

Exploring the impact of institutional leadership on nurse educators' work-life balance

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ABSTRACT

Introduction

Nurse educators often face challenges in balancing work and life within institutional environments. Leadership plays a key role; supportive leaders help promote harmony, whereas disconnected leadership can intensify strain. Institutional leadership therefore shapes a wide range of work-life experiences under the same organisational roof.

Purpose

The purpose of this study was to explore the impact of institutional leadership on nurse educators' work-life balance in Gauteng Province, South Africa.

Methods

A qualitative, descriptive, and exploratory design was employed, involving semi-structured interviews with 16 nurse educators in a selected nursing education institution in Gauteng. Data were analysed using thematic analysis.

Results

Three themes emerged: (1) regulatory and managerial challenges in nursing education, (2) insufficient management support, and (3) unfair workload distribution and favouritism. The findings reveal that managerial challenges, limited organisational support, and inequitable practices significantly hinder nurse educators' ability to achieve work-life balance. Institutional reforms, including equitable workload policies, mentorship programmes, and fair leadership practices, are essential to improving work-life balance.

Conclusion

Nurse educators encounter a range of work-life balance challenges that stem from institutional leadership practices. Enhancing work-life balance requires strengthened institutional and managerial support, as well as policy reforms. A key step is implementing strategies that help nurse educators manage their workload while maintaining healthy personal lives. Institutional commitment to supporting the well-being of nurse educators is crucial for promoting job satisfaction, productivity, and overall quality of life.

INTRODUCTION

The nursing profession globally is experiencing escalating pressures due to rapidly evolving healthcare systems, technological advancements, and increasingly complex patient needs (Brumbwe & Mtshali, 2018). Nurse educators, who hold diverse responsibilities across academic, administrative, and clinical domains, are situated at a critical intersection where these demands intersect with personal well-being (Chang-Martinez, 2020). While pre-pandemic research identified stressors within this group, recent studies in the post-pandemic era report intensified role strain, work-life imbalance, and burnout among nurse educators (Dewart et al., 2023).

The World Health Organization (2023) reports that even in high-income countries, nurse educators face intense pressure from unrealistic performance expectations and limited staffing resources, further compounded by the dual demand to maintain both academic rigour and clinical relevance (Shah et al., 2021). Despite global similarities, sub-Saharan Africa confronts unique systemic challenges, including underfunded health systems, faculty shortages, and inadequate infrastructure. For example, Poku et al. (2023) found that nurse educators in Ghana and neighbouring countries experienced low quality of work life, marked by a lack of managerial support and limited coping resources; these issues were exacerbated during the COVID-19 pandemic (Halcomb et al., 2022).

Within South Africa, and specifically Gauteng Province, recent studies underscore significant contextual issues related to institutional leadership and organisational support. Erasmus et al. (2024) highlighted that workload inequalities driven by managerial favouritism led to resentment and burnout among nurse educators, adversely affecting educational quality. The South African Department of Health (2022) advocates for transparent workload models and stronger leadership to address structural inequalities and improve educator retention. Furthermore, Van der Merwe (2021) noted that nurse educators in private institutions face unrealistic productivity expectations coupled with insufficient support. Given Gauteng's diverse and complex healthcare education environment, understanding the impact of institutional leadership offers valuable insights within both the local and global contexts. Therefore, this study aims to

explore how institutional leadership influences the work-life balance of nurse educators in Gauteng Province, South Africa.

METHODS

Research design

This study used a qualitative, exploratory, descriptive, and contextual research design. This methodological approach provides a framework for planning and conducting the study, aligning with the research objectives (Creswell & Poth, 2021). The qualitative design was suitable because it enabled detailed exploration and description of the impact of institutional leadership on nurse educators' work-life balance in Gauteng Province based on their experiences (Braun & Clarke, 2022). This approach enabled a thorough understanding of institutional leadership and work-life balance (WLB) within the context of nursing education institutions (NEIs).

Study setting

The study was conducted at a government-operated NEI governed by the Gauteng Department of Health. This multi-campus NEI collaborates with several universities to deliver nursing programmes while adhering to the Nursing Act 33 of 2005. Comprising six campuses, the institution offers both undergraduate and postgraduate studies. It operates within a dual regulatory framework overseen by the South African Nursing Council (SANC), which ensures professional standards, and the Council on Higher Education (CHE), which ensures academic quality. This guarantees that all qualifications comply with the requirements of the National Qualifications Framework (NQF).

