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Comparative Assessment of Bio-Psychosocial Issues Among Nurses and Nurse Educators in Healthcare Institutions

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Abstract: Nursing is essential in all health system organizations. Organizational labour is complex and rarely studied in health and nursing. Health care quality and staff are affected by this issue. Poor working conditions, overwork, and escalating workplace violence and bullying can cause health workers, especially nurses, to quit. This study evaluated Kannur hospital and college nurses' and nurse educators' bio-psychosocial concerns. A descriptive research study uses a structured Google Forms questionnaire. Kannur hospitals and colleges selected 144 health care workers (79 nurses and 65 nurse educators) using snowball sampling. Data analysis employed descriptive and inferential statistics in line with the study objectives. 8.9% of nurses had minor bio-psychosocial issues, 62% moderate, and 29.1% severe. 12.3% of nurse educators had minor bio-psychosocial issues, 67.7% intermediate, and 20% severe. Nurses averaged 86.9 bio-psychosocial problem scores, and nurse educators, 77.46, a 9.44-point difference. Nurse educators and nurses have quite distinct bio-psychosocial problem ratings. Bio-psychosocial problems and nursing habits were substantially connected, but not nurse educators' demographics. Nurses and nurse educators found that health care workers, the backbone of our health system, have concerns. Addressing these issues and improving the workplace are vital.

Keywords: Nurse Educators; Working Conditions; Workplace Violence; Online Questionnaire; Bio-psychosocial Issues; Working Environment; Demographic Variables; Health Professions.

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1. Introduction

According to Thomas et al. [14], as of 2017, it is generally accepted that "illness and health are the result of an interaction between biological, psychological, and social factors." Nursing is considered an essential and central profession in the structure of health professions, present in all organizational units of the health system. The characteristics of work in organizations constitute a complex, multifactorial phenomenon that has been studied extensively in the fields of health and nursing. This phenomenon affects the quality of care provided in the health sector and has repercussions for both workers and users. Management and working conditions problems are factors that contribute to health professionals leaving the workplace, especially in the case of nursing, due to the lack of working conditions and overload of activities, as well as the increase in workplace violence and bullying. The rigid organizational structure of the health services causes stress due to the way work is organized. Specifically, in the hospital environment, the high demand, fast pace, low autonomy, and double shifts, given the low minimum wage, affect workers' physical and mental health and contribute to burnout. Nursing is one of the professions most at risk of occupational stress due to exposure to psychosocial factors such as workload, high work pace and lack of autonomy.

Psychosocial factors at work are one of the main causes of stress. Health and nursing working conditions have been little studied, focusing primarily on sharp-work accidents and ergonomic factors. The nurse educator is a 'Registered nurse whose primary area of interest, competence and professional practice is the education of nurses at the university level'. They are the teaching and administrative staff with academic rank at the School of Nursing. They are integral to providing quality educational experiences that prepare the nursing workforce for a diverse and changing health care environment. Nurse educators have a great deal of responsibility in their organizations. This creates unnecessary stress that can lead to reduced job satisfaction and increased vulnerability to burnout. Too many tasks and too little time are common complaints among educators who are charged with teaching, counselling students, serving on committees, and engaging in clinical practice. With the advancement of medical technology, nursing educators' skills become quickly obsolete, and the pressure to keep abreast and to maintain effective skills causes distress. Finally, job dissatisfaction and the risk of burnout are caused by a lack of respect and positive reinforcement from administrators. Management is very concerned with job satisfaction and dissatisfaction, as there seems to be a relationship between job satisfaction and job performance. Generally, the better the performance, the greater the economic, sociological and psychological rewards. Job dissatisfaction can lead to decreased productivity, higher turnover, increased absenteeism, more accidents, greater job stress, and increased unionization. This is an extremely bad organizational climate.

