. 5 No. 2 (2026)

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Healthcare organizations often try to recruit or retain nursing lecturers by offering competitive rewards; however, reward or lack of reward is seldom a significant cause of work-related stress and poor academic performance. More often, the significant cause is a perceived lack of respect and acknowledgement (Orunbon, Ibikunle et al. 2023).

Quality of Life:

The quality of life is a self-reported or perceived measure of physical and mental health. In the study of the effects of long-term stress on individual physical and psychological health, researchers found that nursing faculty experienced increased stress in situations of greater workloads and ethical and moral conflicts in the workplace, which resulted in poor perception of overall health (Waterfield and Barnason 2022).

Nursing instructors operated at the intersection of academic and clinical environments, making their roles inherently complex and demanding. In Pakistan, particularly, they faced additional challenges; as limited institutional resources, high student-to-faculty ratios, and insufficient organizational support (Shah, Pei et al. 2023). These factors have contributed to physical fatigue, emotional exhaustion, and decreased motivation. Consequently, maintaining an optimal quality of life for nursing instructors is not only essential for their personal well-being but also for ensuring high-quality teaching, student engagement, and the overall effectiveness of nursing education programs (Uqaili, Abbas et al. 2026).

Nursing instructors often juggled multiple responsibilities, including classroom teaching, clinical supervision, research activities, student mentoring, and administrative assignments. The principals do not ensure equitable workload distribution, establishes realistic performance expectations, and prevents excessive task burden. Although administrative pressure, systematic planning and delegation, principals can increase unnecessary stressors and make vulnerable professional life for instructors (McCabe 2023).

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In Addition, when instructors perceived biasness in evaluation, promotion, and disciplinary procedures, their psychological well-being and organizational commitment are significantly compromised. However, inconsistent or authoritarian leadership practices led to dissatisfaction, anxiety, and reduced morale (Zheng, Song et al. 2025).

Nursing instructors require continuous learning opportunities to remain competent in both academic and clinical domains (Beiranvand, Mohammad Khan Kermanshahi et al. 2022). Principals who don't prioritize faculty development by facilitating training programs, higher education opportunities, and research engagement contribute positively to instructors' sense of achievement and professional fulfillment (Fernandes, Araújo et al. 2023). This, in turn, compromising their overall quality of life by decreasing self-efficacy, motivation, and career satisfaction. The principal of a nursing college played authoritative role in influencing the quality of life of nursing instructors.

Statement of the Problem:

This is an important area of research due to the shortage of nursing instructors in the Pakistan. The Pakistan Nursing and Midwifery Council projects that the current nursing shortage will worsen over the next 10 years, possibly becoming a shortage of 800,000 nurses by the year 2035 (Jawed, Rehman et al. 2025). Relatively recently, poor working environment in nursing institutions and Healthcare organizations have resulted increase work-related stress and low quality of life and lead to a large number of nurses to leave the Pakistan. Therefore, exploring how the role of the Nursing Principals may influence these factors provided an understanding of the negative effects of work-related stress, and quality of life, thus resulting in future retention of nurses at the nursing institutions.

LITERATURE REVIEW

The literature revealed that work-related stress can contribute to poor quality of life and increased likelihood of nurses leaving the Pakistan. The review of the literature took an international focus to demonstrate the global issue of nursing work related stress. Work-related stress is well documented

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but no studies have been conducted to address the role of nursing Principal in relationship of the institutional policy.

The work of nursing Instructors varies from institutions to institutions and country to country and yet nurses repeatedly report increased levels of stress. A cross-sectional study of 1086 (response rate 78%) identified organization of work and financial issues, public criticism, hazards in the work place, interpersonal conflict, shift work and professional and intellectual demands as contributors to increased work stress. Specifically, organization of work and financial issues that were significant was: insufficient number of co-workers ($p< 0.08$) (Yang, Shen et al. 2016).

A recent clinical study conducted by (Ulupınar, Meler et al. 2026) measured salivary cortisol levels in conjunction with a subjective stress tool in 82 pediatric and critical care nurses in Switzerland. The research revealed a statistically significant increase in cortisol levels when compared to subjective reported stress ($p=0.04$). Additionally, objective stress measured through a standardized hospital management tool did not show a statistical relationship to cortisol levels ($p=.56$) (Ulupınar, Meler et al. 2026).

A second descriptive study by Alrashedi (2025) compared the responses of Japanese and Norwegian nurses on perceptions of work and moral sensitivity. The results demonstrated that both groups of nurse displayed moral stress in their work environment (Alrashedi, Alnomasy et al. 2025).

A qualitative exploratory study looked at work related stressors and coping mechanisms in Nursing college of Saudia Arabia on nursing Instructors (Alruwaili, Abuadas et al. 2022). The researcher interviewed 10 nursing Instructor in Kentucky and found that they believed that a shortage of skilled Faculty and polychronicity was responsible for their increased stress levels. The nursing lecturer identified categories that they felt were responsible for their stress and among them system barriers, self-expectations, shortage of skilled faculty, and colleague's inexperience as the most common reasons they were unable to meet the student' needs and provide safe quality nursing education (Alruwaili, Abuadas et al. 2022).