Population and sampling

The study population consisted of nurse educators from a selected NEI in Gauteng Province, specifically targeting those involved in student instruction (Polit & Beck, 2021). Using non-probability purposive sampling (Brink et al., 2022), the researchers selected four of the six institutional campuses that offer active student programmes, focusing on nurse educators with demonstrated knowledge and experience of WLB challenges. Participants met three inclusion criteria: (1) a minimum of six months' employment at the NEI, (2) current teaching

responsibilities, and (3) voluntary consent. Nurse educators who did not meet these criteria were excluded.

The sample size was 16 nurse educators. The original design involved selecting five participants from each campus; however, logistical constraints, particularly summative assessments, prevented data collection on two campuses. As a result, the study was confined to two campuses with eight participants each, reducing scope and campus representation. Data saturation was used to determine the sample size. Saturation occurred when the researchers observed that no new information was emerging after the 13th participant; three additional interviews were conducted to confirm saturation.

Data collection method

Face-to-face, semi-structured interviews served as the primary method of data collection (Gray & Grove, 2021). An interview guide containing both open- and closed-ended questions was used. Probing techniques helped obtain detailed responses and clarify information (Gray & Grove, 2021). The central interview question was: *"What is the impact of institutional leadership on nurse educators' work-life balance in Gauteng Province?"*

Interviews were conducted in English, the institutional language of instruction. Each interview lasted 30 to 45 minutes and took place in a controlled environment to minimise disruptions. Nurse educators were given an information leaflet and a consent form before the interviews and participated only after signing written consent. Participation was voluntary, and declining participation had no consequences. The researcher also recorded additional observational insights through field notes. A voice recorder was used to capture the interviews after verbal consent was granted.

Trustworthiness

Trustworthiness was ensured through several strategies. Credibility was enhanced through prolonged engagement with participants, ongoing peer review, triangulation of interview data, and supervision by experienced PhD holders. Ethical approval was obtained. Transferability was achieved through purposive sampling with clear inclusion and exclusion criteria and the safeguarding of all transcripts. Dependability was maintained by pretesting interview schedules, clearly explaining participation

criteria, keeping an audit trail for five years, and conducting interviews in consistent settings. Confirmability was strengthened through confirmability audits, data triangulation, independent coding of transcripts, and a supportive literature review. Authenticity was preserved by using verbatim quotes and ensuring fairness through transparent recruitment and equal treatment of participant data.

Data analysis

A thematic analysis approach was used to systematically explore the nurse educators' interview data (Parkin & Kimergård, 2022). Initial open coding followed established guidelines (Braun & Clarke, 2006; Humble & Mozelius, 2022). To enhance credibility, an independent coder performed a separate analysis, and the researchers then engaged in reflective discussions to resolve discrepancies and reach consensus, ensuring confirmability and dependability (Gray & Grove, 2021). The iterative process continued until theoretical saturation was achieved (Brink et al., 2022), resulting in three core themes with related subthemes. Trustworthiness was further supported through prolonged engagement with the data, member checking, and maintaining an audit trail throughout the analytical process.

RESULTS

Demographic Information

The demographic data in Table 1 indicate that the participants were predominantly female (94%), with most aged in their 50s (69%). Their educational qualifications ranged from bachelor's degrees to doctoral-level training. Teaching experience varied from 1.5 to 21 years, demonstrating a mixture of early-career and experienced Nurse Educators. One male participant (6%) contributed gender diversity to the sample.

Table 1

Demographic Characteristics of Nurse Educator Participants (n = 16)

Participant	Age group	Gender	Highest qualification	Teaching experience
01	36-40	Female	M.N.Ed	4 years
02	55-59	Female	B.Cur N.Ed	11 years
03	45-49	Female	B.Cur N.Ed	8 years
04	50-54	Female	B.Cur N.Ed	11 years
05	55-59	Female	PhD (Nursing Education)	8 years
06	50-54	Female	M.N.Ed	11 years

Participant	Age group	Gender	Highest qualification	Teaching experience
07	55-59	Female	PhD (Nursing)	7 years
08	55-59	Female	B.Nurs (Hons)	18 years
09	55-59	Female	B.Cur N.Ed	9 years
10	60-64	Female	B.Cur N.Ed	21 years
11	55-59	Female	B.Cur N.Ed	14 years
12	60-64	Female	B.Cur N.Ed	16 years
13	50-54	Female	M.N.Ed	1.5 years
14	45-49	Female	B.Adv Nursing Science	1.5 years
15	40-44	Female	M.N.Ed	8 years
16	50-54	Male	M.N.Ed	16 years

Findings

Three key themes emerged from the data analysis:

1. Regulatory and Managerial Challenges in Nursing Education

Sub-themes included meeting SANC standards, the impact of the new curriculum, and managerial disruptions and interruptions.

2. Insufficient Management Support

Sub-themes included resource constraints and inadequate compensation, technological challenges, and inaccessible work-life balance policies.

