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Work–life balance for nurse educators: A systematic strategy development approach

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ABSTRACT

Introduction
Nurse educators in South African nursing education institutions (NEIs) face persistent work–life balance (WLB) challenges, including staff shortages, inequitable workloads, and inadequate remuneration. These systemic pressures compromise educator well-being and the quality of nursing education. Despite growing recognition of these challenges, context-specific and evidence-based strategic interventions remain limited.

Purpose
This study developed and validated evidence-based strategies to strengthen WLB among nurse educators in South African NEIs using a structured, multi-method design.

Methods
A sequential two-phase design was employed. Phase 1 involved strategy development through situational analysis, integrating findings from a scoping review and empirical qualitative data, and applying SWOT and PESTLE frameworks. These were translated into strategic directives using the BOEM framework. Phase 2 utilised a three-round modified Delphi technique with nine purposively selected experts to validate and refine the strategies.

Results
Analysis identified critical internal weaknesses, including staffing shortages and workload inequities, alongside external threats such as funding instability and entrenched overwork norms. Eight integrated strategies were developed, focusing on technology integration, workload governance, equity, policy advocacy, resource optimisation, mentorship, boundary management, and organisational culture. The Delphi process achieved 100% consensus across all validation criteria, producing a structured and implementable action plan.

Conclusion
The study provides a rigorously validated, context-sensitive strategic framework to enhance nurse educator WLB, retention, and educational quality. The integrated methodological approach offers a transferable model for workforce well-being interventions in similar low- and middle-income country contexts.

List of Abbreviations

Abbreviation	Meaning
BOEM	Build, Overcome, Explore, Minimize
DoH	Department of Health
HR	Human Resources
HOD	Head of Department
IT	Information Technology
NEI	Nursing Education Institution
NEIs	Nursing Education Institutions
PESTLE	Political, Economic, Social, Technological, Legal, and Environmental
SWOT	Strengths, Weaknesses, Opportunities, and Threats
WHO	World Health Organization
WLB	Work–Life Balance

INTRODUCTION

The well-being of nurse educators is central to sustaining high-quality nursing education and, by extension, a resilient healthcare system. In South African nursing education institutions (NEIs), persistent structural challenges—including staffing shortages, resource constraints, and escalating workloads—continue to undermine nurse educators' work–life balance (WLB) (Boamah et al., 2022). These conditions are strongly associated with burnout, reduced job satisfaction, and increased turnover intentions, thereby threatening workforce stability and educational continuity (Dyrbye et al., 2017).

WLB challenges in academic and healthcare environments arise from complex interactions between individual, organisational, and systemic determinants (Allen et al., 2020). Nurse educators are particularly vulnerable due to their dual academic and clinical responsibilities, which include teaching, supervision, research, and administrative duties (Van der Heijden et al., 2019). In the South African context, these pressures are compounded by structural inequalities, financial constraints, and uneven workload distribution (Boamah et al., 2022).

Guided by Spillover Theory, this study conceptualises WLB as a bidirectional process in which experiences in the work domain influence personal life and vice versa, producing either positive or negative spillover effects (Allen et al., 2020). This theoretical lens supports the development of interventions that simultaneously reduce harmful spillover and enhance enabling work environments.

Despite extensive documentation of WLB challenges, existing interventions remain largely individualised and insufficiently systemic (Fazal et al., 2022). Few studies have integrated SWOT, PESTLE, BOEM, and Delphi methods into a coherent strategy development and validation framework tailored to NEIs.

Effective strategy development requires the application of robust analytical frameworks. SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis provides a structured approach for assessing internal and external factors that influence organisational objectives (Benzaghta et al., 2021). When combined with PESTLE (Political, Economic, Social, Technological, Legal, and Environmental) analysis, it offers a comprehensive diagnostic framework for understanding contextual influences (Khachatryan et al., 2025).

