Quality of Work Life in Higher Education Institution: The Perception of Nurse Educators at Faculty of Nursing, Alexandria University

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Abstract: Nurse educators as one of the most crucial factors of nursing institutions play a critical role in educating and training specialized feature workforces. At the same time, they are continually geared toward learning to expand their capacity to achieve the desired outcomes of their organizations. In order to achieve this, it is very important to maintain quality of work life (QWL) among nurse educators to maintain the sustainability and viability of educational nursing institutions. Aim: The study aims to assess QWL as perceived by nurse educators and to study the association between nurse educators' QWL and their socio-demographic and professional/ Academic characteristics. Method: A descriptive study was conducted using Nurse Educators' Quality of Work Life Questionnaire that was given to 170 nurse educators working in nine departments at Faculty of Nursing, Alexandria University. Results: The majority of nurse educators had moderate levels of QWL. Collegial relations and work life are the highest perceived QWL dimensions by the study participants, while rewards and support services are the lowest ones. Moreover, there were statistical significant differences among nurse educators' overall QWL in relation to their socio-demographic and academic characteristics in terms of sex, marital status, and department (specialty).

Keywords: Education, Educator, Higher, Nurse, Quality, Work life.

I. INTRODUCTION

There are radical changes in the world as a result of globalization, information technology, world business competitiveness, and scarcity of resources. On the top of these changes are the changes in Egypt's political landscape as consequences of the recent revolutions which have largely changed the working conditions. Higher education especially nursing institutions have not been immune from these changes and their impact that are seen in other sectors [1-2].

Nurse educators as one of the precious resources of any society, and one of the most crucial factors of nursing institutions play a critical role in educating and training specialized feature workforces. At the same time, they are continually geared toward learning to expand their capacity to achieve the desired outcomes of their organizations [3]. In order to achieve this, it is very imperative to maintain quality of work life (QWL) among nurse educators to maintain the sustainability and viability of educational nursing institutions [1, 4].

QWL unlike job satisfaction in that job satisfaction is considered as one of the several outcomes of QWL [3]. QWL does not only affect job satisfaction but also satisfaction in other life realms such as family life, leisure life, social life, financial life, and so on. Quality of work life is a multi-dimensional construct, made up of a number of interrelated factors that need careful consideration to be conceptualized and measured [5, 6]. Neil (2009) defined QWL as work place strategies, operations, and environment that promote and maintain nurse educators' satisfaction with an aim to improve working conditions for nurse educators and organizational effectiveness [7]. In the same line, Nair and Subash (2019) addressed

QWL in terms of satisfactory or unsatisfactory work environment with which people do their work and a philosophy or a set of principles, which holds that people are the most important resource in the organization as they are trustworthy, responsible and capable of making valuable contribution to their respective organization, so they should be treated with greater dignity and full respect [8]. There are various dimensions of educators' QWL such as professional work life, reward/evaluation system, collegial relations, students, personal factors, support services, work life, and faculty institution and governance [9].

Professional work life for nurse educators focuses on the values they provided and their development through undergraduate and postgraduate teaching load, committee load, academic advising load, general work load, clerical support, academic and professional assistance, and clinical supervision [9, 10]. **Reward/evaluation system** is another dimension that concerns with how to match opportunities for scholarship and research, faculty's reward system for teaching, fit between salary and promotion with the work achievement, work benefits, and application of performance appraisal for nurse educators [11, 12]. **Collegial relations dimension** adds further view to QWL that involves the relationship of nurse educators with each other within the work department and with other departments. It considers the friendship and social fit with peers and head of department's support and guidance [13].

Furthermore, **students dimension** provides a facet of the QWL that takes into consideration both undergraduate and postgraduate students and their enthusiasm to attend classes, faculty support to the students, and their punctuality to attend lectures and practical sessions [10, 11]. **Personal factors** of the nurse educators involve the balance between the work and family needs, faculty coverage for onsite child service and family member health coverage, faculty support of family life. Balancing one's life and work life has become a prominent topic in society over the last years [14, 15]. **Support services** is another dimension of QWL which includes services such as library, health services provided, equipment and technological support, parking and the office space needed to the nurse educators [16]. The level of support offered by the educational nursing institution is an indication of the quality of work life of its nurse educators [17].