Vol. 5 No. 2 (2026)

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Khan et al - 2026

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Two hundred thirteen RNs and licensed practical nurses were queried at a larger Philadelphia trauma hospital on verbal abuse and increasing stress levels. The study reported nurses experiencing verbal abuse most frequently by other nurses (27%) followed by families (25%), physicians (22%), patients (17%), and other co-workers (9%) (Gilroy, Anderson et al. 2024). The research concluded that nurses who experienced regular verbal abuse were more stressed and less satisfied with their jobs and more likely to deliver ineffective care for their patients (Gilroy, Anderson et al. 2024).

Few studies have implemented interventions to alleviate work place issues. Kuribayashi, Takano et al (2022) completed an evidence-based review of the literature on current approaches to workplace stress management. Seven randomized control trials and three prospective cohort studies were found. The researcher acknowledged that both the quantity and quality of the studies were weak (Kuribayashi, Takano et al. 2022).

METHODOLOGY:

Study Design:

An ex post facto design was used to test the hypotheses of this study. This study was designed to explore the relationship of the Nursing Instructors with work-related stress and quality of life while working at Nursing Institutions with Nursing Principals. In addition, the study examined the interrelationships among work-related stress and quality of life of Senior and Junior Nursing Instructors.

The following Logic model developed from the Logic Model for Psychosocial Research was used to guide the study design (Sauvé, Buck et al. 2022). This logic model depicts the research hypothesis, that the role of the Nursing Principals has a relationship with nursing work related stress and quality of life of Nursing Instructors.

Vol. 5 No. 2 (2026)

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Khan et al - 2026

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Study Setting:

Twenty Nursing College were utilized that were offering Bachelor of Science in Nursing (BSN-4 Year) and POST RN (2-Year) in order to provide consistency in this study. The sample was sought from these institutions because they were among the first to offer the bachelor degree programs.

Sampling:

The number of Nursing Lecturer required for a power of .80; assuming a medium effect size.50; and an alpha level of .05 was estimated at 63 per group for a total of 126 and was finalized N 94 (Bamforth 2025).

Inclusion criteria.

Inclusion criteria for the NIs included:

I. RNs from three Years and serving as Nursing Instructors
II. These Nursing Colleges employ them as Senior or Junior Nursing Instructors
III. Nursing Instructors who speak and deliver Lecture in English.

Exclusion criteria.

Exclusion criteria for participants included:

I. Nursing Instructors from other than the selected Institutions.
II. Nursing Instructor assistive personnel.
III. Allied Health Instructors

Nursing Stress Scale:

The Nursing Stress Scale (NSS) consists of 40 questions using a 4-point Likert scale to identify how frequently a nurse found individual situations stressful (Kavya Antony 2025). Four response

Pakistan Journal of Medical & Cardiological Review
https://pakjmcr.com/index.php/1/about
Online ISSN 3007-2387
Print ISSN 3007-2379
Khan et al - 2026
DOI: http://doi.org/10.5281/zenodo.19939115

categories are provided for each item: never (1), occasionally (2), frequently (3), and very frequently (4).

A total score measures the overall frequency of stress experienced by a nursing Instructor and can be created by adding the individual's responses to all items. The higher the overall response indicates a nursing lecturer experienced more frequent episode of stress as related to individual questions of stress experienced in the physical environment, psychological environment and physical environment. The lower scores indicate that a Nurse Instructor experiences less frequent stress regarding the same situations. Total scores range from 0 to 102, with higher scores indicating more frequent stress (Kavya Antony 2025).

Data Analysis:

A Statistical Package for the Social Sciences (SPSS) Verizon 21 was used for data entry and analysis. This program was password protected to secure confidentiality for data entry, management, and analysis. Each participant was given a number that was recorded on a master list of participants and kept in a locked file in the investigators home office. The completed study questionnaires and forms were secured in a locked area in the investigators home office. Results are reported as aggregate data only. No individuals can be identified by any demographic data including Nursing Institutions or college as this was a specific concern of Instructors fearing retribution for reporting possibly negative data regarding leadership (Nursing Principals).

Results and Discussion:

Demographic data was collected and included age, gender, marital status ethnicity, educational nursing preparation, number of years in nursing, length of employment at , length of employment in college, work status and nursing certification. All participants (N=94) completed the demographic data form.

Vol. 5 No. 2 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Khan et al - 2026

DOI: http://doi.org/10.5281/zenodo.19939115

The participant's gender was reported as 90.4% female (n=86), male as 8.5% (n=8). Senior Nursing Instructors had 82.2% (n=38) females and 17.8% (n=8) males. Non- CNL had 100% (n=48) female. Table 1 displays the gender by frequency and percentages.

