



Determinants of Workload and Stress Among New Nurse Educators in Ghana: A Qualitative Study

Timothy Tienbia Laari^{1*}, Felix Apiribu², Joseph Kuufaakang Kuunibe³,
Gideon Awenabisa Atanuriba⁴, Rumana Saeed Mohammed⁵

¹Presbyterian Primary Health Care (PPHC), Bolgatanga, Ghana

²Department of Nursing, Faculty of Allied Health Sciences, College of Health Sciences, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

³Midwifery Training College, Tumu, Ghana

⁴Tamale Central Hospital, Tamale, Ghana

⁵Department of Nursing, Garden City University College, Kumasi, Ghana

Email address:

timlaari@yahoo.com (Timothy Tienbia Laari), fapiribu@yahoo.com (Felix Apiribu),

josephkuunibe@gmail.com (Joseph Kuufaakang Kuunibe), atanuriba@gmail.com (Gideon Awenabisa Atanuriba),

ruma162002@gmail.com (Rumana Saeed Mohammed)

*Corresponding author

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Abstract: Excessive workload and stress is a complex phenomenon experienced by many nurse educators and may aggravate their desire to leave the profession. This also has a grave implication for the nursing profession with direct dire consequences on student learning outcomes. Albeit excessive workload and stress is a source of career dissatisfaction among new nurse educators, its determinants have not been thoroughly investigated in the Ghanaian context. This study explored the determinants of workload and stress among new nurse educators in Ghana. This descriptive qualitative study was conducted from June to August 2020. Twelve new nurse educators were purposively sampled from three nursing and midwifery training colleges in the Upper East Region. Audio recorded individual in-depth interviews were transcribed verbatim and analysed manually using Braun and Clarke's approach. Four main theme emerged from the analysis of the data and constituted the determinants of the workload and stress of nurse educators. These were (a) teaching multiple classes and courses, (b) teaching large class sizes, (c) working for lengthy hours, and (d) working outside the classroom. It is imperative that policymakers consider these determinants when designing interventions and policies to mitigate the workload and stress among new nurse educators. It is important for NMTCs to ensure new nurse educators are assigned fewer courses and classes, ensure ideal class sizes, acceptable working hours, and moderate work outside the classroom.

Keywords: Ghana, New Nurse Educators, Stress, Workload

1. Introduction

Many new nurse educators often experience the multifaceted phenomena of excessive workload and stress with many direct dire consequences on student learning outcomes [1]. This also has grave implications for the nursing profession in general [2] and may aggravate the desire for nurse educators to leave the profession [3]. New

nurse educators were previously clinicians who transition to nursing academia with less than three years of experience in teaching [4]. They usually function in multifaceted roles as they are expected to be role models to nursing students, facilitate teaching and learning, assess student learning outcomes, contribute to curriculum design, evaluate programme outcomes, monitor students on clinical practicum, conduct nursing research, and continue to practice to

maintain their clinical nursing skills [5]. The expectation to perform this multiplicity of roles contributes to the overwhelming workload [6], increased work-related stress [7, 8], and burnout [9] among nurse educators.

Workload experienced by nurse educators is difficult to measure [10] because workload is a multidimensional and an intricate concept influenced by many factors and involving both physical and mental facets [11]. While the time spent with students in the classroom or clinical environment is easy to estimate, the time spent by educators to prepare for lectures and assess students' performance is mostly difficult to estimate [10]. Studies have shown that nurse educators are considering retirement at a higher rate due to the overwhelming workload [12]. This has necessitated the development of some workload assessment instruments and models to measure the workload of nurse educators [11, 13] and proffer solutions.

With Ghana categorised amid other nations in sub-Saharan Africa (SSA) threatened with a looming shortage of nurse [14], the human resources for health plan was formulated to train more nursing workforce in Ghana [15]. This culminated in the establishment of new Nursing and Midwifery Training Colleges (NMTCs) and the introduction of new nursing and midwifery programmes [16]. Consequently, this culminated in an upsurge in admissions in the NMTCs, high student-tutor ratios, increased workload, and increased work-related stress among nurse educators in Ghana [16].

As of 2018, Ghana had 118 accredited NMTCs comprising 78 public and 40 private-owned that offer certificate, diploma, and post-basic nursing and midwifery programmes [17]. Vital to the effective running of these NMTCs is the unique role of nurse educators who are involved in multiple roles both in and outside of the classroom. Nurse educators in Ghana are directly involved in roles such as teaching, test item construction, marking of scripts, and clinical supervision. They also take up roles outside the classroom such as attending committee meetings, acting as focal persons, performing administrative duties, and attending to the general welfare of student. Due to the high student population in most NMTCs, the student-tutor ratio is generally high in Ghana, with some NMTCs recording 1:150 compared to the recommended 1:15 by the nursing and midwifery council of Ghana [16].

