

Emotional Health Status and Lifestyle: A Proposed Health Program for Nurse Academicians

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ABSTRACT

In contemporary society, healthcare workers, particularly nurse academicians, face unique challenges related to occupational stress, work-life balance, and burnout that significantly impact their emotional health and lifestyle choices. This study investigated the emotional health status and lifestyle practices of nurse academicians in Samar Province, aiming to propose a tailored health program. Utilizing a descriptive-correlational design, data was collected from 42 nurse academicians using standardized instrument for emotional health (Depression Anxiety Stress Scale-21 (DASS-21)) and validated instrument for lifestyle/health risk. Findings revealed that while nearly half of the respondents reported normal depression and stress levels, a notable portion experienced moderate to severe symptoms, with anxiety being particularly prevalent across all severity levels. Anxiety was

significantly associated with sex and length of service, increasing with longer tenure. Lifestyle assessment indicated moderately healthy practices in physical activity and nutrition, with inconsistencies in consistent exercise and balanced diets. Sleep, mental health, and social support were generally healthy, though consistent adequate sleep was a moderate risk. Weight management also showed inconsistent healthy habits despite good health awareness. Crucially, the study found significant negative relationships between emotional health and lifestyle factors. Healthier nutrition and sleep habits were linked to reduced stress and depression, and improved sleep was associated with lower anxiety. These results underscore the critical need for a comprehensive health program that provides universal strategies for well-being while offering targeted interventions for anxiety, nutrition, sleep, and weight management, considering demographic and professional nuances. Such a program, prioritizing modifiable lifestyle factors, can enhance emotional resilience and foster a healthier, more productive workforce among nurse academicians.

Keywords: *emotional health status, lifestyle practices, nurse academicians, DASS-21, health program, descriptive-correlational research*

INTRODUCTION

Health and wellness are central to human productivity and professional effectiveness. Among nurse academicians, these concerns become more important because their roles combine teaching, clinical competence, mentoring, scholarship, and institutional service. Nurse educators are expected to prepare future health professionals while continuously managing work demands that may affect their emotional well-being and lifestyle practices. Studies on nurse academics and nursing faculty have linked heavy workload, limited institutional support, work-life imbalance, burnout, and workplace stress with poorer well-being and lower career satisfaction (Dugger, 2023; Melnyk et al., 2023; Singh et al., 2021).

In the Philippine and regional context, nurse educators also face challenges associated with academic production, teaching loads, caregiving expectations, and limited structured wellness programs. These conditions may contribute to depression, anxiety, stress, poor sleep, inconsistent physical activity, unhealthy eating habits, and

other lifestyle risks. The literature consistently emphasizes that emotional health and lifestyle behaviors are interrelated, with stress and burnout often affecting eating patterns, sleep quality, physical activity, and self-care practices (Caboral-Stevens et al., 2023; Nashwan et al., 2021; Oh & Boo, 2021).

This study addressed the need for localized evidence on emotional health and lifestyle among nurse academicians in Samar. It examined respondents' profile characteristics, emotional health status, lifestyle and health risk status, and the relationships among these variables. The findings served as the basis for a proposed health program for nurse academicians.