Moreover, **work life** involves nurse educators' enthusiasm about work, satisfaction, job security, safety and responsibilities of the work as they are working in complex environments while carrying out their everyday teaching practices [6]. **Institution and faculty governance** reflects mainly the nurse educators' ability to share in decisions making in the faculty's policies, mission, vision, and objectives [5, 9].

The workplace is becoming the centerpiece of the life. Since more and more time is spent at the workplace, most of nurse educators also have to find their full sense of meaning there. Moreover, the nature of nurse educators' work seems to be changed substantially. Work has been transformed into a form by which nurse educators challenge to develop them and to improve their QWL through finding a way to maintain harmony between their work lives and their personal lives [18].

Higher education requires qualified faculty staff. They have crucial duties such as integrating research with teaching as well as application of theoretical knowledge. Also, they have to devote time for developing and publishing researches and providing guidance to the students for their various needs. Moreover, they are required to participate in scientific conferences and may have managerial responsibilities. It is a great challenge to the staff of higher education to live with and they may encounter stress, anxiety and tension in their day to day life and may influence their effective contribution in the field of education. All these can influence the teaching efficiency and it can disrupt the work life balance and lead to generation of stress [19]

A study done in India (2018) showed a moderate level of QWL among the highest percentage of teachers in Higher Education Institute [20]. Another study done in Iran (2015) revealed a significant positive correlation between QWL and job satisfaction in faculty members of Zahedan University of Medical Sciences [21]. In a study done to compare between Brazilian and Canadian professors regarding their QWL (2013), it was found that in general they had good QWL [22]. Bharathi et al. (2011) assessed the perception of college teachers towards QWL and found that more than one-half of the respondents have high levels of QWL [23]. In Egypt, a study was done in 2011 to examine the relationship between the nurses' QWL and their job satisfaction. The findings indicated that there was a significant positive correlation between the nurses' QWL and their job satisfaction [24]. In 2016 another study was done to find out what are the most important dimensions of QWL among 100 employees in Egypt. The results showed that salaries and benefits, job security and personal growth and learning new things are the most important dimensions of QWL for Egyptian employees [25].

While, there are various studies emphasized the QWL internationally, it seems that the concept has been less popular in Arab World, especially Egypt [2, 3]. Given that Egypt is now undergoing dramatic changes in social and economic structure[2], more attention should be paid to factors that will improve the ability to compete in the educational world. Nurse educators' dissatisfaction of QWL is a problem that approximately damages all of them regardless of their rank and position [5].

Since Faculty of Nursing is the first accredited educational institution in Alexandria University and gained the first renewal of the accreditation status, it has faced great challenges for continuous development and efficient performance of its systems and programs to achieve its mission statements and declared goals, and to gain the confidence of the community in the graduates. So, there is a need for additional studies that examine the nurse educators' QWL in order to give insight into how to improve nurse educators' quality of work life to improve organizational performance to maintain the credit status given by the National Agency for Quality Assurance and Accreditation. Therefore, the present study aims to assess QWL as perceived by nurse educators and to study the association between nurse educators' QWL and their socio-demographic and professional/Academic characteristics.

II. BODY OF ARTICLE

Aim of the study: This study aims to:

- Assess quality of work life as perceived by nurse educators.

- Study the association between nurse educators' quality of work life and their socio-demographic and professional/ academic characteristics.

Research questions:

- What is the nurse educators' perception of their quality of work life?

- What are the associations between nurse educators' quality of work life and their socio-demographic and professional/ academic characteristics?

III. MATERIALS AND METHODS

Materials

Research design: A descriptive research design was followed in this study.

Setting:

The study was conducted at the Faculty of Nursing, Alexandria University. It is the oldest nursing faculty established in the Arab Republic of Egypt and Middle Eastern region in 1955. Also, it is the first accredited faculty at Alexandria University. It provides undergraduate and postgraduate programs in nine nursing specialties namely; Medical and Surgical, Critical Care and Emergency, Education, Obstetric and Gynecology, Pediatric, Administration, Community Health, Psychiatric and Mental Health, and Gerantology.