International studies have demonstrated that work-related stress among nurse educators is associated with various factors including work-life imbalance, lack of resources and support, and poor adaptation to change [18]. Other factors associated to stress include supervising students [19], pressure to meet targets, bigger class sizes, additional faculty roles, and unrealistic expectations [20]. Again, teaching multiple courses, using unaccustomed technology in the classroom setting, and performing committee activities have been found to contribute to stress among nurse educators [21]. In many cases, this has resulted in job dissatisfaction, anxiety, poor life balance, and burnout among nurse educators.

In Ghana, like many countries in SSA, studies on the workload and work-related stress among nurse educators are

non-existent. Albeit excessive workload and stress is a source of career dissatisfaction among nurse educators, its determinants have not been thoroughly investigated in the Ghanaian context. Therefore, this study aimed to explore and describe the determinants of workload and stress among new nurse educators teaching in public NMTCs in Ghana. The research question was: what are the determinants of workload and stress among new nurse educators?

2. Materials and Methods

2.1. Study Design

The descriptive qualitative study design was used to explore and describe the determinants of workload and stress among nurse educators without penetrating the data in interpretive depth [22]. The Standards for Reporting Qualitative Research (SRQR) guided the write-up of this paper [23].

2.2. Research Area

The study was conducted in three NMTCs in the Upper East Region, Ghana. The region is located in the north-eastern part of the country and has only five NMTCs, one of the fewest for a region in Ghana. The three NMTCs were purposively selected to include participants in NMTCs situated in urban, peri-urban, and rural areas of the region. These NMTCs train all three cadre of nurses and midwives in Ghana at the degree, diploma, and certificate stages. These colleges enrol students into the two-year top-up degree in public health nursing programme, three-year diploma in registered general nursing, community health nursing, and midwifery programmes, and two-year certificate in Nurse Assistant Clinical (NAC) and Nurse Assistant Preventive (NAP) programmes. Due to the lowered admission requirements for the certificate programmes, a lot of students are admitted into these auxiliary programmes each year culminating in large class sizes. Nurse educators are usually recruited and posted to the NMTCs with the primary responsibility of teaching. Each of the NMTCs is attached to a hospital where nursing students engage in intra-semester clinical practice under the supervision of educators. Most of the NMTCs especially in rural areas are inadequately staffed and also lack adequate infrastructure.

2.3. Study Population and Inclusion Criteria

Nurse educators in the Upper East Region constituted the study population. The inclusion criteria were: nurse educators who were previously nurse-clinicians, had been engaged in previous clinical practice for three years or more, had been recruited as full-time nurse educators, and had been engaged in nursing academia for no more than three years. However, nurse educators on annual leave, study leave, and maternity leave were not eligible for inclusion.

2.4. Sampling and Sample Size

Purposive sampling was used to select the nurse educators.

This sampling technique ensured that the nurse educators were selected based on their experience of the phenomenon under study [24]. Firstly, the first author met with the principals of the colleges and they helped to identify the nurse educators who met the eligibility for inclusion. The eligible nurse educators were individually contacted face-to-face to discuss the study's processes with them and each of them was given the participant information leaflets containing a comprehensive information about the study. Then, only nurse educators who willingly consented to voluntary participation were recruited. Data saturation determined the sample size for the study, a state of data redundancy where no new information emerged [25]. This was achieved with the twelfth participant without dropouts.

2.5. Data Collection Instrument and Process

An unstructured interview guide (table 1) as used to collect the data. Prior to the actual study, the guide was piloted with three nurse educators to detect mistakes and amend some questions [26]. From June to August 2020, individual in-depth interviews were conducted by the first author, a male researcher with more than a decade of experience in clinical and academic nursing. As preferred by the nurse educators, the interviews were conducted at the close of lectures in their secluded offices. Before the interviews each nurse tutor signed the informed consent form. In all, twelve individual in-depth interviews were conducted in the English language and lasted sixty to ninety minutes. Open-ended questions were asked with probes

during the interviews to allow the nurse educators to express themselves exhaustively. In instances of unclear or confusing responses, iterative questioning was done to elicit clarity. With permission, all the interviews were audio-recorded with a digital audio recorder and field notes of non-verbal expressions recorded during interviews. However, there were no repeat interviews.