Conceptual framework of the study

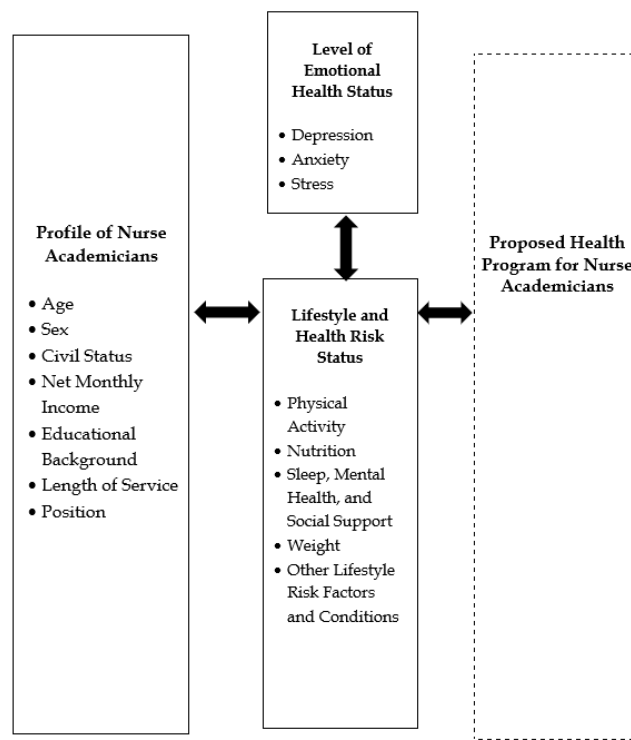


Figure 1. *Conceptual Framework of the Study*

Literature Review

Emotional health among nurse academicians

Emotional health among nurse educators is shaped by workload, role strain, institutional culture, and the continuing demand to remain clinically and academically competent. Melnyk et al. (2023) reported that wellness culture and perceived mattering were associated with mental health outcomes among doctorally prepared nursing faculty. Singh et al. (2021, 2022) similarly described the work experiences of nurse academics as shaped by workload, professional expectations, and institutional challenges. These findings support the need to examine depression, anxiety, and stress among nurse academicians as multidimensional outcomes of the academic work environment.

Lifestyle practices and health risk status

Lifestyle practices influence emotional and physical health. Physical activity has been associated with better occupational and mental health among nurses (Das & Adams, 2021). Nutrition and eating behaviors are also linked with stress and health perceptions among health professionals and academics (Erkin & Kocacal, 2022). Sleep, mental health, and social support are especially important because fatigue, poor sleep quality, and limited support may intensify emotional distress (Caboral-Stevens et al., 2023; Nashwan et al., 2021).

Relationship between lifestyle and emotional health

Research shows that healthier lifestyle patterns may buffer emotional distress. Oh and Boo (2021) found that poorer mental health was associated with weaker health-promoting lifestyle behaviors. Orszulak et al. (2022) also demonstrated links between nurses' quality of life and healthy behaviors. Intervention studies and wellness program models further suggest that resilience-building, physical activity, nutrition, sleep hygiene, and social support strategies can help reduce burnout and strengthen well-being (Castillo-Gonzalez et al., 2023; Erika et al., 2023).

Theoretical foundations

The study was anchored on Orem's Self-Care Deficit Theory, Lazarus and Folkman's stress and coping perspective, and Bandura's Social Cognitive Theory. Orem's theory highlights the need for individuals and institutions to support self-care behaviors (Tanaka, 2022; Yip, 2021). Bandura's framework emphasizes the reciprocal relationship between personal factors, environment, and behavior (Ilmiani et al., 2021). Together, these perspectives explain how nurse academicians' emotional health and lifestyle behaviors may be shaped by individual self-care capacity, coping processes, and workplace support.

METHODS

Research Design

The study used a descriptive-correlational research design. This design was appropriate because the study described the profile, emotional health status, and lifestyle practices of nurse academicians and examined relationships among selected variables without manipulating the study conditions (Aggarwal & Ranganathan, 2019).

Participants and Sampling Technique

The respondents were 42 nurse academicians in Samar. The respondents represented different age groups, sex, civil status, monthly income, educational backgrounds, lengths of service, and academic positions. The sample provided the basis for assessing emotional health, lifestyle practices, and related health risks among nurse academicians.

Research Instruments

The study used two main instruments. The first was the Depression Anxiety Stress Scale-21 (DASS-21), which measured depression, anxiety, and stress. The second was a lifestyle and health risk assessment tool that measured physical activity, nutrition, sleep, mental health and social support, weight, and other lifestyle risk factors and conditions. The instrument used five response categories from never to always, with corresponding interpretations from very unhealthy lifestyle/high risk to very healthy lifestyle/very low risk.

Data Gathering Procedure

Permission and ethical clearance were secured before data collection. Respondents were informed about the purpose of the study, voluntary participation, confidentiality of responses, and the academic use of the data. Survey data were collected, encoded, checked for completeness, and prepared for statistical analysis.

Data Analysis

Frequency and percentage were used to describe respondent profiles and DASS-21 classifications. Median scores were used to describe lifestyle and health risk status. Spearman rho and Fisher's Exact Test were used to determine relationships between emotional health status, profile variables, and lifestyle domains. The level of significance was set at 0.05.

Ethical Consideration

The study observed informed consent, voluntary participation, confidentiality, responsible data handling, and ethical reporting of results. Ethical clearance was obtained prior to the conduct of the study.