Subjects:

The study subjects included all nurse educators who were available and willing to participate in the study during the period of data collection in all academic nursing departments and they were 170 out of 200. In specific,19 nurse educators refused to participate in the study and 11 of them didn't complete the questionnaires. The study subjects classified into: professors (n=21), assistant professors (n=18), lecturers (n=32), assistant lecturers (n=27), demonstrators (n=44), and clinical instructors (n=28).

Tool: Nurse Educators' Quality of Work Life Questionnaire

Nurse educators' quality of work life questionnaire was developed by the researcher based on the review of current related literature [1, 5, 7, 9, 26] to assess nurse educators' quality of work life. It included 105 items grouped under 8 dimensions; professional work life (19 items), reward/evaluation system (11 items), collegial relations (14 items), students (6 items), personal factors (18 items), support services (15 items), work life (12 items), and institution and faculty

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governance (10 items). The responses were measured by using 5-point Likert scale ranging from strongly agree (5) to strongly disagree (1). The response of "Not applicable" was added. **Not Applicable (NA)** means that some items or sub-items were excluded, for example postgraduate teaching load is not applicable for the clinical instructors. The higher the score is the better the quality of work life of nurse educators. Reversed scores were done for negatively worded questions for two items.

Questions about socio-demographic and professional/academic characteristics of nurse educators were added and covered items like sex, age, marital status, number of children, residence, educational qualification, academic position, department name, years of experience since Bachelor of Nursing graduation, and in the current position.

Methods

The study was approved by the Ethical Committee of the Faculty of Nursing, Alexandria University. A written approval was obtained from the Dean Faculty of Nursing, Alexandria University, to collect the necessary data. Nurse educators' quality of work life questionnaire was developed and translated into Arabic and tested for its face and content validity by a panel of eight experts in the field of the study from the Faculty of Nursing, Alexandria University. Modifications were done based on their comments as translation of some words. The questionnaire was proved to be reliable with values being 0.886 using Cronbach's alpha coefficient test.

A pilot study was carried out on 20 nurse educators from different academic departments from different University to check and ensure the clarity of the questionnaire, identify obstacles and problems that may be encountered during data collection, and to estimate the time needed to complete the questionnaire. Based on the findings, some modifications were done such as translation of certain words into Arabic.

Data collection

After proper information given to the participants, written informed consent was taken. Right to withdraw from participating in the research was assured. Confidentiality of data, and the privacy, anonymity of study subjects was maintained. Data collection was conducted through distributing the questionnaire to the study subjects at the study settings. Time needed to fill the previously mentioned questionnaire was about 45 minutes. It took four months at 2017.

Statistical analysis:

Data were revised, coded, and fed to statistical software SPSS version 20. All statistical analyses were done using two tailed tests and alpha error of 0.05. P value equal or less than 0.05 was considered to be significant. Frequency and percentage were used to describe the categorical data along with mean score percentage and standard deviation to describe the QWL scale data, students t-test and One-Way ANOVA were used to find the association between nurse educators' QWL and their socio-demographic and professional/academic characteristics.

IV. RESULTS

Table 1 illustrates that the majority of nurse educators (97.1%) were females. Moreover, the mean age of nurse educators was 36.8± 12.77; slightly more than one-half of them (56.5%) were from 25 to less than 35 years old, while the minority of them (2.9%) were in the age group 65 years old and more. Regarding their educational qualifications, less than one-half (41.8%) of the nurse educators had Doctorate of Nursing Science and 20.0% of them had Master of Nursing Science.

Furthermore, the highest percentage (71.8%) of the nurse educators were residents inside Alexandria, while the least percentage (10.6%) were living outside Alexandria (urban). Concerning their marital status, about two-thirds of nurse educators (67.1%) were married followed by those who were single (31.2%), widowed (1.2%) and divorced (0.6%). As regards number of children, more than one-third of the nurse educators (41.0%) had two children and 14.5 of them had no children.