Table 1. Interview guide.

| No. | Questions and probes |
|-----|--|
| 1 | Kindly describe the workload related to your role as a nurse educator. Describe the duties to perform that increases your workload. What are the sources of your workload? |
| 2 | In the classroom Non-teaching duties |
| 3 | Please describe how stressful your role as a nurse educator is. What do you consider to be the sources of your work-related stress as an educator? |
| 4 | In the classroom Additional responsibilities outside the classroom |

2.6. Data Analysis and Management

Concurrent thematic data analysis was done manually without a software. The audio recorded interviews were transcribed verbatim by the first author immediately after each interview and analysed according to Braun and Clarke's method [27] as outlined in *Figure 1*. All the transcripts were anonymised and soft copies were stored in the author's password-protected laptop and a flash drive to prevent data loss.

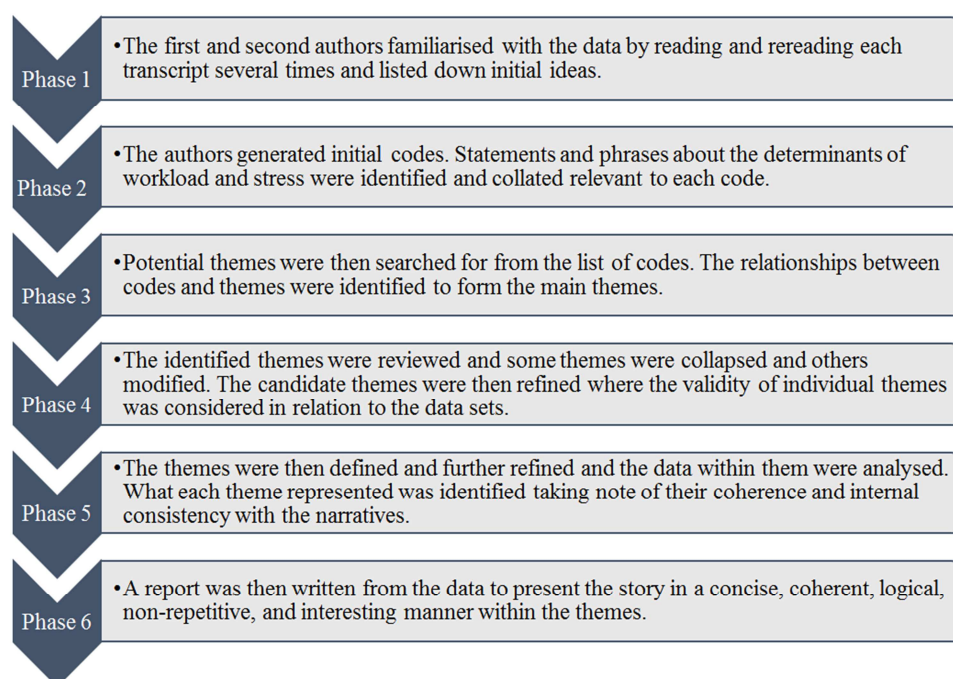


Figure 1. Braun and Clarke's method of data analysis.

2.7. Trustworthiness of the Study

Trustworthiness of the study was ensured through Lincoln and Guba's framework of credibility, dependability,

confirmability, and transferability [28]. To ensure trustworthiness, data were collected from three different sites (space triangulation), the transcripts were returned to participants to provide feedback and confirm their accuracy

(member checking), the interviews were transcribed verbatim, and a rich description of the research setting and sample characteristics (thick description) was provided [22].

2.8. Ethical Approval and Consent to Participate

The Committee on Human Research, Publications and Ethics at the Kwame Nkrumah University of Science and Technology (KNUST) approved the study before data were collected (CHRPE/AP/195/20). Written institutional approval was also given by the heads of the NMTCs before data collection. The study was conducted in accordance with the declaration of Helsinki. All the nurse educators were told about their rights to voluntary participation and withdrawal without any penalties. All the nurse educators understood, gave written consent, and signed the informed consent form. The names of the nurse educators were replaced with unique codes to ensure privacy and anonymity.

3. Results

A total of twelve nurse educators participated in the study. The majority of them were males 11 (91.7%) and with a mean age of 34.4 years (min: 32 max: 39). Most (75%) had BSc. Nursing degree, 2 (16.7%) had BSc. Public health, and 1 (8.3%) had BSc. Midwifery. None had a postgraduate degree. The participants had an average of 7.25 years (min: 6 max: 10) and 1.75 years (min: 1 max: 2) of clinical and academic nursing experience respectively.