RESULTS AND DISCUSSION

Profile of the nurse academicians

The respondents were mostly within the productive adult age groups, with the largest proportions aged 35-44 years (40.5%) and 25-34 years (38.1%). Most were female (69.0%), single (54.8%), and held Instructor I-III positions (61.9%). The mean age was 35.86 years and the mean length of service was 7.38 years. These results indicate that the respondents were predominantly early- to mid-career nurse academicians who may still be balancing professional development, teaching responsibilities, and personal wellness needs.

Table 1. *Profile of nurse academicians*

Profile	Profile	Frequency (f)	Percentage (%)
Age	55 - 64	2.0	4.8
Age	45 - 54	3.0	7.1
Age	35 - 44	17	40.5
Age	25 - 34	16	38.1
Age	20 - 24	4	9.5
Age	Total	42	100.0
Sex	Female	29	69.0
Sex	Male	13	31.0
	Total	42	100.0
Civil Status	Married	19	45.2
Civil Status	Single	23	54.8
Civil Status	Total	42	100.0
Net Monthly Income (in Php)	≥40000	11	26.2
Net Monthly Income (in Php)	35000 - 39999	2	4.8
Net Monthly Income (in Php)	30000 - 34999	7	16.7
Net Monthly Income (in Php)	25000 - 29999	7	16.7
Net Monthly Income (in Php)	20000 - 24999	6.0	14.3
Net Monthly Income (in Php)	15000 - 19999	5.0	11.9
Net Monthly Income (in Php)	10000 - 14999	4.0	9.5
Net Monthly Income (in Php)	Total	42	100.0
	Mean	32, 822.00	32, 822.00
Length of Service	18 - 20	2	4.8
Length of Service	15 - 17	3	7.1
Length of Service	12 - 14	4	9.5
Length of Service	9 - 11	4	9.5
Length of Service	6 - 8	5	11.9
Length of Service	2 - 5	14	33.3
Length of Service	<1 year	8	19.0
Length of Service	Total	42	100.0
	Mean	7.38	7.38
	SD	6.51	6.51
Position	Associate Professor I-V	10	23.8
Position	Assistant Professor I-IV	3	7.1
Position	Instructor I-III	26	61.9
Position	Total	42	100.0

Educational background results showed that most respondents were nursing graduates (92.86%). In terms of highest educational attainment, 38.1% were college graduates, 23.8% had master's units, 16.7% had doctoral units, 11.9% had doctoral degrees, and 9.5% had master's degrees. This profile suggests a workforce that is academically developing and may benefit from wellness support that considers graduate studies, academic rank, and career advancement demands.

Table 2. *Educational background of nurse academicians*

Degree	Educational Background	Educational Background	Educational Background	Educational Background	Educational Background	Educational Background	Total	Percent
Degree	Nursing	Nursing	Juris Doctor	Juris Doctor	Family Health Nurse	Family Health Nurse	Total	Percent
Degree	f	%	f	%	f	%		
Doctoral Degree	4	10.3	1	50.0	0	0.0	5	11.9
With Doctoral Units	5	12.8	1	50.0	1	100.0	7	16.7
Master's Degree	4	10.3	0	0.0	0	0.0	4	9.5
With Master's Units	10	25.6	0	0.0	0	0.0	10	23.8
College Graduate	16	41.0	0	0.0	0	0.0	16	38.1
Total	39	100.0	2	100.0	1	100.0	42	100.0
Percent	92.86	-	4.76	-	2.38	-	100.0	-

Emotional health status

The emotional health results revealed mixed conditions among nurse academicians. For depression, 47.6% were classified as normal, but 52.4% reported mild to extremely severe levels. Anxiety appeared more pronounced: only 19.0% were normal, while 35.7% were moderate, 14.3% were severe, and 23.8% were extremely severe. Stress was less severe overall, with 59.5% classified as normal, but 40.5% still experienced mild to extremely severe stress. These findings indicate that although many respondents were functioning within normal stress parameters, anxiety and depression remained important wellness concerns.