The working environment is a major source of occupational stress. Closed spaces, time pressures, excessive noise, abrupt shifts from intense to mundane tasks, no second chances, unsavoury sights and sounds, and long hours characterize the environment in which nurses work. Nurses are trained to manage these factors, but when other stressors arise, stress can take its toll. Stress is known to lead to emotional exhaustion among nurses, which, in turn, can lead to negative feelings towards those in their care. A descriptive survey was conducted to assess psychological and financial problems among female staff nurses working in selected government and private medical colleges in Madhya Pradesh. A simple random sampling technique selected the 50 female staff nurses. Data were collected using a self-structured questionnaire and analyzed using descriptive & inferential statistics. The results showed that 48% and 40% of the nurses from the Government hospital and the private hospital had anxiety, respectively. 64% and 32% of the nurses reported stress in the hospital and at home, respectively. Stress was not associated with socio-demographic variables. The findings showed that psychological problems like anxiety and stress were common in government medical colleges and hospitals. Nurses are a significant part of the health care system, and their health and performance at work greatly influence the quality of hospital care. Nursing is always considered a stressful occupation in the health care system. Nurses experience many types of occupational stress (e.g. heavy workload, insufficient time for patient care, irregular work schedule, poor work environment and difficult patients).

These may adversely affect nurses' health and compromise their professional performance and the quality of healthcare delivery. These issues will inevitably have a negative impact on patients' health. Nurse educators design, implement, evaluate, and offer continuing education programs for nurses. Nurse educators blend clinical expertise with a passion for teaching to create rich, rewarding careers. These practitioners, who work in practice settings and the classroom, are responsible for preparing and mentoring current and future generations of nurses. Nursing is a noble profession aimed at providing quality patient care. Devoted nurse educators train student nurses to provide effective patient care. To improve nursing education, nurse educators need to be satisfied with their skills if they want to teach with their full competency. High-quality teaching can only be affected if nursing educators are satisfied. Otherwise, the students will not learn effectively, and their outcomes will be poor. A comprehensive study reveals that nurse teachers were satisfied with teaching, student-centredness, co-workers, positive feedback from supervisors, professional autonomy, and learners (students). But they were not satisfied with the opportunities for promotion, pay scale, class size, workload and the amount of extra paperwork. The importance of job satisfaction among nurses and nurse educators has been studied by investigators and found to have a direct effect on productivity at work and an indirect effect on absenteeism, staff turnover, and other biopsychosocial problems. Thus, the investigators felt the need to assess the bio-psychosocial issues of nurses and nurse educators.

2. Review of Literature

A literature review is an overview of the previously published works on a topic. A good literature review can ensure that a clear research question has been posed and that a suitable theoretical framework and/or research methodology have been selected [1]. A literature review situates the current study within the relevant literature and provides context for the reader [2]. A descriptive Study was conducted in selected hospitals in Udupi and Mangalore districts in Karnataka to determine nurses' stress and coping and to examine their association with selected variables [3]. The sample comprised 1040 registered nurses working in selected medical colleges and government hospitals in Udupi and Mangalore districts. The study used a descriptive survey design. Purposive sampling was used to select the sample. Data were collected by administering background proformas, stress, and coping questionnaires, and analyzed using SPSS for Windows 11.5 and 16. The results showed that the majority (60.38%) experienced low stress, 38.46% moderate stress, and 1.15% high stress [5]. It was also found that there was a significant association between stress and professional qualification ($p=0.02$), marital status ($p=0.04$) & area of work. The study concluded that a significant number of nurses experience stress and dual roles after marriage, and a shortage of faculty, etc., are the leading causes of stress [13]. A descriptive study was conducted to examine workplace stress and coping strategies among Indian Nurses at the Institute of Nursing Education, Goa. A cross-sectional survey design was used to address the research questions. The purposive sampling technique was used to select hospitals/health centers with inpatient services, and the convenience sampling technique was used to select nurses from these hospitals [4].