3. Unfair Workload Distribution and Favouritism

Sub-themes included unfair treatment and inconsistent practices, as well as unfair distribution of credits.

These systemic challenges were found to erode Nurse Educators' WLB and job satisfaction (**Table 2**).

Table 2
Themes and Sub-themes

Theme	Sub-themes
1. Regulatory and managerial challenges in nursing education	<ul style="list-style-type: none"> Meeting SANC standards Impact of the new curriculum Managerial disruptions and interruptions
2. Insufficient support from management	<ul style="list-style-type: none"> Resource constraints and inadequate compensation Technological challenges Inaccessible work-life balance policies
3. Unfair workload distribution and favouritism	<ul style="list-style-type: none"> Unfair treatment and inconsistent practices Unfair distribution of credits

Theme 1:

Regulatory and Managerial Challenges in Nursing Education

Nurse Educators reported significant challenges in balancing their responsibilities while meeting regulatory requirements and institutional demands. These concerns centred on meeting SANC standards, adapting to the new curriculum, and managing workflow interruptions. These stressors disrupted WLB and highlighted the need for institutional strategies to support staff.

Sub-theme 1.1:

Meeting SANC Standards

Participants emphasised that adhering to SANC requirements placed considerable pressure on teaching and clinical responsibilities. Heavy administrative demands and logistical challenges made balancing roles difficult, often resulting in extended working hours or work being taken home.

Illustrative quotes:

- *Participant 3:* "The nursing council expected teaching and learning to continue, so students had to meet the course requirements in theory and clinical."
- *Participant 4:* "There is no break... perhaps we can take a break when students go to recess."
- *Participant 8:* "Eight hours are not enough for what I need to do. That is why I take work home."

This sub-theme highlighted how regulatory demands increased workload pressure and negatively influenced WLB.

Sub-theme 1.2:

Impact of the New Curriculum

Participants reported that the new curriculum created urgency, disrupted structured planning, and increased workload intensity. Some adapted by working after hours, while others experienced significant strain on their social lives.

Illustrative quotes:

- *Participant 9:* "The new programme has brought a lot of urgency... now it's more chaotic."
- *Participant 12:* "I took work home... I wanted to prepare slides. But it wasn't overwhelming."

- *Participant 13:* "The new programme is congested... it affects your social life."

Sub-theme 1.3:

Managerial Disruptions and Interruptions

Frequent schedule changes and unplanned tasks eroded participants' sense of control and contributed to stress, requiring them to shift work into personal time.

Illustrative quotes:

- *Participant 2:* "Interruptions happen all the time... I'm left wondering what else I need to do this week."
- *Participant 3:* "You plan properly, but college activities disrupt your plans."
- *Participant 8:* "Ad hoc meetings disrupt my schedule... I then take work home again."

Unpredictability blurred work-life boundaries and highlighted the need for improved planning and communication.

Theme 2:

Insufficient Support from Management

Participants felt undervalued due to inadequate remuneration, insufficient human and material resources, technological limitations, and inaccessible WLB policies.

Sub-theme 2.1:

Resource Constraints and Inadequate Compensation

Limited resources, staff shortages, and financial strain intensified workloads, low morale, and stress.

Illustrative quotes:

- *Participant 7:* "With the current remuneration... you have to do away with domestic help."
- *Participant 10:* "The lack of resources frustrates us... it prevents work-life balance."
- *Participant 15:* "We are underpaid... happiness includes financial stability."

Sub-theme 2.2:

Technological Challenges

Unreliable technological systems and connectivity problems disrupted workflow and increased stress.

Illustrative quotes:

- *Participant 9:* "Internet glitches create real problems... during load shedding."

- *Participant 11:* "Depending solely on technology... balance becomes impossible."
- *Participant 15:* "Inconsistent IT systems... significantly impact work-life balance."

Sub-theme 2.3:

Inaccessible Work-Life Balance Policies

Despite recognising the importance of WLB, many participants were unaware of any formal institutional policy.

Illustrative quotes:

- *Participant 7:* "I haven't encountered any work-life balance policy."
- *Participant 8:* "Most institutional policies focus on assessment, not staff well-being."
- *Participant 9:* "I've never seen an actual policy here."

This highlighted a need for clear, accessible, and better-communicated WLB policies.

Theme 3:

Unfair Workload Distribution and Favouritism

Participants reported inequitable workload allocation and perceived favouritism, which affected morale and WLB.

Sub-theme 3.1:

Unfair Treatment and Inconsistent Practices

Unfair task allocation and perceived preferential treatment caused frustration, emotional fatigue, and diminished teamwork.