The four themes that described the determinants of workload and stress among the nurse educators were: teaching multiple classes and courses, teaching large class sizes, working for lengthy hours, and working outside the classroom. These themes are presented in Figure 2.

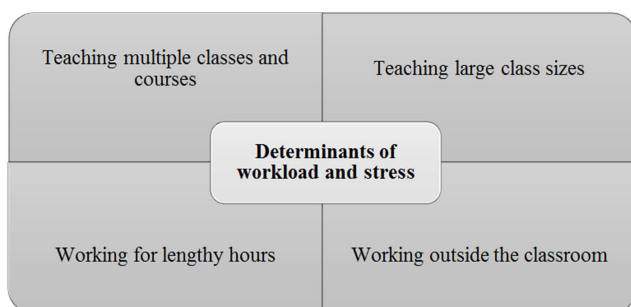


Figure 2. Themes generated from the data.

3.1. Teaching Multiple Classes and Courses

The participants mentioned that their job as nurse educators was very stressful due to the associated increased workload. Some participants lamented that their increased workload and stress was due to the fact that they taught in multiple classes. While some participants taught in as much as four classes, others taught first year, second year, and third year students in one semester. Giving assignments and grading the students across the multiple classes was challenging for the educators. This, according to the

participants, was a major determinant of their workload and stress.

“When I came here first, I was teaching like two classes, so I was teaching first years and teaching third years. But I now teach a lot of classes, only me I teach about four classes and I am expected to deliver my lessons well... and when I give assignment too because of classes are many, grading them [students] is very stressful. So at the close of each day I get exhausted and stressed up.” (NNT10, 2 years in academia)

“There is so much stress in this job, I currently teach three that is first year NAP, second year NAC, and third year class too. Meanwhile, other responsibilities that have been given me by the principal of the college.” (NNT6, 2 years in academia)

Other participants indicated that they taught multiple courses and that determined their workload and stress. Participants had to simultaneously prepare for all the courses before going to teach with relevant information. Some participants narrated that they taught as much as three different courses in one semester.

“I alone I teach nursing informatics, basic nursing, and advanced nursing. Even sometimes I teach in the demonstration room too. And so just imagine...I have to read and prepare for all these courses before teaching. I have to update my knowledge on the current guidelines for all the courses so that I can give the student meaningful information. It is just too stressful and tiring.” (NNT1, 2 years in academia)

“Last semester I taught only the first year students anatomy and physiology. But this time [semester] I am teaching second year students advanced nursing and community midwifery. I am also preparing final year students for the licensing exams so it not easy for me, I am always stressed and tired after work.” (NNT5, 2 years in academia)

3.2. Teaching Large Class Sizes

The participants mentioned the large sizes of their classes was a major determinant of their workload and stress. Most participants lamented that the NAC and NAP classes had over 200 students and they always had to shout on top of their voices during lectures for students to hear them. Also, due to the large sizes of the classes, the educators had to spend more time and efforts to review assignments and grade students.

“Last semester I was also teaching the NAC class which was made up of about 250 students. Due to the numbers, I always have to shout for those [students] at the back to hear me...and that was very stressful. I had to always shout on top of my voice...so when I give assignments or after exams I have to spend more time to mark the papers.” (NNT7, 2 years in academia)

“As for the RGN [Registered General Nursing] classes, the students are not always many like 60-65 students, so I am always okay when I am teaching them. But, as for the NAC and NAP classes, they are too many, over 200 in

each class and I have to always shout to be heard. I always shout. Always, always shouting so that they can hear. So I am always stressed up and that is because of the size of the size of the class." (NNT3, 1 year in academia)

Some participants indicated that due to the large sizes of the classes, they spend more time and energy to mark papers and grade students. Due to the large class sizes, other participants had to put in more effort to maintain discipline and control their class during lectures due to destructions and disruptions from some students.

"...so when I give them assignments, I always spend so much time to mark the papers and grade them. Imagine marking almost 200 papers for just one NAC or NAP class, so much time and energy is spent in marking and grading. So the workload here it is not easy...and I am just enduring." (NNT2, 2 years in academia)

"Sometimes it is difficult to control the class during lectures because the class size is too large. Right now the size of my RGN class is moderate but for the NAP classes, the numbers are great like over 200 in a class. So some of the students are very destructive due to the numbers. So I have to put in more effort to maintain discipline and control the class." (NNT9, 2 years in academia)

3.3. Working for Lengthy Hours

The study participants indicated that working for lengthy hours made their job very stressful. For some participants, that they usually begin work as educators around six o'clock in the morning and work up until five o'clock in the evening (eleven hours of work). Some participants worked for longer hours because they had to prepare lessons, prepare for lectures, and perform in other administrative duties.