Data were gathered from 833 nurses using the Nursing Workplace Stress Scale (NWSS) and the Nursing Workplace Stress Coping Scale (NWSCS). Statistical packages SPSS version 22 and AMOS version 21 were used for analysis. Exploratory factor analysis was used to identify the dimensions of nursing workplace stress and coping. The confirmatory factor analysis & path analysis was also used. Correlation & ANOVA were used to establish relationships. The results showed that the mean total workplace stress score was 108.82±31.87, indicating that most samples had moderate stress [16]. The highest dimension-wise score was for the lack of resources (20.20±4.85). Results also depicted that 36.2% of nurses had low stress, 55% had moderate stress, and 8.8% had severe stress. The study concluded that nurses experience workplace stress, and that this needs to be addressed [7]. A cross-sectional analytical study was undertaken among staff nurses at a tertiary care hospital in Puducherry from January to June 2017 to assess the quality of nursing work-life. Universal sampling was used to select 429 nurses with more than one year of work experience, and a structured questionnaire was used to collect data on socio-demographic characteristics, work-related information and QNWL [14]. Double data entry was done in the Epidata entry client (v4.2.0) and analyzed using STATA (v14) software. The results revealed that the majority (60%) of staff nurses had a moderate QNWL score. Bivariate analysis indicated that higher age, female gender, absence of dependent individuals at home, higher income, greater work experience, having only a diploma, working in OPDs, and no nightshifts were significant factors associated with higher QNWL scores ($p<0.05$).

The study concluded that nurses' quality of life needs improvement [17]. A hospital-based cross-sectional study was conducted in two tertiary care hospitals in Delhi among 87 nurses selected randomly. Data were gathered using a pre-tested, self-administered questionnaire that assessed socio-demographic variables, daily-life stressors, workstation stressors, and total stress level. Analysis was done using WHO's EPI-INFO 2005 software. The results described that around 87.4% of nurses had occupational stress, and among them, 32.2% had severe stress. It was also found that there was no significant difference in the distribution of job stress between married (88.6%) and unmarried (82.4%) nurses ($p = 0.63$). The study also identified that only 1 nurse (1.1%) reported suicide, and 7 nurses (8%) were not sure if they had ever felt suicidal [2]. The study concluded that nurses experience significant occupational stress, and that this needs to be addressed. A descriptive, exploratory study was conducted to assess occupational stress among nurses at Krishna Hospital and Medical Research Center. Convenient sampling was used to select 100 nurses, and the data were collected using the Modified Expanded Nurses' Stress Scale. Data analysis was conducted using SPSS software, and the results indicated that 49% of nurses reported frequent stress, 30% occasional stress, and 21% extreme stress due to uncertainty about treatment [3]. The study also found no significant association between occupational stress and age, sex, professional education, or years of experience. The study concluded that most nurses experience occupational stress, which may negatively impact the organizational climate in the future [12].

A comparative, survey-based descriptive study was conducted in Tirunelveli, Tamil Nadu, to identify and differentiate sources of stress and their impact on the morale of nurses working in 4 core departments: ICU, ER, OT & wards. The sources of stress have been identified under 3 categories: Homework–related stressors, conflict–related stressors, doctor–related stressors, and patient–related stressors [5]. A stratified sampling technique was used to select 360 qualified nurses, and the data were gathered using a self-structured questionnaire. The weighted-average method was used to identify sources of stress, and the Kruskal-Wallis test was used to examine the relationship between demographic variables & sources of stress. The results showed that homework-related stress had the highest mean score (65.28), followed by patient-related stress (64.56) and doctor–related stress (63.57). It was also identified that there was a significant relationship between sources of stress and variables like age, marital status, salary & place of stay [6]. The study concluded that balancing work–home conflict and dealing with different natures of demands from the workplace is a tough task for nurses across the nation. A descriptive study with a non-experimental research

design was conducted to assess the level of job satisfaction among nurse educators at a selected nursing college in Mangalore. Convenient sampling was used to select 50 nurse educators, and data were collected using a self-structured rating scale. Data analysis was conducted using descriptive and inferential statistics [7].