Translating situational analysis into actionable interventions requires an appropriate strategic framework. The BOEM (Build, Overcome, Explore, and Minimize) framework provides a systematic approach by directing interventions to build on strengths, overcome weaknesses, explore opportunities, and minimize threats (Ramavhoya, 2018). This approach ensures that strategies are targeted and directly responsive to the identified contextual factors. Strategy validation is essential to ensure practical relevance and feasibility. The Delphi technique, a structured communication method that harnesses collective expert intelligence through iterative rounds of feedback, is particularly useful for refining complex interventions and achieving consensus (Gray & Grove, 2020; Keeney et al., 2011).

METHODS

Study Design

A structured sequential multi-method design comprising two phases was employed.

The first phase focused on strategy development through secondary analysis and synthesis of qualitative and documentary data. Findings from a prior scoping review and empirical interviews were thematically analysed and mapped onto SWOT and PESTLE frameworks. These outputs were subsequently translated into actionable strategies using the BOEM framework.

The second phase involved validation through a three-round modified Delphi process with a purposively selected expert panel drawn from nursing education, health management, and human resource domains. Iterative feedback was used to refine and achieve consensus on the proposed strategies.

The study was guided by Spillover Theory, which emphasizes interventions aimed at reducing negative work-to-life spillover while promoting positive spillover (Allen et al., 2020).

Strategy Development Phase

Data Sources

Strategy development was informed by three complementary data sources:

- Findings from a comprehensive scoping review on nurse educators' WLB;
- Empirical data from Phases 1 and 2 of the broader research programme, comprising individual interviews with nurse educators (n = 16) from three NEIs in Gauteng Province; and
- Theoretical insights derived from Spillover Theory.

Analytical Process

A three-step analytical process was followed:

1. **Content Synthesis:**
   Qualitative data from prior phases were thematically analysed to identify recurring themes related to WLB enablers and barriers.
2. **Situational Analysis (SWOT/PESTLE):**
   Identified themes were systematically organised into a SWOT matrix. External factors were further analysed using the PESTLE framework to ensure comprehensive environmental scanning (Benzaghta et al., 2021).
3. **Strategy Formulation (BOEM Application):**
   SWOT and PESTLE findings were incorporated into the BOEM framework to generate strategic directives. This process resulted in eight preliminary strategic themes, each designed to address specific identified factors (Ramavhoya, 2018).

Thematic Analysis

Qualitative data from previous phases were analysed thematically following Braun and Clarke's (2021) six-step framework: data familiarisation, initial coding, theme development, theme review, theme definition, and report writing. An independent coder conducted the coding process to enhance rigour, and discrepancies were resolved through consensus discussions.

Justification for the BOEM Framework

The BOEM framework was selected over alternative approaches, such as logic models and the TOWS matrix, for three main reasons:

1. Its direct alignment with SWOT and PESTLE outputs, thereby linking strategies directly to diagnostic findings;
2. Its action-oriented structure through four strategic postures; and
3. Its demonstrated effectiveness in South African healthcare strategy development (Ramavhoya, 2018).

Unlike the TOWS matrix, which primarily focuses on matching internal and external factors, the BOEM framework directly guides intervention design.

Strategy Validation Phase: Modified Delphi Technique

Expert Panel Recruitment

A purposive sample of nine experts was recruited according to the following inclusion criteria:

1. A minimum of five years' experience in nursing education, health management, or human resources;
2. Current involvement in policy development or decision-making related to nurse educator welfare; and
3. Willingness to participate in all Delphi rounds.

The expert panel comprised:

- Academic heads from NEIs (n = 2);
- Gauteng Department of Health managers (n = 3);
- A human resource development officer (n = 1);
- A labour relations officer (n = 1); and
- University nursing faculty lecturers (n = 2).

The panel size was determined based on recommendations for homogeneous expert panels in Delphi studies, where depth of expertise is prioritised over larger sample sizes (Gray & Grove, 2020; Keeney et al., 2011).

Delphi Process

A three-round modified Delphi technique was implemented using online questionnaires.