"It is stressful because you have to come to school by six [o'clock] in the morning and close at five in the evening. So you see? From morning to evening we are just working and stressing ourselves. Preparing lesson plans and preparing for lectures also take long hours." (NNT8, 1 year in academia)

"...for instance, this morning like this, I came here around six o'clock to have early morning class, it was public health nursing with the final year students...like one hour before we start the normal lectures and sometimes I stay up to five in the evening before going home. I have to do that so that I can meet the timeline for the semester...and that is aside other administrative duties I perform." (NNT11, 1 year in academia)

While some participants narrated that they usually work for lengthy hours on some particular days, others lamented that they worked for lengthy hours from Monday to Friday. This was partly because they needed to meet some timelines and also provide guidance and support to some students.

"This work is very stressful, the whole of this semester I teach from Monday to Friday, and I mostly teach from morning to evening. I usually come to work around seven in the morning and teach throughout the day and mostly I close after five in the evening. Sometimes too some of the students need help in terms of their academics so

sometimes I spent extra hours to support and guide them [students]." (NNT4, 2 years in academia)

"...and every day, especially on Mondays, Wednesdays, and Thursdays, I have to start my lectures early in the morning and close by five o'clock in the evening. I sometimes spend so much time in teaching... let's say 10 hours. I have to work the whole day to meet some of my timelines and that is stressful." (NNT12, 2 years in academia)

3.4. Working Outside the Classroom

The participants narrated that they performed other functions aside teaching in the classroom and described that as a determinant of their workload and stress. Some participants performed some roles in the students' hostel in addition to their normal teaching duties. A participant who was mandated to see to the affairs of hostels had this to say:

"Besides, I don't only teach students and go home, I have other roles to play within the college. I am responsible for [the] female hostel, so there are times I have to come around early in the morning to see whether the hostels have been cleaned and are in good shape. Sometimes I spend a lot of time and energy to perform this role and afterwards, I still go to class and teach. This often makes me exhausted even before I start teaching." (NNT11, 1 year in academia)

Other participants assigned other roles in the kitchen and transport described how these extra roles outside the classroom added to their workload. For other educators, combining their primary role as educators and work outside the classroom compounded their workload and stress.

"Also, every day, I go to the kitchen to see to it that the food that is cooked there [in the kitchen] is hygienic and of good quality. Even on weekends too I have to come and supervise and see what is going on in there [kitchen] because that responsibility was added to me. But it is so stressful. Imagine I have to teach in the classroom and still go to the kitchen to ensure the food is good." (NNT5, 2 years in academia)

"...so he [the principal] saw a quality in me and he made me the focal person for transport, to be in charge of the movement of vehicles here [in the college]. But little did I know that the role is packed with so much workload. I am always in touch with the drivers, fuel stations, mechanics...meanwhile, I have to still teach my courses at the same time." (NNT4, 2 years in academia)

4. Discussion

The current study aimed to explore and describe the determinants of workload and stress among new nurse educators in Ghana. The results revealed that teaching multiple classes and courses, teaching large class sizes, working for lengthy hours, and working outside the classroom were the determinants of the workload and stress among new nurse educators.

The study revealed that teaching multiple classes and

courses was a determinant of workload and stress for new nurse educators. In Ghana, nurse educators are required to teach no more than two courses as prescribed by the Health Training Institutions (HTI) secretariat; the institution that regulates the activities of nursing educators. On the contrary, our study revealed that some new nurse educators taught three different courses and others taught in four separate classes in a semester. A plausible explanation for this finding is that there is generally inadequate nursing faculty in nursing schools in Ghana [29] and most of the NMTCs in the Upper East Region are inadequately staffed with nursing educators [30]. Hence, the few available nurse educators are compelled to teach multiple class and courses. However, this can be daunting because of the demands of teaching, assessing, planning lessons, and meeting the needs of students across different classes and courses. Teaching multiple classes and courses implies that the educators must teach diverse nursing topics concurrently. Thus, new nurse educators must be up to date regarding the knowledge, skills, and practices in each course in order to impart appropriate and pertinent nursing knowledge to the students. This, however, can be physically and psychologically demanding to the educators. Also, students in each class and course must be assessed to evaluate their understanding. Hence, with multiple classes and courses, the volume of work related to grading increases, fair assessment and providing relevant feedback becomes difficult and stressful. Therefore, it is imperative for NMTCs to assign new nurse educators with fewer courses and classes to lessen their workload and alleviate the stress associated with teaching multiple classes and courses.

