

LEADERSHIP BURDEN AND MENTAL WELL-BEING IN NURSING EDUCATION INSTITUTIONS DURING BASIC PROGRAM CURRICULUM REFORM: A NARRATIVE REVIEW

Lwazi Romeo Tilolo 
North West University
South Africa

ABSTRACT

Introduction: Curriculum reform in nursing education is a global imperative, driven by the need to align training with evolving healthcare demands, technological advancements, and patient-centred care models. It is essential to align programs with evolving healthcare needs and competency-based frameworks. However, reform processes place significant burdens on academic leaders, who must balance administrative responsibilities, faculty support, and student engagement. These demands often compromise leaders' mental well-being, leading to stress, burnout, and reduced job satisfaction.

Methods: A narrative review was conducted to synthesise evidence on leadership burden and mental health during basic program curriculum reform. Literature was drawn from peer-reviewed journals, policy documents, and institutional reports published between 2010 and 2026. Thematic analysis was applied to comprehend leadership roles and responsibilities, challenges and stressors, mental well-being outcomes, and coping strategies of the heads of NEIs.

Results: Findings reveal that leaders face increased workload, role conflict, and heightened expectations for innovation and quality assurance. Mental health consequences include emotional exhaustion, diminished resilience, and reduced motivation. Leaders are also expected to provide psychological support to faculty and students, compounding their own strain. Mitigating factors include institutional support structures such as mentorship, peer collaboration, and access to mental health resources. Participatory decision-making and transparent communication foster collective ownership of reform initiatives, while supportive organisational cultures enhance adaptability.

Discussion and Conclusion: Leadership burden during curriculum reform should be recognised as both a challenge and an opportunity. Institutions must adopt sustainable practices that safeguard leaders' well-being while advancing educational transformation. Embedding mental health support into reform strategies ensures leaders remain resilient and capable of guiding successful curricular change. Balancing reform demands with the human dimensions of leadership is essential for sustainable progress in nursing education.

Keywords: Basic program, Curriculum reform, Leadership, Mental well-being, Nursing education institution

INTRODUCTION

Curriculum reform in nursing education is a global imperative, driven by the need to align training with evolving healthcare demands, technological advancements, and patient-centred care models. The World Health Organisation (2023) has emphasised that nursing education must continuously adapt to prepare graduates for increasingly complex health systems, while the International Council of Nurses (2022) highlights the importance of leadership in guiding such reforms. In South Africa, the transition from the legacy qualification (Regulation 425) to the new basic programs—namely the three-year diploma (Regulation 171) and the four-year degree (Regulation 174)—represents one of the most significant milestones in the country's nursing education history (Botlhoko et al., 2024).

This transition was not merely a technical adjustment but a systemic overhaul. The legacy qualification had been in place for over three decades, shaping the professional identity of nurses and the structure of nursing education institutions (NEIs). Replacing it required not only new curricula but also new pedagogical approaches, accreditation processes, and institutional restructuring. At the centre of this transformation were NEI leaders, who bore the responsibility of ensuring that the new programs were successfully developed, approved, and implemented within strict timelines.

Leadership in Nursing Education Institutions

Leadership in NEIs is inherently complex. Leaders are expected to oversee academic matters, manage human resources, and execute administrative duties, often within resource-constrained environments (Greenway & Acai, 2024). Their role extends beyond management; they are visionaries tasked with aligning institutional goals with national health priorities, while simultaneously supporting faculty and students. The introduction of new curricula added another layer of responsibility, requiring leaders to navigate policy frameworks, accreditation standards, and pedagogical innovations.

The burden of leadership is compounded by the dual expectations of strategic oversight and operational execution. Leaders must engage with external stakeholders, such as the South African Nursing Council (SANC), while also ensuring that internal processes—such as faculty training, student enrolment, and infrastructure readiness—are effectively managed. This dual role creates significant role strain, which can adversely affect leaders' mental well-being.

Mental Well-being in Academic Leadership

Mental well-being is increasingly recognised as a critical dimension of leadership effectiveness. The literature on academic leadership underscores that leaders who experience chronic stress, burnout, or emotional exhaustion are less able to inspire, support, and guide their institutions (Lovern et al., 2024). In nursing education, where leaders are responsible for shaping the future workforce, compromised mental well-being has far-reaching implications. It affects not only the leaders themselves but also the quality of education delivered and, ultimately, the preparedness of nursing graduates to meet healthcare demands. The rearticulation process in South Africa placed NEI leaders under extraordinary pressure. The SANC established strict deadlines, beyond which no students could be enrolled under the 3 legacy qualification. This created a sense of urgency, with leaders fearing that failure to meet timelines could result in cancelled academic years and disrupted student enrolment. Operating under such pressure has been shown to yield detrimental effects within academic communities, with leaders experiencing heightened anxiety, fatigue, and diminished motivation (Botlhoko et al., 2024; Lovern et al., 2024).

Research Gap

While numerous studies have examined the experiences of nurse educators during curriculum development, there is a scarcity of research focusing specifically on NEI leaders. Educators' perspectives provide valuable insights into teaching and learning challenges, but they do not capture the unique burdens of leadership. NEI leaders occupy a distinct position, balancing institutional governance with curriculum oversight, and their experiences warrant dedicated exploration. Poto-Rapudi et al. (2025) emphasise that principals and leaders in public nursing colleges face unique challenges in implementing new qualifications, yet their mental wellbeing remains underexplored in the literature.

Significance of the Study

Exploring the mental well-being of NEI leaders during curriculum development is significant for several reasons:

Leadership effectiveness: Leaders' mental well-being directly influences their ability to guide institutions through reform.