The results showed that 66% of the nurse educators were satisfied, with 18% highly satisfied. Findings also showed that 14% were unable to decide their level of satisfaction, and at least 2% were unsatisfied. The mean satisfaction score was 71.2%. It was also found that there was no association between satisfaction levels and the selected baseline variables [11]. The study concluded that nurse educators are satisfied with their jobs. A descriptive study was conducted in August 2019 in Maharajgunj, Nepal, at nursing colleges to assess stress among nursing teachers across different colleges in Morang. Purposive sampling was used to select 108 nursing teachers at different colleges in Morang. Data was collected using a standard tool, i.e., Teacher Stress Inventory, developed by Fimian. Descriptive and inferential statistics were used to analyze the data. Results revealed that 50% of the subjects were in the 30-40-year age group. The majority (68.5%) of them were nurse instructors, while 25.9% were lecturers. More than half (60.2%) worked on a contract basis, and most (77.3%) worked 6-7 hours a day. Regarding areas of stress, the majority (64.8%) reported moderate stress in time management, while 41.7% reported moderate stress related to work. Professional distress, discipline, and motivation caused mild stress in 39.8% and 43.5%, respectively. Among the 108 nursing faculty, 63.9% had medium levels of stress, 20.4% had high levels, and 15.7% had low levels. The study concluded that stress was highly prevalent among nursing teachers and manifested across different systems. Researchers suggested taking necessary measures to reduce stress among nursing teachers [15].

3. Materials and Methods

The study adopted a quantitative research approach and a cross-sectional design to assess the biopsychosocial issues of nurses and nursing educators in selected hospitals and colleges in Kannur. The study was carried out at selected hospitals and colleges in Kannur district, Kerala, India. In this study, the sample comprised 79 nurses and 65 nurse educators, selected using a snowball sampling technique. Nurses and nurse educators who were willing to participate and available at the time of data collection were included. Data was collected using a demographic profile and a modified bio-psychosocial rating scale.

4. Results and Findings

4.1. Description of Demographic Characteristics of Nurses

In this study, more than half (65.8%) of the nurses were in the a5-29 years' age group. Around 10.1% was in the 35-39 years' age group, and 7.6% in the 40-44 years' age group. Very few people (3.8) were in the 45-49 age group. Among the samples, most (96.2%) of the nurses were female, and only 3.8% were male. Most (72.15%) of the nurses belonged to nuclear families, and 26.58% to joint families. Only a few proportions (1.27) belonged to the extended family. More than half (52%) of the nurses had a B.Sc., and 37.9% had a GNM. Very few proportions (7.6%) of the nurses were educated up to Post B.Sc. nursing, and only 2.5% of them had post - graduation in nursing. Around 34.2% of the nurses had 1-2 years of experience, while 32.9% had more than 6 years. Around 16.4% of the nurses were freshers, and 16.5% of them had 3-5 years of experience. Most (97.4%) of the nurses had no bad habits. Very few proportions, 1.3% of them, had the habits of smoking and alcohol consumption. None of them had the habit of using tobacco. Around 40.5% of nurses never exercise, and 37.9% exercise occasionally. Around 14% of the nurses used to perform exercise daily, and a very small proportion (7.6%) did it weekly. Most (92.4%) of the nurses didn't have any comorbidities, and 3.79% of them were diagnosed with hypertension. Around 3.8% of them had Diabetes Mellitus also. The presence of CVD, CKD, etc., was not reported among them.