We found that teaching large class sizes was a determinant of workload and stress among new nurse educators. In Ghana, although the nursing and midwifery council recommends a tutor-student ratio of 1:15 [16], most NMTCs especially in rural areas have higher tutor-student ratios [30]. What is inimitable about this finding is that most new nurse educators taught in classrooms with over 200 students mostly in the NAC and NAP programmes. This is because the NAC and NAP are certificate programmes with low admission requirements and high student intake [31]. Although the WHO stipulates that nursing schools should have adequate accessible classrooms [32], there is generally a lack of adequate infrastructure in nursing schools in Ghana [29] and most NMTCs in the region lack adequate classroom infrastructure [30]. Hence, a large number of students are usually allocated the few available classrooms. With larger class sizes, new nurse educators often have an increased workload regarding grading and assessing the performance of students. Additional time and effort are required to review student assignments, quizzes, and clinical appraisals for a great number of students. Teaching in classes with great number of students can thwart affective interaction between students and the nurse tutor. Consequently, the tutor may find it difficult to facilitate the active participation of students in class, and may reduce the quality of the learning experience for both the educators and the students. Also, maintaining discipline among students in a large class can be difficult for

new nurse educators as observed in the current study. This is particularly because with increased student numbers, there is a greater likelihood of disturbances, interruptions, and a general difficulty in controlling the classroom. This can result in added stress for the nurse educator. To this end, it is important for NMTCs to consider ideal class sizes as recommended by the N&MC to reduce the associated workload, mitigate the stress, and promote optimal teaching and learning environments.

In this study, working for lengthy hours was a determinant of the workload and stress of new nurse educators. This finding is similar to a previous study in South Africa which reported that novice nurse educators worked overtime [33]. In Ghana, public sector workers are mandated to work for eight hours [34]. However, an important finding in our study is that some new nurse educators worked for as much as ten-eleven hours daily to meet their timelines. The pressure to complete tasks within a limited timeframe can culminate in longer hours of work, increased stress, and a feeling of being overwhelmed. The demanding nurse tutor role and long working hours can lead to physical and emotional fatigue and a high risk for burnout among nurse educators. With many responsibilities, such as lesson planning, student assessment, and other administrative roles, new nurse educators often work for lengthy hours to achieve specific targets which may add up to the stress as observed in the current study. Therefore, NMTCs should consider acceptable working hours for new nurse educators so that they can acclimate to their new roles without stress.

Our study found that working outside the classroom was a determinant of workload and stress for new nurse educators. Although the primary role of nursing educators is classroom teaching, clinical teaching, curriculum development and evaluation, it is not uncommon to see nurse educators in some NMTCs assigned additional duties outside the classroom. What is unique about this finding is that the new nurse educators were assigned responsibilities that were unrelated to their core role as nursing educators. It was particularly stressful because of the large amount of additional duties they performed in the kitchen, student hostels, and the transport units of their respective colleges. The cumulative effect of these additional responsibilities outside the classroom, combined with their primary role as educators, can significantly increase the workload and stress levels of new nurse educators. It is important for NMTCs to recognize the impact of this extracurricular workload and assign new nurse educators with moderate work outside the classroom.

5. Conclusions and Recommendations

The study findings highlight the workload and stress experienced by new nurse educators and their determinants. Teaching multiple classes and courses, teaching large class sizes, working for lengthy hours, and working outside the classroom were determinants of workload and stress among new nurse educators. It is imperative that policymakers

consider these determinants when designing workload interventions and policies to lessen the workload and stress among new nurse educators. It is important for NMTCs to ensure new nurse educators are assigned fewer courses and classes, ensure ideal class sizes, acceptable working hours, and moderate work outside the classroom.

6. Limitations of the Study

This is the first study to explore the determinants of workload and stress among nurse educators in Ghana. However, it is not without limitations. Firstly, the data for this study were collected in three NMTCs located in one out of sixteen regions of the country. Information from educators in NMTCs located in the other regions could have given more insight into the topic. Secondly, like all qualitative studies, the findings of this study cannot be generalised.