Round 1

Experts received the eight draft strategies together with their BOEM rationale. They rated each strategy using a three-point scale:

- 1 = Not approved
- 2 = Approved with recommendations
- 3 = Approved as described

Participants also provided qualitative feedback for improvement.

Round 2

Revised strategies incorporating Round 1 feedback were redistributed to the experts for re-evaluation using the same rating scale.

Round 3

The final strategies were evaluated against four validation criteria:

- Clarity
- Feasibility
- Importance
- Potential effectiveness

A three-point response scale (Agree, Neutral, Disagree) was used.

Consensus Definition and Data Analysis

Consensus was predefined as at least 80% of experts rating a strategy as either 2 or 3 (approved) during Rounds 1 and 2, and at least 80% agreement on each validation criterion during Round 3.

Descriptive statistics, including frequencies and percentages, were calculated for quantitative ratings. Qualitative feedback was analysed thematically to guide strategy refinement. The researcher maintained objectivity by synthesising expert feedback without imposing personal interpretations (Gray & Grove, 2020).

Attrition Considerations

Panel attrition occurred during the Delphi process, with the number of participants decreasing from nine recruited experts to six completing all rounds, representing a 33% attrition rate. Although this reduced the sample size, the final number remained consistent with recommendations for homogeneous expert Delphi panels (Gray & Grove, 2020; Keeney et al., 2011).

Round 3 achieved 100% consensus across all validation criteria, supported by detailed qualitative feedback, indicating strong validity. However, the withdrawal of two managers and one labour relations officer may have limited perspectives from those professional categories. Future studies should therefore include a broader range of stakeholders to strengthen validation.

Ethical Considerations

Ethical clearance was obtained from the Sefako Makgatho Health Sciences University Research Ethics Committee (SMUREC/H/249/2023:PG). Permission to conduct the study was also obtained from the National Health Research Database (GP202208010) and the relevant NEIs. All Delphi panel participants provided written informed consent prior to participation. The study adhered to the ethical principles outlined in the Declaration of Helsinki.

RESULTS

This section presents the findings from the strategy development and validation process. In addressing *Objective 1* (situational analysis), **Tables 1** and **2** present the integrated SWOT and PESTLE findings. In response to *Objective 2* (strategy formulation), **Table 3** maps each strategy to its BOEM rationale and originating factors. Finally, in fulfilment of *Objective 3* (expert validation), **Tables 4** and **5** demonstrate consensus achievement and present the final validated strategic action plan.

Situational Analysis (SWOT/PESTLE) Findings

The situational analysis revealed a convergence of internal structural weaknesses and external systemic constraints shaping nurse educators' WLB. Key internal challenges included chronic staffing shortages, inequitable workload distribution, and inadequate institutional support mechanisms. External pressures included fiscal instability, sociocultural expectations of overwork, and technological demands that blurred work–life boundaries.

The synthesis of data from prior research phases produced a comprehensive diagnostic profile of factors influencing nurse educators' work–life balance.

Table 1:
Key Internal Factors Identified Through SWOT Analysis

Strengths	Weaknesses
Dedicated and highly qualified nurse educators	Severe staff shortages leading to stress and burnout
Functional simulation laboratories	Inequitable workload distribution and perceived favouritism
Accredited academic programmes	Inadequate compensation
Established clinical partnerships	Obsolete technology and insufficient resources
Committed institutional leadership	Poor work–life boundary management

Table 2:
Key External Factors Identified Through PESTLE Analysis

Factor	Opportunities	Threats
Political/Legal	Existing labour laws support fair working conditions	Unpredictable public funding and policy shifts
Economic	Potential for structured advocacy for salary parity	Institutional budget cuts and nationwide economic pressures
Sociocultural	Growing discourse on mental health and well-being	Societal norms that valorise overwork and high caregiving burdens
Technological	Availability of digital tools for flexible work and learning	Constant need for upskilling and intrusion of work into private life
Environmental	Increased awareness of workplace well-being	Physical work environment constraints

As shown in **Table 1**, the internal analysis identified several key weaknesses, including severe staff shortages, uneven workload distribution, and poor work–life boundary management. Nevertheless, notable strengths included dedicated educators and accredited academic programmes. **Table 2** highlights important external factors, including technological opportunities and sociocultural threats, such as norms that valorise overwork and disproportionate caregiving burdens placed on female educators.