Table 3. *Depression status of nurse academicians*

Depression Status	Frequency (f)	Percentage (%)
0 - 9 Normal	20	47.6
10 - 13 Mild	7	16.7
14 - 20 Moderate	10	23.8
21 - 27 Severe	3	7.1
28+ Extremely Severe	2	4.8
Total	42	100.0

Table 4. *Anxiety level of nurse academicians*

Anxiety Level	Frequency (f)	Percentage (%)
0 - 7 (Normal)	8	19.0
8 - 9 (Mild)	3	7.1
10 - 14 (Moderate)	15	35.7
15 - 19 (Severe)	6	14.3
20+ (Extremely Severe)	10	23.8
Total	42	100.0

Table 5. *Stress level of nurse academicians*

Stress Level	Frequency (f)	Percentage (%)
0 - 14 (Normal)	25	59.5
15 - 18 (Mild)	4	9.5
19 - 25 (Moderate)	9	21.4
26 - 33 (Severe)	2	4.8
34+ (Extremely Severe)	2	4.8
Total	42	100.0

Correlation findings showed that anxiety was significantly associated with sex ($p=.024$) and length of service ($p=.033$). Depression and stress were not significantly related to the profile variables. This suggests that emotional health concerns, especially anxiety, may vary according to gendered experiences and professional tenure. The result supports the need for wellness interventions that are sensitive to faculty career stage and personal circumstances.

Table 6. *Relationship between emotional health status and profile variables*

Profile	Emotional Health Status	Emotional Health Status	Emotional Health Status	Emotional Health Status	Emotional Health Status	Emotional Health Status
Profile	Depression	Depression	Stress	Stress	Anxiety	Anxiety
Profile	Coefficient	p-value	Coefficient	p-value	Coefficient	p-value
Age	.129ns	.417	.064ns	.689	.246ns	.117
Sex	6.500ns	.128	5.350ns	.230	9.523s	.024
Civil Status	10.410ns	.268	9.340ns	.318	10.208ns	.365
Net Monthly Income	-.029ns	.854	-.049ns	.758	.149ns	.347
Highest Educational Attainment	-.102ns	.522	.081ns	.610	.023ns	.883
Educational Background	8.755ns	.582	8.672ns	.378	7.987ns	.779
Length of Service	.207ns	.189	.147ns	.354	.330s	.033
Position	-.167ns	.291	-.041ns	.797	.005ns	.977

Lifestyle and health risk status

The lifestyle assessment showed that respondents had moderately healthy practices in physical activity, nutrition, and weight. Sleep, mental health, and social support were rated as healthy, while other lifestyle risk factors and conditions were rated very healthy/very low risk. These results suggest that nurse academicians possess health knowledge and some positive self-care behaviors, but consistency remains a concern, especially in physical activity, nutrition, and weight-management behaviors.

Table 7. *Summary of lifestyle and health risk status*

Lifestyle domain	Overall median score	Scale	Interpretation
Physical activity	3.5	Sometimes	Moderately healthy / Low risk
Nutrition	3.0	Sometimes	Moderately healthy / Low risk
Sleep, mental health, and social support	4.0	Often	Healthy lifestyle / Low risk
Weight	3.5	Sometimes	Moderately healthy / Low risk
Other lifestyle risk factors and conditions	4.5	Often	Very healthy lifestyle / Very low risk

Significant associations were observed between lifestyle domains and selected profile variables. Nutrition was associated with sex, educational background, and position. Sleep, mental health, and social support were associated with educational background and position. Weight was associated with income, educational background, length of service, and position. These findings suggest that lifestyle patterns are not purely individual choices but are also influenced by professional and socioeconomic contexts.

Table 8. *Significant relationships between lifestyle domains and profile variables*

Lifestyle domain	Significant profile variable/s	Direction/interpretive note
Nutrition	Sex (p=.023); Educational background (p=.032); Position (p=.018)	Lifestyle patterns differed across sex, educational preparation, and faculty rank.
Sleep, mental health, and social support	Educational background (p=.018); Position (p=.002)	Educational and occupational contexts were linked with restorative rest and support patterns.
Weight	Net monthly income (p=.040); Educational background (p=.017); Length of service (p=.018); Position (p=.048)	Economic and professional variables were associated with weight-related health behaviors.

Relationship between emotional health and lifestyle

The results revealed significant negative relationships between selected lifestyle domains and emotional health concerns. Nutrition was significantly and negatively related to stress ($r=-.340$, $p=.027$) and depression ($r=-.471$, $p=.002$). Sleep, mental health, and social support were significantly and negatively related to stress ($r=-.332$, $p=.032$), depression ($r=-.507$, $p=.001$), and anxiety ($r=-.440$, $p=.004$). Other lifestyle risk factors and conditions were also significantly related to depression ($r=-.407$, $p=.008$). These findings mean that healthier lifestyle practices were associated with lower emotional distress, particularly depression, stress, and anxiety. The strongest relationship was between sleep/social support and depression, emphasizing restorative rest and social connection as priority areas for intervention.