4.2. Description of Demographic Characteristics of Nurse Educators

Among the samples, around 30.7% of the nurse educators were in the 30-34 years age group, whereas 27.7% were in the 35-39 years age group. Around 26.2 % of them were in the 25-29 years group, and 7.7 % was present in the 40-44 and 45-49 groups, respectively. Most (93.8%) of the nurse educators were females, and only 6.2% was male. Most (66.2%) of the nurse educators were from nuclear families, and 27.7% were from joint families. Only a few proportions (6.1%) belonged to extended families. 78.5% of the nurse educators were postgraduates, and 18.5% were graduates. Very few (0.3%) had Post Basic B.Sc. Nursing, and none had completed a PhD in nursing. The percentages of lectures and assistant professors were the same, i.e., 26.2%. Among the nurse educators, 21.5% were nursing tutors and 15.4% were associate professors. Very few were professors (10.7%). Most (98.5%) of the nurse educators had no bad habits. Very few proportions (1.5%) of them had the habit of alcohol consumption. None of them had the habit of smoking or using tobacco. Almost half (49.2%) of the nurse educators used to perform exercise occasionally, and 30.8% never did. Very few people (13.8%) performed daily exercise, and 6.2% performed weekly exercise. 89.3% of the nurse educators had no comorbidities, while Hypertension and Diabetes Mellitus were reported among 4.6% of them. Very few people; 1.5% have hard cardiovascular disease. CKD was not reported among any of them.

4.3. Description of the Severity of Bio-Psychosocial Issues

Table 1 depicts that among nurses, 8.9% had mild bio-psychosocial issues, whereas 62% of them had moderate and 29.1% had severe issues.

Table 1: Distribution of samples according to severity of bio-psychosocial issues (N-144)

Severity of Bio-psychosocial issues	Range	Bio-psychosocial issues score			
		Nurses (n-79)		Nurse Educators (n-65)	
		f	%	f	%
Mild	1 - 50	07	8.9	8	12.3
Moderate	51 - 100	49	62	44	67.7
Severe	101 - 150	23	29.1	13	20

Maximum score – 150

Among nurse educators, 12.3% of them had mild bio-psychosocial issues, while 67.7% had moderate and 20% had severe issues, as illustrated in Figure 1.

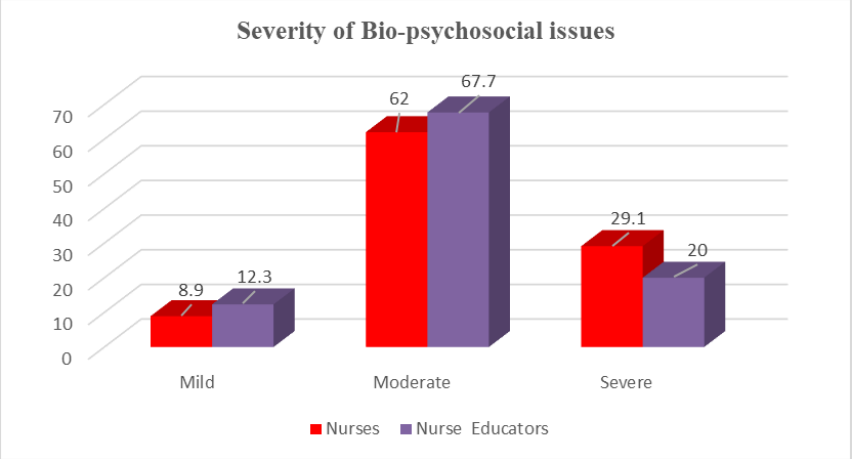

Figure 1: Percentage distribution of nurses and nurse educators according to the severity of bio-psychosocial issues

Table 2 shows the mean, median, and SD of nurses' bio-psychosocial issues score were 86.9, 84, and 28.04, respectively. Similarly, the above-mentioned values of nurse educators were 77.46, 76, and 23.7, respectively.