ORCID

<https://orcid.org/0000-0002-9369-2020> (Timothy Tienbia Laari)

<https://orcid.org/0000-0003-4534-2568> (Felix Apiribu)

<https://orcid.org/0000-0002-5674-5613> (Gideon Awenabisa Atanuriba)

<https://orcid.org/0000-0003-2529-1353> (Joseph Kuufaakang Kuunibe)

<https://orcid.org/0000-0001-9857-5379> (Rumana Saeed Mohammed)

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Author Contributions

Conceptualization: TTL, FA; Data curation: TTL; Formal analysis: Laari TT, FA; Methodology: TTL, JKK, GAA, RSM; Project administration: TTL; Resources: TTL; Writing - original draft: TTL; Writing - review & editing: GAA, JKK, RSM.

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Conflicts of Interest

The authors declare no conflicts of interest.

References

- [1] Kalikotay B. Assessment of Stress among Nursing Teachers of Different Colleges in Morang. *International Journal of Health Sciences and Research*. 2019; 9(8): 274–81.
- [2] Ahmed FR, El-haliem GEA, Mostafa HM. Stress, burnout, and job satisfaction of critical care nurse educators. *Journal of Nursing and Health Science* [Internet]. 2018; 7(6): 30–7. Available from: <https://doi.org/10.9790/1959-0706043037>
- [3] Ulmen BF, Lloyd CA. Nurse Educator Compassion Fatigue and Intent to Stay. *International Journal of Nursing and Health Care Research* [Internet]. 2021; 4(6): 1–8. Available from: <https://doi.org/10.29011/2688-9501.101247>
- [4] Laari TT. Experiences of Novice Educators with the Role Transition from Clinical Practice to Academia: A Phenomenological Study in Ghana. *Journal of Research Development in Nursing & Midwifery*. 2022; 19(2): 18–21.
- [5] World Health Organization. Nurse Educator Core Competencies [Internet]. Geneva: World Health Organisation; 2016. Available from: www.who.int/hrh/nursing_midwifery/en/
- [6] Owens JM. Secondary Stress in Nurse Educators. *Teaching and Learning in Nursing* [Internet]. 2017; 12(3): 214–5. Available from: <http://dx.doi.org/10.1016/j.teln.2017.02.004>
- [7] Singh C, Jackson D, Munro I, Cross W. Work experiences of Nurse Academics: A qualitative study. *Nurse Education Today* [Internet]. 2021; 106(April 2019): 105038. Available from: <https://doi.org/10.1016/j.nedt.2021.105038>
- [8] Wu P, Tseng S, Tseng Y, Chen L, Pai H, Yen W-J. Job stress and occupational burnout among clinical nursing teachers: A cross-sectional study. *Journal of Professional Nursing* [Internet]. 2021; 37(5): 907–15. Available from: <https://doi.org/10.1016/j.profnurs.2021.07.014>
- [9] Thomas CM, Bantz DL, McIntosh CE. Nurse Faculty Burnout and Strategies to Avoid it. *Teaching and Learning in Nursing* [Internet]. 2019; 14(2): 111–6. Available from: <https://doi.org/10.1016/j.teln.2018.12.005>
- [10] Cotter KD, Clukey L. “Sink or Swim”: An Ethnographic Study of Nurse Educators in Academic Culture. *Nursing Education Perspectives* [Internet]. 2019; 40(3): 139–43. Available from: <http://dx.doi.org/10.1097/01.NEP.0000000000000434>
- [11] Neill D. Faculty Perceptions of Workload A Human Factor's Approach to Instrument Development. *Journal of Nursing measurement* [Internet]. 2017; 25(1): 56–76. Available from: <http://dx.doi.org/10.1891/1061-3749.25.1.56>
- [12] Bittner NP, Bechtel CF. Identifying and describing nurse faculty workload issues: A looming faculty shortage. *Nursing Education Perspectives* [Internet]. 2017; 38(4): 171–6. Available from: <http://dx.doi.org/10.1097/01.NEP.0000000000000178>
- [13] Coetzee CM. A workload model for nurse educators in private higher education: options for improved productivity and job satisfaction [Internet]. Stellenbosch University, Stellenbosch, South Africa; 2019. Available from: https://scholar.sun.ac.za/bitstream/handle/10019.1/105939/coetzee_workload_2019.pdf
- [14] World Health Organization. Working together for health: World Health Report. Geneva: World Health Organisation; 2006.
- [15] Ministry of Health. Human resource policies and strategies for the health sector, 2007–2011. Accra, Ghana; 2007.