Strategy Formulation (BOEM Application)

Application of the BOEM framework transformed the situational analysis findings into eight actionable strategic pillars, as presented in **Table 3**.

Table 3:
Developed Strategies and Their BOEM Rationale

Strategy	BOEM Focus	Derived From
1. Incorporate technology for blended learning	Explore, Build	PESTLE (Technological opportunities); SWOT (Strengths)
2. Implement structured workload management	Overcome	SWOT (Workload-related weaknesses)
3. Establish fair and transparent work processes	Overcome	SWOT (Perceived favouritism and inequity)
4. Advocate for supportive policies and compensation	Explore, Minimize	PESTLE (Political and economic factors)
5. Enhance human and material resources	Overcome, Build	SWOT (Weaknesses and strengths)
6. Create support systems for new staff and curriculum changes	Overcome	SWOT (Weaknesses)
7. Support work–life boundaries	Overcome, Minimize	SWOT (Weaknesses); PESTLE (Sociocultural threats)
8. Foster a supportive institutional culture	Build, Minimize	SWOT (Strengths); PESTLE (Environmental factors)

Delphi Validation Results

The Delphi process demonstrated progressive refinement of the proposed strategies, with initial variability in expert agreement transitioning to full consensus across all validation criteria. Notably, strategies addressing organisational culture and boundary management required greater iterative refinement, reflecting their conceptual complexity and implementation sensitivity.

The three-round Delphi process effectively refined and validated all eight strategies.

Round 1

Five of the nine invited experts participated, yielding a 56% response rate. Initial approval rates ranged from 40% to 100%. Qualitative feedback highlighted the need for greater specificity, clearer implementation procedures, and measurable outcomes.

Key recommendations included:

- Adding specific digital tools to Strategy 1;
- Defining concrete workload audit procedures for Strategy 2;
- Specifying policy advocacy channels for Strategy 4; and
- Operationalising the concept of a "supportive culture" in Strategy 8.

Round 2

Six experts participated in Round 2, resulting in a 67% response rate. All eight revised strategies achieved 100% approval, with ratings of either 2 or 3. Minor comments focused primarily on wording refinements, which were subsequently incorporated into the final versions.

Round 3

All six participating experts unanimously agreed (100%) that the final strategies met all four validation criteria:

- Clarity;
- Feasibility;
- Importance; and
- Potential effectiveness.

Table 4:
Delphi Validation Consensus Progression

Strategy	Round 1 Approval	Round 2 Approval	Round 3 Consensus
1. Technology for blended learning	100%	100%	100%
2. Workload management	80%	100%	100%
3. Fair work distribution	80%	100%	100%
4. Policies and compensation	80%	100%	100%
5. Resource enhancement	80%	100%	100%
6. Support for new staff	60%	100%	100%
7. Work–life boundaries	60%	100%	100%
8. Supportive culture	40%	100%	100%

Approval trends indicated that strategies related to organisational culture and interpersonal dynamics (Strategies 6, 7, and particularly 8) received the lowest levels of initial support (40%–60%), whereas the technology-focused Strategy 1 achieved 100% approval from Round 1. This contrast suggests that experts perceived cultural transformation as more complex and difficult to implement than technological or administrative interventions.

The substantial refinement of Strategy 8—from a broad recommendation to "foster supportive culture" to specific actions such as appointing wellness champions, introducing recognition programmes, and incorporating psychological safety metrics—demonstrates the effectiveness of the Delphi process in transforming abstract concepts into operational strategies.

Final Validated Strategic Action Plan

The final outcome of the study was the development of an expert-validated strategic action plan, presented in **Table 5**.