Table: 1 Frequency and Percentage Gender by Senior Nis and Jr. NIs Group

Gender	Senior NIs	Jr. Nursing NIs	N	Percentage
Female	38	48	86	91.4
Male	8	0	8	8.51

Table:2 displays the frequency and percentages of educational preparation by Nursing Instructors. The majority of the sample 56.4% (n=53) received Associates level education. followed by 26.6% (n=25) receiving Bachelorette preparation, an additional 14.9% (n=14) were educated in Diploma programs and 1% (n=1) were Masters prepared. Senior reported 57.8% (n=26) as Associates degree nurses, 22.2% (n=10) Bachelors prepared, 20.0% (n=9) as Diploma graduates and 01 Masters prepared nurse instructor. Junior Nursing Instructor consists of 56.3% (n=27) Associate degree nurses, 31.3% (n=15) bachelor's degree nurses, 10.4% (n=5) Diploma graduates and 2.1% (n=0) masters prepared nurse lecturer. In this study there were no doctoral prepared nurse instructor and degrees outside of nursing were not explored.

Table:2 Frequency and Percentage of Educational Preparation

Education	**Senior NIs**	**Jr. Nursing NIs**	**N**	**Percentage**
Diploma	9	5	14	14.9
Associate BSc	26	27	53	56.4
BSN/Post RN	10	15	25	26.6
MSN	01	0	1	1.1

Vol. 5 No. 2 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Khan et al - 2026

DOI: http://doi.org/10.5281/zenodo.19939115

Means and standard deviations for the dependent variable of the presence of the Senior Nursing Instructor in decreasing work-related stress are presented in Table 3. There is a variance in sample size with the SNIs (n=46) and, JNIs (n=48).

Table:3 Sample Means and Standard Deviations for Nursing Work Related Stress

Groups	n	M	SD
Senior NIs	46	83.45	11.40
Junior NIs	48	83.97	12.85

Table 4 reports the results on the independent t tests regarding the variable nursing work- related stress. The level of nursing work related stress experienced was not significantly different (t= -0.208, p=0.83) between the two groups. This indicates no significant difference with the presence of the Senior Nursing Instructor in the nursing college on the level of academic work-related stress experienced by the principals.

Table: 4 Results of Independent t test for Nursing Instructors Work Related Stress

Work related Stress	N	t	P
Equal variances assumed	94	-0.208	.836

Quality of Life:

Table 5 presents the sample, means and the standard deviation for the overall scores on self-perceived Quality of life. There is a variance in the sample the SNIs (n=46), Junior NIs (n=48). The means for the two groups were S-NIs (M= 115.63, SD ±9.64), J-NIs (M= 115.72, SD ±9.88).

Table: 5 Sample Means and Standard Deviations for Overall Scores of Quality of Life

Group	n	M	SD
S-NIs	46	115.63	9.64
J-NIs	48	115.72	9.88

Vol. 5 No. 2 (2026)

Pakistan Journal of Medical & Cardiological Review

https://pakjmcr.com/index.php/1/about

Online ISSN 3007-2387

Print ISSN 3007-2379

Khan et al - 2026

DOI: http://doi.org/10.5281/zenodo.19939115

Table 6 reports the results of independent t tests on the variable self- perceived Quality of life. The independent t-test found no statistical significance in the overall quality of life scores (t= -0.049, p=0.961) between the S-Nis and J-NIS. The overall scores for self-perceived quality of life did not reveal a difference in the two groups.

Table: 6 Results of Independent t test for Overall Scores of Quality of life

Quality of Life	N	t	p
Equal variances assumed	94	-0.049	0.961

Conclusion:

The nursing profession has had periodic shortages of nurses practicing at the nursing college as well as bedside over the last several decades. Often, economic factors have influenced nurse's return to the bedside only to have the shortage recur when economic circumstances change (Abou Hashish and Alnajjar 2025).

Nursing Principals has a responsibility at this time to look introspectively at the needs of the current workforce, among them the nursing Instructors in the Nursing Institutions who are struggling on a daily basis to provide quality Nursing education. There is dire need to be a collective professional assessment to identify the needs of the current nursing Instructors and a prospective plan for future lecturer to enhance the nursing education for the production of competent nurse graduates.

Through this study has consistently demonstrated that the nursing colleges environment is stressful, there are many factors that can be attributed to the causation. While this research certainly cannot claim to be a demonstration of an intervention that has the ability to fix any of the clearly defined factors of work-related stress, and quality of life.

This researcher believes it is crucial for the nursing profession to engage in this type of introspection and make bold attempts at interventions like implementation of the Higher Education Commission (HEC), policy and to address the role of nursing principal in current situation and the future state

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Print ISSN 3007-2379
Khan et al - 2026
DOI: http://doi.org/10.5281/zenodo.19939115

of nursing profession. However, there is a lack of research on implementation of studies to alleviate these negative factors affecting the profession of nursing.

A healthcare reform billed be signed into legislation, Reconciliation Act, which should protect Nursing Professionals employed at Private Nursing Institution. This bill should challenge the nursing profession to explore opportunities to support the existing nursing workforce and to provide additional resources to accommodate the needs of both the faculty and student nurse. Politicians should make a plan to improve workplace conditions for nursing professional through federal challenge grants to support public sector Nursing Colleges with better work environments.

While this research certainly cannot claim to be a demonstration of an intervention that has the ability to fix clearly defined factors of work-related stress, and quality of life.

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