Table 9. *Relationship between emotional health status and lifestyle and health risk status*

Lifestyle and health risk domain	Stress r / p	Depression r / p	Anxiety r / p	Interpretation
Physical activity	-.022 / .890	-.254 / .105	-.104 / .511	Not significant
Nutrition	-.340 / .027	-.471 / .002	-.235 / .134	Significant negative relationship with stress and depression
Sleep, mental health, and social support	-.332 / .032	-.507 / .001	-.440 / .004	Significant negative relationship with stress, depression, and anxiety
Weight	.094 / .555	-.115 / .466	.046 / .771	Not significant
Other factors	-.274 / .079	-.407 / .008	-.251 / .108	Significant negative relationship with depression

The framework links the profile of nurse academicians, emotional health status, and lifestyle and health risk status as interacting factors that inform the proposed health program. The model reflects the assumption that emotional well-being and lifestyle practices influence each other and should be addressed through an integrated wellness intervention.

Proposed health program

Based on the findings, the Nurse Academician Wellness Initiative (NAWI) was developed as a comprehensive health program. The program addresses the most relevant findings: emotional distress, inconsistent

nutrition practices, restorative rest needs, weight-management concerns, and the need for physical activity and institutional wellness support.

Table 10. *Proposed Nurse Academician Wellness Initiative*

Program component	Key activities	Objectives / expected outcomes	Monitoring and evaluation
Emotional Health and Resilience: The Mid-Fit Series	Quarterly cognitive-behavioral workshops; monthly peer-support circles; confidential counseling referral system	Reduce anxiety, depression, and stress; strengthen resilience and social support	Pre/post surveys, attendance logs, program feedback, six-month follow-up
Sleep and Restorative Rest: Sleep-Well Campaign	Sleep hygiene workshops; digital detox promotion; campus rest/napping spaces	Improve sleep hygiene and reduce fatigue and work-related stress	Sleep-quality surveys, usage logs, digital-detox feedback
Nutritional and Metabolic Wellness: Nourish-RN Program	Healthy cafeteria options; hydration stations; mindful eating and nutrition workshops	Promote healthier food choices, hydration, and weight-management behaviors	Healthy-option monitoring, eating-habit surveys, BMI/BP/blood sugar screening
Physical Activity and Engagement: Active-Academic Challenge	Ten-minute activity breaks; step-count challenges; annual wellness fair	Increase participation in physical activity and improve health indicators	Activity logs, participation records, screening results, participant feedback

CONCLUSION

The study concludes that nurse academicians experience varied levels of emotional health concerns, with anxiety appearing as the most pronounced issue. Although stress was normal among the majority of respondents, a substantial proportion still experienced mild to extremely severe emotional distress. The respondents generally demonstrated moderately healthy to healthy lifestyle practices, but nutrition, physical activity, and weight-related behaviors require further strengthening.

The study further concludes that selected profile variables are related to anxiety and lifestyle practices. Sex and length of service were associated with anxiety, while educational background, position, income, and length of service showed relationships with selected lifestyle domains. Most importantly, nutrition and sleep, mental health, and social support were significantly and negatively related to emotional health concerns. Thus, healthier lifestyle practices are linked with reduced depression, anxiety, and stress among nurse academicians.

Overall, the results establish the need for an institution-based wellness program that integrates emotional resilience, nutrition, restorative rest, physical activity, and metabolic wellness. The Nurse Academician Wellness Initiative provides a practical response to the identified needs of nurse academicians.

Recommendations

Academic institutions should institutionalize a wellness program for nurse academicians that includes mental health screening, resilience-building sessions, nutrition education, sleep hygiene activities, and physical activity promotion. The program should be implemented through coordinated efforts among department heads, human resource offices, health services units, and wellness committees.

Nurse academicians should be encouraged to engage in regular self-care practices, including consistent sleep routines, active breaks, balanced nutrition, stress-management strategies, and peer support. Department leaders should also review workload distribution and create supportive environments that reduce occupational fatigue and promote wellness culture.

Future researchers may replicate the study using a larger sample, include nurse academicians from other regions, and employ mixed-method or longitudinal designs to capture deeper explanations of emotional health and lifestyle patterns. Future studies may also evaluate the effectiveness of the proposed Nurse Academician Wellness Initiative after implementation.

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