Table 2: Range, mean, median, and standard deviation of bio-psychosocial issue scores of nurses and nurse educators (N-144)

Severity of Bio-Psychosocial Issues of Nurses and Nurse Educators	Range	Mean	Median	Standard deviation
Nurses (n-79)	32 - 142	86.9	84	28.04
Nurse Educators (n-65)	35 - 134	77.46	76	23.7

Maximum score – 150

4.4. Comparison of the severity of bio-psychosocial issues

Table 3 shows that the mean bio-psychosocial issue scores for nurses were 86.9, and for nurse educators, 77.46. The mean difference between them was 9.44. The calculated 'p' value is less than 0.01 at the 0.05 level of significance.

Table 3: Mean and SD of bio-psychosocial issue scores of nurses and nurse educators (N-144)

Group	Mean Bio-psychosocial issue score		Mean difference	Standard deviation		'p' value
	Nurses (n-79)	Nurse Educators (n-65)		Nurses (n-79)	Nurse Educators (n-65)	

Nurses and Nurse Educators	86.9	77.46	9.44	28.04	23.7	<0.01*

**Significant*

4.5. Association Between Bio-Psychosocial Issues and Selected Demographic Variables of Nurses and Nurse Educators

Table 4 reveals a significant association between bio-psychosocial issues and nurses' habits, and no significant association between the remaining demographic variables and bio-psychosocial issues; hence, the test is statistically significant at the $p < 0.05$ level.

Table 4: Association between bio-psychosocial issues and selected demographic variables of nurses (N=79)

No.	Variables	X^2 value	df	P value	Inference
1	Age	0.207	5	0.347	Not significant
2	Gender	65.3	4	0.072	Not significant
3	Religion	94.4	4	0.640	Not significant
4	Type of family	79.5	4	0.935	Not significant
5	Marital status	0.102	4	0.434	Not significant
6	Number of children	0.110	4	0.237	Not significant
7	Education	0.162	2	0.230	Not significant
8	Years of experience	0.152	4	0.450	Not significant
9	Dietary pattern	68.1	4	0.994	Not significant
10	Habits	0.158*	4	0.001	**Significant***
11	Exercise pattern	0.141	4	0.695	Not significant
12	Co-morbidities	0.131	2	0.022	Not significant

*P <0.05 *significant*

Table 5 shows that there was no significant association between biopsychosocial issues and selected demographic variables among nurse educators.

Table 5: Association between bio-psychosocial issues and selected demographic variables of nurse educators (N=65)

No.	Variables	X^2 value	df	'p'value	Inference
1	Age	0.185	5	0.554	Not significant
2	Gender	47.7	2	0.445	Not significant
3	Religion	0.123	4	0.855	Not significant
4	Type of family	93.2	4	0.505	Not significant
5	Marital status	98.6	4	0.997	Not significant
6	Number of children	0.109	4	0.145	Not significant
7	Education	89.7	4	0.606	Not significant
8	Years of experience	0.195	5	0.354	Not significant
9	Dietary pattern	0.105	4	0.201	Not significant
10	Habits	65.0	2	0.042	Not significant
11	Exercise pattern	0.162	4	0.111	Not significant
12	Co-morbidities	0.157	4	0.169	Not significant

5. Discussion

The present study assessed baseline characteristics and the severity of bio-psychosocial issues among nurses and nurse educators and examined differences and associations with selected demographic variables. The participants were predominantly female in both groups, which is consistent with the gender distribution of the nursing profession reported in earlier studies [9]. In this study, the nurses were largely younger, whereas the nurse educators were mainly in the 30–39-year age group, reflecting expected professional progression from clinical practice to academic roles. Similar age trends were reported by Bhatia et al. [8] and Kalikotay [15]. Most participants were married, belonged to nuclear families, and had one to two children. These demographic characteristics are comparable to those reported in previous Indian studies. They are relevant because marital responsibilities and family demands have been identified as contributors to occupational stress among nurses [10]. Educational profiles differed between nurses and nurse educators, with nurses primarily holding a B.Sc. Nursing or GNM qualifications, while nurse educators were predominantly postgraduates, align with academic role requirements [11]. Lifestyle patterns showed

that the majority followed a mixed diet, reported no unhealthy habits, and engaged in little or only occasional physical activity. Similar findings were reported by Fernandes and Nirmala [9], who emphasized that demanding work schedules often limit nurses' self-care practices. The low prevalence of co-morbidities in both groups may be attributed to the relatively young age of participants.