- [16] Ghana Health Workforce Observatory. Human Resources for Health, Country Profile. Accra, Ghana; 2011.
- [17] Nursing and Midwifery Council of Ghana. List of Approved Institutions and Programmes [Internet]. Accra, Ghana; 2018 [cited 2019 Sep 29]. p. 1–12. Available from: <http://www.nmcgh.org/t3f/en/documents-forms?limit=20&start=20>
- [18] Singh C, Cross W, Munro I, Jackson D. Occupational stress facing Nurse Academics – a mixed-methods systematic review. *Journal of Clinical Nursing* [Internet]. 2020; 29(1): 720–35. Available from: <https://doi.org/10.1111/jocn.15150>
- [19] El-Aziz TGA, Ahmed GM. Stressors and Coping Strategies among Nurse Educators at Military Secondary Technical Nursing School in Alexandria: Comparative Study. *Bulletin of High Institute of Public Health*. 2009; 39(1): 125–48.
- [20] Eagan MK, Garvey JC. Stressing Out: Connecting Race, Gender, and Stress with Faculty Productivity. *The Journal of Higher Education*. 2015; 86(6): 923–54.
- [21] Demir S. The Relationship between Psychological Capital and Stress, Anxiety, Burnout, Job Satisfaction, and Job Involvement. *Eurasian Journal of Educational Research* [Internet]. 2018; 75: 137–53. Available from: <http://dx.doi.org/10.14689/ejer.2018.75.8>
- [22] Polit DF, Beck CT. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. 10th ed. Philadelphia: Wolters Kluwer Health; 2017.
- [23] O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. Standards for Reporting Qualitative Research: A Synthesis of Recommendations. *Academic Medicine* [Internet]. 2014; 89(9): 1245–51. Available from: <http://dx.doi.org/10.1097/ACM.0000000000000388>
- [24] Moen K, Middelthon A. *Qualitative Research Methods. Research in the Medical and Biological Sciences*. Elsevier Ltd; 2015. 321–378 p.
- [25] Malterud K, Siersma VD, Guassora AD. Sample Size in Qualitative Interview Studies: Guided by Information Power. *Qualitative Health Research* [Internet]. 2016; 26(13): 1753–60. Available from: <http://dx.doi.org/10.1177/1049732315617444>
- [26] Majid MAA, Othman M, Mohamad SF, Lim SAH, Yusof A. Piloting for Interviews in Qualitative Research: Operationalization and Lessons Learnt. *International Journal of Academic Research in Business and Social Sciences* [Internet]. 2017; 7(4): 1073–80. Available from: <http://dx.doi.org/10.6007/IJARBS/v7-i4/2916>
- [27] Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology* [Internet]. 2006; 3(2): 77–101. Available from: <https://doi.org/10.1191/1478088706qp063oa>
- [28] Lincoln YS, Guba EG. *Naturalistic Inquiry*. Beverly Hills, CA: Sage Publications, Inc.; 1985.
- [29] Bell SA, Rominski S, Bam V, Donkor E, Lori J. Analysis of nursing education in Ghana: Priorities for scaling-up the nursing workforce. *Nursing and Health Sciences* [Internet]. 2013; 15(April 2012): 244–9. Available from: <http://dx.doi.org/10.1111/nhs.12026>
- [30] Alhassan RK, Beyere CB, Nketiah-Amponsah E, Mwini-Nyaledzigbor PP. Perceived needs of health tutors in rural and urban health training institutions in Ghana: Implications for health sector staff internal migration control. *PLoS ONE* [Internet]. 2017; 12(10): 1–17. Available from: <http://dx.doi.org/10.1371/journal.pone.0185748>
- [31] Asamani JA, Amertil NP, Ismaila H, Akugri FA, Nabyonga-Orem J. The imperative of evidence-based health workforce planning and implementation: Lessons from nurses and midwives unemployment crisis in Ghana. *Human Resources for Health* [Internet]. 2020; 18(1): 1–6. Available from: <http://dx.doi.org/10.1186/s12960-020-0462-5>
- [32] World Health Organization. *Global standards for the initial education of professional nurses and midwives*. Geneva: World Health Organisation; 2009.
- [33] Sodidi KA, Jardien-Baboo S. Experiences and mentoring needs of novice nurse educators at a public nursing college in the Eastern Cape. *Health SA Gesondheid* [Internet]. 2020; 25(0): 1–8. Available from: <http://dx.doi.org/10.4102/hsag.v25i0.1295>
- [34] National Labour Commission. *Ghana Labour Law, Act 651* [Internet]. Accra, Ghana, Ghana; 2003. Available from: <https://www.ilo.org/legacy/english/inwork/cb-policy-guide/ghanalabouract2003section109.pdf>