Table 5:
Validated Strategic Action Plan for Nurse Educator Work–Life Balance

Strategy	Core Action Points	Sample Indicators	Responsible Stakeholders
1. Technology integration	Train nurse educators in learning management systems (LMS) and digital tools; ensure robust IT support; develop blended learning guidelines	Training completion rates; helpdesk resolution times; percentage of courses using blended formats	NEI IT Department, Academic Leadership, Teaching and Learning Unit
2. Workload management	Conduct annual workload audits using standardised tools; implement task delegation protocols; cap student-to-educator ratios	Audit compliance rates; percentage reduction in non-academic tasks; adherence to ratio caps	Heads of Department (HODs), line managers, workload committee
3. Equity and transparency	Develop and communicate a clear workload allocation policy; institute blind peer review for task assignments; establish grievance mechanisms	Existence of formal policies; staff survey scores on fairness; number of resolved grievances	NEI Executive, HR Committee, union representatives
4. Policy and pay advocacy	Conduct salary benchmarking against comparable professions; advocate for flexible work policies; submit position papers to the Department of Health	Submission of advocacy documents; memoranda of understanding with stakeholders; policy amendments achieved	Labour unions, NEI governing board, professional associations
5. Resource enhancement	Implement targeted recruitment campaigns; establish resource-sharing hubs; upgrade simulation equipment	Vacancy filling times; utilisation of shared resources; equipment functionality rates	HR Department, HODs, Finance Office
6. Mentorship and onboarding	Formalise mentorship programmes with trained mentors; develop curriculum transition guides; establish peer-support groups	Number of mentor–mentee pairs; new educator satisfaction scores; one-year retention rates	Senior faculty, Teaching and Learning Unit, HR Development
7. Boundary setting	Formalise "right to disconnect" guidelines; model respectful communication hours; provide digital detox training	Policy adoption rates; reduction in after-hours email traffic; staff well-being survey scores	All staff, senior leadership, HR Department
8. Cultural transformation	Launch well-being programmes; integrate recognition into performance systems; appoint wellness champions	Programme participation rates; staff retention metrics; reported psychological safety levels	Organisational Development Unit, management, wellness committee

DISCUSSION

The findings demonstrate that nurse educators' work–life balance is shaped by a complex interaction of structural, organisational, and cultural determinants. The eight validated strategies function as an integrated system rather than isolated interventions, reflecting the multidimensional nature of WLB.

This systemic orientation aligns with Spillover Theory, which conceptualises work and non-work domains as dynamically interconnected (Allen et al., 2020). Importantly, interventions targeting workload distribution and organisational fairness may reduce negative spillover, while mentorship and recognition systems may enhance positive spillover.

The initial resistance observed in culture-oriented strategies highlights the inherent difficulty of operationalising organisational culture change. This aligns with Schein's (2016) argument that culture is deeply embedded in institutional assumptions and may resist formal intervention unless supported by structural change mechanisms.

The Delphi process played a critical role in transforming abstract strategic concepts into operationally feasible interventions. The progression from moderate agreement to full consensus illustrates the value of structured expert engagement in refining complex health systems interventions.

This study successfully developed and validated a comprehensive strategic action plan to support nurse educators' work–life balance using a systematic multi-method approach. The integration of SWOT and PESTLE analyses, the BOEM framework, and the Delphi technique represents a rigorous methodological process for translating research findings into actionable organisational strategies.

Interpretation of the Developed Strategies

The eight validated strategies function as an interconnected system rather than as isolated interventions, reflecting the multidimensional nature of WLB challenges. This systemic approach aligns with contemporary understandings that WLB is shaped by interacting individual, organisational, and societal factors (Allen et al., 2020).

For example, technology integration (Strategy 1) must be accompanied by effective boundary-setting mechanisms (Strategy 7) to prevent digital technologies from increasing work intrusion into personal life, which is a recognised contributor to burnout (Karabinski et al., 2021). The emphasis on workload management and equitable work processes (Strategies 2 and 3) directly addresses concerns regarding procedural justice identified in prior research (Van der Heijden et al., 2019). Within the South African context, where staffing shortages are particularly severe, transparent and equitable workload distribution is essential for preventing dissatisfaction and staff turnover.