However, the presence of hypertension and diabetes in small proportions warrants preventive attention. Regarding the severity of bio-psychosocial issues, most nurses and nurse educators experienced moderate levels, with a higher proportion of severe issues among nurses. This finding is consistent with earlier studies reporting moderate to high levels of stress among nurses in clinical settings. The Goa-based study also reported that more than half of nurses experienced moderate stress, reinforcing the widespread nature of workplace stress in nursing. Among nurse educators, moderate stress predominated, consistent with Kalikotay [15], who reported that the majority of nursing teachers experienced medium stress levels. A statistically significant difference in mean bio-psychosocial issue scores was observed between nurses and nurse educators, with nurses reporting higher scores. This suggests that clinical nurses experience a greater bio-psychosocial burden than nurse educators. Clinical nursing involves shift work, high patient care acuity, emotional problems, and work–family conflict, all of which have been identified as major stressors in earlier studies [10].

In contrast, nurse educators, despite facing academic and administrative pressures, may benefit from relatively stable work schedules, which could lower biopsychosocial stress levels. This is supported by Thomas et al. [14], who reported high levels of job satisfaction among nurse educators. In the present study, a significant association was found between bio-psychosocial issues and habits among nurses, while no association was observed with other demographic variables. This finding indicates that lifestyle behaviours may influence nurses' overall well-being. Gupta and Prasad [6] similarly highlighted the contribution of psychological and lifestyle factors to stress among female staff nurses. No significant association was observed between biopsychosocial issues and selected demographic variables among nurse educators, consistent with the findings of Thomas et al. [14]. This may suggest that stress among nurse educators is influenced more by institutional and professional demands rather than individual demographic characteristics. Overall, the findings of the present study align with existing literature and emphasize that bio-psychosocial issues are prevalent among both nurses and nurse educators, with a significantly higher burden among nurses. The results underscore the need for organizational strategies, such as stress-management programs, the promotion of healthy lifestyle practices, and supportive work environments, to enhance biopsychosocial well-being, particularly among clinical nurses.

6. Conclusion

Health care management emphasizes job satisfaction and dissatisfaction because they affect employee performance, organizational effectiveness, and service quality. Job satisfaction and performance have always been linked by research. Happy workers are more motivated, productive, and willing to help the company succeed. Performance frequently leads to higher cash benefits, social recognition, professional progress, and psychological well-being. Work discontent, however, can harm employees and companies. Lower productivity, absenteeism, worker turnover, workplace accidents, occupational stress, burnout, and unionization can result. The unfavourable organizational culture and individual employee results reduce the institution's efficiency. Healthcare nurses are essential for safe, effective, and compassionate patient care. Their health, motivation, and productivity affect patient outcomes, care quality, and corporate success. Educators are unique among nurses. They plan, execute, evaluate, and improve nurse education and training programs. Nurse educators are mentors, role models, and learning facilitators with clinical expertise and a love of teaching. Their work ensures nurses are knowledgeable, skilled, and ready for health care changes. Nurse educators must work in a safe, supportive, pleasant, and respectful environment. Job satisfaction can be increased by enough resources, career advancement, recognition, fair pay, and good co-worker interactions. A healthy work environment helps nurse educators perform well, maintain their passion for teaching, and produce a high-calibre nursing workforce, increasing patient care and health services.