Table 2 shows that about one-quarter (25.9%) of the nurse educators were demonstrators, while the least percentage (2.9%) were Professors. Regarding their work specialty, the highest percentage of nurse educators (30.0%) were working in Medical and Surgical Nursing Department while the minorities (5.3%) were working in the Nursing Education equally with those working in the Gerentological Nursing Departments. In relation to years of experience since graduation, more than one-quarter of them (28.8%) had 20 and more years of experience followed by those who had less than five years of

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experience (27.6%) and the least percentage (4.1%) of them had 15 to less than 20 years of experience. On the other hand, about two-thirds (67.6%) of nurse educators had less than five years of experience in the current position, while only 3.5% of them had 15 and more years of experience in the current position.

Table 3 revealed that the majority of the nurse educators (87.1%) had moderate overall quality of work life with mean score percentage 59.4 ± 7.1. In addition, the highest percentages of nurse educators had moderate levels of all QWL dimensions except for the collegial relations dimension; the highest percentage of them (58.2%) had high level. On the other hand, the highest mean score percentages were found regarding collegial relations followed by work life (72.7% ± 4.65 and 67.3% ± 4.31 respectively), while the least were regarding rewards followed by support services (47.9% ± 4.37 and 53.4% ± 6.91 respectively).

Table 4 shows that there were statistically significant differences among the mean score percentage of nurse educators' overall QWL in relation to their sex and marital status where t= 9.784, P=0.002 and F= 3.117, P=0.028 respectively. It was found that male nurse educators had the highest overall mean score percentage of QWL (70.71±9.85). Moreover, widowed nurse educators had the highest overall mean score percentage of QWL (66.25±1.67) while single nurse educators had the lowest one (59.19±10.74).

On the other hand, no statistically significant differences were found among the nurse educators' overall quality of work life in relation to their age, educational qualification, place of residence and number of children.

Table 5 illustrates that there were no statistically significant differences found among the nurse educators' overall QWL in relation to their academic/professional characteristics except for their working department/specialty where nurse educators in Pediatric Nursing Department had the highest overall mean score percentage of QWL (64.00±7.21) while those working in Medical and Surgical Nursing Department had the lowest one (55.70±10.56).

V. DISCUSSION

During the last few years, quality QWL has received significant attention among both academic and business environments due to its key role on the success of organizations. The quality of work life (QWL) is the pivotal of higher education teachers which moves them for giving their best to higher education and for the well-being of students and system as a whole. A higher level of QWL leads to better outcomes inform of quality of education for all stakeholders of higher education [20]. Today studying QWL among educators in higher education is extremely important.

The results in the present study revealed that the majority of nurse educators had moderate level of QWL. Collegial relations and work life are the highest perceived QWL dimensions by the study participants. These could be due to the fact that they exert extra effort and do their best to help their faculty to succeed. In addition, it is prevalent that the nurse educators recognized that friendship with colleagues and receiving their advice related to work could be considered as significant and important factors that can enhance them to recognize their QWL. This view could help them to feel more creative in their work and to have the responsibility to do that and to get a positive QWL. These results match the results of Al-Daibat (2018) who found moderate level of QWL among educators in the Jordanian Universities [27]. Similarly, Vashishtha and Mittal (2018) as well as Mohamed et al. (2013) found that the majority of higher education institution's teachers have average Quality of Work life [20, 28]. While Subbarayalu and Al Kuwaiti (2018) reported that 71% of the study participants were satisfied with their QWL at Imam Abdulrahman Bin Faisal University (IAU), Saudi Arabia [29].On the other hand, Kelbiso et al. (2017) found that 33.6% of nurses had low equally with those who had moderate quality of their work life [30]. In contrast, Boas and Morin (2013) found that in general, professors in public universities feel they have a good QWL [22].

Furthermore, Paula and Boas (2017) reported that the relationship with peers is a factor of great displeasure and dissatisfaction in the work environment of the investigated universities [31]. In this respect, Alamri and Alyafi (2017) indicated in their study that the most important factor among the elements of QWL affecting the performance is the relationship between the employees and their superiors and colleagues [32]. Dissimilarly, Mohamed et al. (2013) found that the highest QWL dimension was safe work place and the lowest was regarding faire and appropriate salary [28].