Critical Analysis of the Strategies

The initial resistance to culture-focused strategies, particularly Strategy 8, warrants critical consideration. This resistance may reflect what organisational change literature describes as the "culture–culture gap," referring to the disconnect between espoused organisational values and actual institutional practices (Schein, 2016). Experts' requests for greater operational specificity suggest scepticism regarding whether cultural transformation can be intentionally engineered, echoing concerns that well-being initiatives may become performative in the absence of structural reform (Yadava et al., 2025).

The successful refinement of Strategy 8 through Delphi feedback demonstrates that even complex cultural interventions can be operationalised when experts collaboratively translate abstract concepts into measurable actions.

The Role of Expert Validation and Consensus Building

The Delphi process proved invaluable in transforming theoretically sound strategies into practical and implementable interventions. The progression from moderate initial approval levels (40%–80% in Round 1) to unanimous consensus (100% in Rounds 2 and 3) illustrates how expert feedback enhanced strategy specificity, relevance, and feasibility.

This refinement process was especially important for culturally sensitive and organisationally complex strategies, such as fostering a supportive institutional

culture (Strategy 8), which benefited substantially from the concrete operational recommendations proposed by panel members.

The inclusion of diverse stakeholders—including NEI managers, Department of Health officials, and HR professionals—strengthened the likelihood of institutional buy-in during implementation. Their consensus indicates that the strategies are not only academically robust but also politically and practically viable within the South African NEI context.

Integration With the Theoretical Framework and Prior Findings

The developed strategies demonstrate strong alignment with Spillover Theory. Interventions targeting workload, resource allocation, and equitable practices aim to reduce negative work-to-life spillover by addressing job demands that exceed personal capacity. Conversely, strategies promoting mentorship, recognition, and supportive institutional culture seek to enhance positive spillover, whereby rewarding work experiences contribute positively to personal well-being (Allen et al., 2020).

Contextually, the strategies respond directly to identified South African challenges. For example, policy advocacy (Strategy 4) recognises that some WLB barriers, such as funding constraints, require macro-level interventions beyond the control of individual NEIs. This finding aligns with global calls for systemic approaches to healthcare workforce well-being (World Health Organization [WHO], 2020).

International Comparisons

The South African findings mirror international trends, with workload inequities and resource shortages consistently identified as major barriers to WLB in nursing education contexts in countries such as Canada (Boamah et al., 2022) and Australia (Smith et al., 2021). However, severe staffing shortages in South African public NEIs—compounded by historical inequalities and the migration of skilled professionals to wealthier countries—create additional implementation challenges (Burnett, 2024).

Unlike many high-income countries with reliable digital infrastructure, South African NEIs continue to experience unreliable internet access and load-shedding, which may hinder implementation of technology integration strategies (Bvumbwe & Mtshali, 2018). Nevertheless, these similarities suggest that the strategic framework may have broader relevance across sub-Saharan Africa.

Implications for Practice and Implementation

The validated strategic action plan provides NEIs with a practical framework for addressing WLB challenges. By specifying responsible stakeholders and measurable indicators, the plan addresses common implementation failures associated with unclear accountability structures (Zhang et al., 2022).

Importantly, the framework promotes shared responsibility across organisational levels, ranging from individual educators practising healthy boundary-setting to senior leadership advocating for policy reform. This approach counters tendencies to frame WLB challenges solely as issues of personal resilience and instead positions staff well-being as an organisational responsibility (Dyrbye et al., 2017).

Policy Implications

At the national level, the Department of Health should:

- Commission workforce planning initiatives that incorporate educator-to-student ratios into funding models;
- Develop standardised workload measurement tools for benchmarking across institutions;
- Consider salary adjustments to improve retention of experienced educators; and
- Incorporate educator well-being indicators into NEI quality assurance frameworks.

Provincial health departments should establish WLB monitoring systems and promote resource-sharing consortia among NEIs.