Illustrative quotes:

- *Participant 4:* "Work distribution lacks fairness... equitable allocation could foster balance."
- *Participant 5:* "There is clear favouritism... some colleagues consistently have lighter loads."
- *Participant 6:* "Equal work distribution means equal credits... but some receive more recognition."

Sub-theme 3.2:

Unfair Distribution of Credits

Some lecturers were assigned disproportionately high-credit workloads without staffing adjustments, increasing stress and undermining WLB.

Illustrative quotes:

- *Participant 4:* "Some lecturers are allocated fewer credits... I am assigned more work."
- *Participant 6:* "Some receive fewer credits while others are overloaded... the distribution is unfair."

This highlighted the need for transparent and equitable credit distribution mechanisms.

DISCUSSION

Regulatory and Managerial Challenges in Nursing Education

The findings reaffirm longstanding concerns about the detrimental effects of poor WLB among Nurse Educators, particularly due to heavy teaching loads, extensive administrative responsibilities, and frequent curriculum revisions, all of which heighten stress and require extended working hours (Oducado et al., 2021; Forrest et al., 2021). This study adds depth by offering qualitative, context-specific insights from South Africa, demonstrating how inadequate institutional support exacerbates these pressures. These constraints undermine Nurse Educators' ability to meet the SANC standards while sustaining their personal well-being.

Unlike broader studies that focus on attrition and emotional exhaustion from a systemic perspective (Kanyesigye, 2025), these localised findings illuminate the nuanced implications of leadership disengagement, inconsistent decision-making, and inequitable workload distribution (Erasmus et al., 2024). Leadership deficiencies were shown to intensify the daily strains experienced by Nurse Educators, adversely affecting their job satisfaction, emotional health, and overall WLB.

Insufficient Support from Management

This study further highlights systemic barriers such as underfunding, inadequate remuneration, and insufficient digital infrastructure, which continue to undermine the work experiences of Nurse Educators – particularly during transitions to blended and online learning (Mbakaya et al., 2022). Participants described how these deficiencies compound their workloads, limit efficiency, and undermine WLB, ultimately threatening the quality of nursing education and student preparedness (Mathebula et al., 2025).

These findings align with international evidence linking excessive workloads, low support, and organisational instability to burnout, turnover intention, and reduced quality of healthcare delivery (Al-Mugheed et al., 2023). Lack of institutional investment in both human and technological resources contributes directly to the erosion of staff morale and performance.

Unfair Workload Distribution and Favouritism

Inequitable workload allocation emerged as a critical concern in this study, with many participants reporting disproportionate teaching loads that limit opportunities for research, scholarship, and career advancement (Halcomb et al., 2022). These findings expand on earlier research (Bvumbwe & Mtshali, 2018; Coetze, 2019), demonstrating how inconsistent workload policies contribute to perceptions of favouritism and inequity.

Such unfair practices reduce morale, create internal conflict, and hinder a cohesive academic environment. This study highlights the need for transparent, fair, and consistently applied workload systems that support educator satisfaction, retention, and productivity.

Strengths and Limitations

The qualitative design enabled the collection of rich, context-specific insights into the lived experiences of Nurse Educators in Gauteng, contributing depth to a body of literature that is often dominated by quantitative investigations. The use of an independent coder and a rigorous thematic analysis process enhanced the credibility, dependability, and confirmability of the study.

However, the findings may not be generalisable to all NEIs, particularly those in better-resourced environments. Additionally, self-reported data may introduce subjectivity or recall bias. Future research could investigate the long-term effects of institutional reforms on WLB, academic productivity, and educator retention across diverse contexts.

CONCLUSION

This study explored the influence of institutional leadership on Nurse Educators' WLB in Gauteng and revealed that leadership shortcomings profoundly affect workload fairness, support structures, and overall well-being. The findings highlight that inconsistent and unsupportive

leadership practices intensify work-life strain and adversely affect teaching quality, job satisfaction, and professional growth.

The results underscore the urgent need for NEIs to implement comprehensive WLB policies, promote accountable and transparent leadership, and ensure equitable workload distribution. Prioritising these strategic improvements can strengthen Nurse Educators' well-being, foster professional satisfaction, and enhance the overall quality of nursing education in South Africa.

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Ethical Approval: Ethical approval for the study was granted by three independent bodies:

- Sefako Makgatho University Research Ethics Committee (SMUREC/H/249/2023:PG)
- The National Health Research Database (GP202208010)
- The host Nursing Education Institution

Consistent with established research ethics standards (Gray & Grove, 2020), the researchers implemented strict participant protection measures, including written informed consent, confidentiality safeguards, and respect for participant autonomy.

Conflicts of Interest: None declared.

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