Given barriers facing the educational institutions in low-middle income countries, the vision of attaining a high level of QWL in educational nursing institutions may seem far-reaching [33]. However, the Faculty of Nursing, Alexandria

University can achieve moderate levels of QWL. Obviously, the present study dogmatized that the reward/evaluation system of the nurse educators is not well suited and not suitable; especially the fringe benefits, promotion, and retirement benefits that received from the faculty related to all teaching, research and scholarship activities. In addition, they reported that the performance is not evaluated on a regular basis and there is unclear system for punishment and rewarding. Moreover, the nurse educators have not enough internal funding to conduct their work. All these results led to low level of QWL regarding rewards dimension among nurse educators in the current study. In this respect, Al-Daibat (2018) found that the degree of fair compensation level estimation is at low level [27]. It was similar to the results of Hlihel, 2018; and Kaur& Sharma, 2016 [34,35].

Moreover, the present study showed low level of support services as perceived by the nurse educators. This may be due to the low mean scores of items such as adequacy of health services, adequacy of supplies and equipments and its maintenance, office space as perceived by nurse educators. In this respect, Dahie et al. (2017) found that general wellbeing and good working condition workplace have significant impact on quality of work life at university of Somalia [36]. According to Paula and Boas (2017), most of the participants reported a series of complaints about the lack of organizational support and mentioned that it may affect their QWL, physical and psychological health. This indicates how much organizational support appears to be necessary to retain such professionals in the universities and to promote better QWL for them [31].

One of the most interesting findings of the present study is that there were no statistically significant differences found among the nurse educators' overall QWL in relation to their age, educational qualification, place of residence, number of children, academic position, years of experience since graduation and in the current position. These results are similar to the results of Al-Daibat (2018) [27]. In contrast, Thayumanavar and Kumar (2017) found that age group of above 40 years has had higher level of favorable perception towards overall level of quality of work life [37].On the contrary, Vashishtha and Mittal (2018) found a statistically significant negative trend of relationship exists between age groups of higher education institute's teachers in relation to their QWL. Also, they reported a significant association between teachers' position and Quality of Work Life, which means a position plays an important role in determining the Quality of Work Life. They concluded that assistant professors are comparatively better in terms of associate and professor category [20].

In this respect, Saraji and Dargahi (2006) suggested that disappointment with quality of work life may affect faculties irrespective of their positions. When the universities start to identify that the faculties have their lives apart from work, trust and loyalty among faculties is created [38]. On the other hand, Study of Kelbiso et al. (2017) revealed that the QWL had significant association with nurses' educational status, monthly income, work unit, and the work environment and indicated that age, years of experience, and type of institution had no significant relationship with QWL [30]. On the contrary, a study conducted in Iran (2012) revealed that there is a close relation between age and QWL [3]. A study conducted in Egypt (2011) indicated that the perception of QWL among nurses was significantly higher with advanced age and longtime service [24].

On the other hand, in the present study the minority groups such as male and widowed nurse educators were significantly had higher QWL levels than the other groups. It seems that limited number of such groups could contribute to such results. Moreover, nurse educators who working in Pediatric Nursing department had higher QWL levels than the other specialties. This may be due to that dealing with pediatrics could help the nurse educators in this department to be satisfied with the work life. In contrast, Kelbiso et al. (2017) indicated that sex and marital status had no significant relationship with QWL [30]. According to Shalla and Fazili (2014), as far as association in the perception of employees towards quality of work life and job satisfaction across the gender and nature of job is concerned there is a difference in the perception of males and females with regard to different dimensions like working conditions, work life balance, opportunities of growth and social relevance of job [39].

VI.   CONCLUSION AND RECOMMENDATIONS

The present study concluded that the majority of nurse educators had moderate levels of QWL. Collegial relations and work life are the highest perceived QWL dimensions by the study participants, while rewards and support services are the lowest ones. Moreover, there were statistical significant differences among nurse educators' overall QWL in relation to their socio-demographic and academic characteristics in terms of sex, marital status, and department (specialty). On the other hand, there were no statistically significant differences were found among nurse educators' overall QWL in relation to their age, educational qualification, academic position, years of experience since graduation and in the current position.