At the institutional level, policies should include:

- Clear "right to disconnect" protocols;
- Transparent workload allocation procedures with grievance mechanisms; and
- Recognition systems that reward teaching excellence and mentorship in addition to research productivity.

Risks of Non-Implementation

Failure to implement—or superficial implementation of—the proposed strategies presents significant risks. Without committed leadership support, the strategic plan may

become ineffective or remain unimplemented. Resource limitations may result in prioritisation of low-cost initiatives while neglecting critical resource-intensive interventions such as staff recruitment.

Furthermore, initiative fatigue may develop if implementation lacks effective change management or if educators perceive interventions as symbolic rather than substantive.

To mitigate these risks, institutions should:

1. Secure executive sponsorship prior to implementation;
2. Phase interventions strategically to manage resource demands;
3. Establish baseline WLB indicators for monitoring progress; and
4. Ensure accountability through regular governance reporting mechanisms.

Limitations and Future Research

This study has several limitations. First, although the Delphi panel consisted of experts, the sample size was relatively small (n = 9), and participant attrition occurred across rounds. Second, although the strategies were validated by experts, they have not yet been implemented or evaluated in practice. Third, the study focused exclusively on NEIs within Gauteng Province, which may limit transferability to provinces with differing resource conditions.

Future research should focus on:

1. Piloting and evaluating implementation of the strategic action plan within selected NEIs;
2. Conducting longitudinal studies examining the impact of these strategies on nurse educator retention, well-being, and teaching quality;
3. Exploring barriers and facilitators influencing implementation across diverse institutional contexts; and
4. Adapting the framework for use among other healthcare educator groups experiencing similar challenges.

CONCLUSION

This study systematically developed and expert-validated a comprehensive strategic action plan aimed at enhancing work–life balance among nurse educators in South African NEIs. Through integrated situational analysis, application of strategic frameworks, and Delphi-based consensus building, the study identified eight interconnected strategies addressing technological, organisational, cultural, and policy-related dimensions of WLB.

The unanimous validation achieved from a diverse panel of stakeholders underscores the credibility, feasibility, and contextual relevance of the proposed action plan. By specifying practical actions, measurable indicators, and accountability structures, the framework moves beyond theoretical recommendations to provide a realistic implementation roadmap.

Practical Recommendations for NEIs

NEIs should establish WLB steering committees to coordinate phased implementation of the eight validated strategies. Priority should initially be given to foundational interventions, including workload audits (Strategy 2) and transparent workload allocation systems (Strategy 3), before progressing to mentorship programmes (Strategy 6) and boundary-setting initiatives (Strategy 7).

Implementation of technology integration strategies (Strategy 1) should be accompanied by adequate investment in IT infrastructure and staff training to prevent digital inequities.

Policy Recommendations for the Department of Health

The Department of Health should:

- Integrate educator well-being indicators into NEI performance frameworks;
- Establish national standardised workload benchmarks;
- Revise funding models to support educator recruitment and retention; and
- Develop cross-institutional WLB best-practice networks.

Enhancing nurse educators' work–life balance is a strategic priority for maintaining the quality of nursing

education and healthcare delivery. This study presents an evidence-based and adaptable framework with measurable implementation indicators that may be scaled across South African provinces and adapted for sub-Saharan African contexts facing similar challenges.

Future mixed-methods case studies should evaluate implementation outcomes by monitoring educator retention rates, burnout levels, teaching quality, and implementation barriers. The combined methodology of situational analysis, strategic frameworks, and expert validation also offers a transferable model for workforce well-being initiatives across healthcare professions.

Authors' Contribution: **L.M.** contributed to conceptualisation, methodology, investigation, formal analysis, and original draft preparation. **R.F.M. and T.N.R.** contributed to supervision, validation, methodology guidance, review, and editing. All authors read and approved the final manuscript.

Availability of Data and Materials: The data supporting the findings of this study are available from the corresponding author (L.M.) upon reasonable request.

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Conflicts of Interest: None declared.

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