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References

1. N. D. Buthelezi and K. D. Shopo, "Challenges experienced by nurse educators developing postgraduate nursing diploma curriculum programmes, Gauteng," *Curationis*, vol. 46, no. 1, pp. 1–10, 2023.
2. S. Kavunthi, S. Venkateswaran, P. Sudha, and N. R. B. Sridharlakshmi, "Cultivating quality work-life balance: A critical factor in enhancing nursing careers and patient wellbeing," *AVE Trends in Intelligent Social Letters*, vol. 1, no. 2, pp. 104–112, 2024.
3. M. A. Fawaz, A. M. Hamdan-Mansour, and A. Tassi, "Challenges facing nursing education in the advanced health care environment," *International Journal of Africa Nursing Sciences*, vol. 9, no. 1, pp. 105–110, 2018.
4. S. B. Kiruba, R. B. Sulaiman, A. Prabha, M. Paslavskyi, and C. C. Angelin, "Analysing job satisfaction and work environment: An internal audit of a management consulting firm," *AVE Trends in Intelligent Technoprise Letters*, vol. 2, no. 1, pp. 40–50, 2025.
5. A. Mosher, "Current trends and challenges in nursing education," *Health eCareers*, 2023. [Accessed by 25/05/2025].
6. M. Gupta and K. Prasad, "Psychological and financial problems among female staff nurses: A descriptive study," *Nursing Journal of India*, vol. 109, no. 6, pp. 274–278, 2018.
7. N. Geethanjali, K. M. Ashifa, A. Raina, J. Patil, R. Byloppilly, and S. S. Rajest, "Application of strategic human resource management models for organizational performance," in *Advances in Business Information Systems and Analytics, IGI Global*, United States of America, 2023.
8. T. T. Jose and S. M. Bhat, "A descriptive study on stress and coping of nurses working in selected hospitals of Udupi and Mangalore districts Karnataka, India," *IOSR Journal of Nursing and Health Science*, vol. 3, no. 1, pp. 10–18, 2013.
9. W. N. Fernandes and R. Nirmala, "Workplace stress and coping strategies among Indian nurses: Literature review," *Asian Journal of Nursing Education and Research*, vol. 7, no. 3, pp. 449–454, 2017.
10. S. Venkataraman, S. Anbazhagan, and S. Anbazhakan, "Quality of nursing work life among staff nurses in a tertiary care hospital in Puducherry," *International Journal of Community Medicine and Public Health*, vol. 5, no. 9, pp. 3853-3859, 2018.
11. N. Bhatia, J. Kishore, T. Anand, and R. C. Jiloha, "Occupational stress among nurses of two tertiary care hospitals in Delhi," *Australasian Medical Journal*, vol. 3, no. 11, pp. 731–738, 2010.
12. N. Mohite, M. Shinde, and A. Gulavani, "Occupational stress among nurses working at selected tertiary care hospitals," *International Journal of Scientific Research*, vol. 3, no. 6, pp. 999-1005, 2014.
13. D. Rajan, "Stress and morale: A comparative study among nurses," *Training and Development Journal*, vol. 5, no. 2, pp. 98–118, 2014.
14. S. Thomas, S. S. Baby, S. R. Raju, T. R. Thomas, G. D. Souza, A. P. Pavitha, and P. J. Fernandes, "A descriptive study to assess the level of job satisfaction of nurse educators in a selected college of nursing in Mangalore," *International Journal of Nursing Education and Research*, vol. 5, no. 4, pp. 359–363, 2017.
15. B. Kalikotay, "Assessment of stress among nursing teachers of different colleges in Morang," *International Journal of Health Sciences and Research*, vol. 9, no. 8, pp. 274–281, 2019.
16. D. F. Polit and B. P. Hungler, "Nursing Research: Principles and Methods," 6th ed., *Lippincott*, Pennsylvania, United States of America, 1999.
17. S. K. Sharma, "Nursing Research and Statistics," 2nd ed., *Reed Elsevier India Pvt. Ltd*, New Delhi, India, 2014.