The results of the current study could highlight important points for the faculty administrators and give them insight about developing programs and designing strategies to improve QWL of nurse educators. It can be improved through developing a reward and compensation system based on their appraisal. This evaluation should be developed through clear, strict standards for all nurse educators. Also, enhancement of the nurse educators' commitment can be initiated through justice's practices in relation to rewards and benefits associated with the provided services such as teaching and research. Moreover, providing frequent feedback to nurse educators by their superiors about their performance would improve their QWL.

Furthermore, providing high quality health services to nurse educators is extremely important and needed. On the other hand, designing and running a strong maintenance system for regular upgrading and repair of equipment, instruments, and devices that are used in all academic departments are strongly needed. Moreover, further researches are needed to determine the impact of quality of work life program on nurse educators' performance at Faculty of Nursing, Alexandria University. Also, the study should be replicated in other faculties of nursing in Egypt.

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APPENDICES - A

List of table:

Table (1): Distribution of nurse educators according to their socio-demographic characteristics

Socio-demographic characteristics	Nurse educators N=170	
	No	**%**
Sex		
▪ Male	5	2.9
▪ Female	165	97.1
Age (years)		
▪ 25-	96	56.5
▪ 35-	32	18.8
▪ 45-	19	11.2
▪ 55-	18	10.6
▪ 65+	5	2.9
Min – Max 23 – 73 Mean ± SD 36.81±12.777		
Educational qualifications		
▪ Bachelor of Nursing	65	38.2
▪ Master Degree of Nursing Science	34	20.0
▪ Doctorate Degree of Nursing Science	71	41.8
Place of residence		
▪ Inside Alexandria	122	71.8
▪ Outside Alexandria in rural area	30	17.6
▪ Outside Alexandria in urban area	18	10.6
Marital status		
▪ Single	53	31.2
▪ Married	114	67.1
▪ Widowed	2	1.2
▪ Divorced	1	0.6
Number of children (n= 117)		
▪ No children	17	14.5
▪ One	31	26.5
▪ Two	48	41.0
▪ Three and more	21	17.9
Min – Max 0 – 4 Mean ± SD 1.88±1.241		

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Table (2): Distribution of nurse educators according to their academic/professional characteristics

Professional/academic characteristics	Nurse educators N=170	
	No	**%**
Academic position		
▪ Clinical instructor	28	16.5
▪ Demonstrator	44	25.9
▪ Assistant lecturer	27	15.9
▪ Lecturer	31	18.2
▪ Assistant professor	19	11.2
▪ Professor	5	2.9
▪ Emeritus professor	16	9.4
Working department (specialty)		
▪ Medical and Surgical Nursing	51	30.0
▪ Nursing Administration	22	12.9
▪ Obstetric and Gynecological Nursing	20	11.8
▪ Community Health Nursing	18	10.6
▪ Pediatric Nursing	16	9.4
▪ Psychiatric and Mental Health Nursing	13	7.6
▪ Critical Care and Emergency Nursing	12	7.1
▪ Nursing Education	9	5.3
▪ Gerantological Nursing	9	5.3
Years of experience since graduation		
▪ < 5	47	27.6
▪ 5-	36	21.2
▪ 10-	31	18.2
▪ 15-	7	4.1
▪ 20+	49	28.8
Min – Max 2– 46 Mean ± SD	14.12±12.425	
Years of experience in the current position		
▪ < 5	115	67.6
▪ 5-	35	20.6
▪ 10-	14	8.2
▪ 15+	6	3.5
Min – Max 1– 26 Mean ± SD	3.0±12.332	

Table (3): Mean scores percentages and levels of the nurse educators' quality of work life

QWL dimensions	Levels of Quality of Work Life						Mean scores percentage	Rank
	Low		**Moderate**		**High**			
	No	**%**	**No**	**%**	**No**	**%**	**M% ± SD**	
▪ Collegial relations	7	4.1	64	37.6	99	58.2	72.7% ±4.65	1
▪ Work life	7	4.1	105	61.8	58	34.1	67.3%±4.31	2
▪ Professional work life	16	9.4	146	85.9	8	4.7	61.3%±4.72	3
▪ Students	15	8.8	140	82.4	15	8.8	59.8± 13.4	4
▪ Personal factors	16	9.4	139	81.8	15	8.8	59.7% ±5.97	5
▪ Institution and faculty governance	44	25.9	100	58.8	26	15.3	54.1%±3.52	6
▪ Support services	66	38.8	90	52.9	14	8.2	53.4% ±6.91	7
▪ Rewards	68	40.0	100	58.8	2	1.2	47.9% ±4.37	8
▪ **Overall Quality of Work life**	12	7.1	148	87.1	10	5.9	59.4 ± 7.1	

Table (4): The relationship between the nurse educators' overall quality of work life and their socio-demographic characteristics

Socio-demographic characteristics	Mean score percentage of nurse educators' overall QWL	Test of significance
	Mean%± S. D	
Sex		
▪ Male	70.71±9.85	T= 9.784
▪ Female	58.65±8.46	P= 0.002*
Age		
▪ 25-	58.20±9.98	F= 0.554
▪ 35-	60.25±7.15	P=0.696
▪ 45-	60.21±6.98	
▪ 55-	59.09±6.22	
▪ 65+	61.50±4.61	
Educational qualifications		
▪ Bachelor degree	59.03±10.02	F= 0.113
▪ Master degree	59.57±9.66	P=0.893
▪ Doctorate degree	58.70±6.88	
Place of residence		
▪ Inside Alexandria	59.14±8.41	T= 0.356
▪ Outside in rural area	59.40±10.72	P=0.701
▪ Outside in urban area	57.38±7.23	
Marital status		
▪ Single	59.19±10.74	F= 3.117
▪ Married	60.15±7.38	P=0.028*
▪ Widowed	66.25±1.76	
▪ Divorced	62.50±0.00	
Number of children		
▪ No children	57.22±10.78	F= 1.976
▪ One	61.85±5.90	P=0.101
▪ Two	59.23±6.84	
▪ Three	60.83±7.28	
▪ Four and more	54.11±5.80	

F= ANOVA Test T= Student T Test   * Statistically significant at ≤0.05

Table (5): The relationship between nurse educators' overall quality of work life and their academic/professional characteristics

Academic/professional characteristics	Mean score percentage of nurse educators' overall QWL	Test of significance
	Mean%± S. D	
Academic position		
▪ Clinical instructor	58.93±9.49	T=0.433
▪ Demonstrator	60.27±11.13	P=0.856
▪ Assistant lecturer	57.76±7.97	
▪ Lecturer	57.53±8.04	
▪ Assistant professor	59.51±5.65	
▪ Professor	58.71±4.85	
▪ Emeritus professor	60.04±6.41	

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Working department (specialty)		
▪ Medical and Surgical Nursing	55.70±10.56	F= 2.422
▪ Critical Care and Emergency N.	59.26±10.95	P=0.017*
▪ Nursing Administration	61.44±8.18	
▪ Community Health Nursing	62.26±5.50	
▪ Nursing Education	56.27±4.68	
▪ Psychiatric and Mental Health N.	59.92±8.70	
▪ Obstetric and Gynecological N.	59.00±5.27	
▪ Pediatric Nursing	64.00±7.21	
▪ Gerantological Nursing	57.38±5.59	
Years of experience since graduation		
▪ < 5	58.29±10.80	F= 0.170
▪ 5-	58.97±9.50	P=0.953
▪ 10-	59.29±7.71	
▪ 15-	60.82±5.32	
▪ 20+	59.26±6.92	
Years of experience in the current position		
▪ < 5	51.11±10.32	F= 0.770
▪ 5-	50.97±10.19	P=0.512
▪ 10-	54.15±6.05	
▪ 15+	55.64±6.78	

F= ANOVA TestT= Student T Test   * Statistically significant at ≤0.05