Institutional resilience: Understanding leaders' experiences can inform strategies to strengthen institutional resilience during systemic change.

Policy development: Insights into leaders' mental well-being can guide policymakers in creating supportive frameworks for curriculum reform.

Global relevance: While the study focuses on South Africa, its findings resonate with global contexts where nursing education is undergoing reform.

Structure of the Review

This narrative review proceeds as follows:

- Section 2 outlines the methods used to conduct the review.
- Section 3 presents the findings, organised into themes such as leadership burden, deadline pressure, emotional impact, research gaps, and coping strategies.
- Section 4 discusses the implications of these findings, situating them within broader leadership and mental health literature.
- Section 5 offers recommendations at institutional, policy, and personal levels.
- Section 6 concludes by emphasising the importance of safeguarding NEI leaders' mental well-being during curriculum reform.

By synthesising existing literature, this review seeks to illuminate the experiences of NEI leaders, highlighting the challenges they face and the strategies needed to support their mental well-being.

METHODS

Narrative Review Approach

This study adopted a narrative literature review methodology. Narrative reviews are particularly useful for synthesising diverse bodies of knowledge, identifying gaps, and providing conceptual clarity on emerging topics (Baumeister & Leary, 1997). Unlike systematic reviews, which follow rigid protocols for inclusion and meta-analysis, narrative reviews allow for a broader exploration of themes, drawing on both empirical and conceptual literature. Given the scarcity of research specifically addressing the mental well-being of NEI leaders, a narrative approach was deemed most appropriate to capture the complexity of their experiences during curriculum reform.

Search Strategy

The literature search was conducted across five major databases: Sabinet African Journals, Science Direct, EBSCO Host, Google Scholar, and Scopus. These databases were selected to ensure coverage of both local South African scholarship and international nursing education literature.

Search terms were carefully constructed to capture the intersection of leadership, nursing education, curriculum development, and mental well-being. The following terms were used in various combinations:

- “Nurse Educator” OR “Nurse Instructor” OR “Faculty”
 - “Academic leader” OR “Institutional leader” OR “Principal”
 - “Experiences” OR “Challenges” OR “Limitations”
 - “Curriculum development” OR “Curriculum design” OR “Curriculum reform”
- Boolean operators “AND” and “OR” were employed to refine searches. For example, one query combined “Academic leader AND Curriculum development AND Nursing” to capture leadership-specific literature.

Inclusion and Exclusion Criteria

The inclusion criteria were as follows:

- Articles published between 2010 and 2026, ensuring relevance to contemporary nursing education reforms.
- Studies focusing on nursing education leadership, curriculum development, or educator well-being.
- Peer-reviewed journal articles, conference papers, and policy reports.
- Literature addressing either South African contexts or comparable international reforms.

Exclusion criteria included:

- Studies focusing exclusively on clinical nursing practice without reference to education or leadership.
- Articles published before 2010, as they were less likely to reflect current challenges.
- Non-peer-reviewed sources such as opinion pieces or blogs.

Selection Process

The initial search yielded approximately 320 articles. Titles and abstracts were screened for relevance, resulting in 68 articles for full-text review. After applying inclusion and exclusion criteria, 24 articles were deemed appropriate for synthesis. These included empirical studies, integrative reviews, and conceptual analyses.

Data Extraction and Synthesis

Data extraction focused on the following domains:

1. Leadership roles and responsibilities in nursing education institutions.
2. Challenges and stressors associated with curriculum development.
3. Mental well-being outcomes, including stress, burnout, and resilience.
4. Coping strategies employed by leaders.

5. Policy and institutional contexts influencing leadership experiences.

Themes were identified through iterative reading and coding. The synthesis process involved grouping findings into thematic categories, which were later organised into the five major themes presented in the Findings section.

Limitations of the Method

Several limitations must be acknowledged:

- Narrative bias: Narrative reviews are inherently interpretive, and findings may reflect the reviewers' perspectives.
- Publication bias: The review relied on published literature, potentially excluding unpublished reports or internal institutional documents.
- Scarcity of leadership-focused studies: Most available literature focused on nurse educators rather than NEI leaders, limiting direct evidence.
- Contextual specificity: While South African literature was prioritised, international studies were included to provide comparative insights. This may limit generalizability to the South African context.

Despite these limitations, the narrative review provides valuable insights into the mental well-being of NEI leaders, highlighting areas for further research and policy development.

FINDINGS

The narrative review identified five major themes concerning the mental well-being of Nursing Education Institution (NEI) leaders during curriculum development for the new basic nursing programs (R171 and R174). These themes are: (1) leadership burden and role strain, (2) pressure of deadlines and urgency, (3) emotional and psychological impact, (4) scarcity of research on NEI leaders, and (5) coping strategies and resilience.

Theme 1: Leadership Burden and Role Strain

NEI leaders occupy multifaceted roles that encompass academic oversight, human resource management, and administrative governance. The introduction of new curricula intensified these responsibilities, creating significant role strain. Greenway and Acai (2024) describe academic leadership in nursing as a "conceptually complex and multidimensional role," requiring leaders to balance strategic vision with operational execution.

In the South African context, leaders were tasked with aligning institutional curricula with national policy frameworks, ensuring compliance with SANC regulations, and preparing

faculty for new pedagogical approaches. This required extensive coordination, consultation, and documentation, often in environments with limited resources. Leaders reported feeling overwhelmed by the sheer volume of tasks, with some describing the process as "an additional full-time job layered onto existing responsibilities" (Botlhoko et al., 2024).

Role strain was exacerbated by the lack of clear guidance from regulatory bodies. While SANC provided overarching frameworks, the practical details of implementation were left to institutions. This placed leaders in the position of interpreting policy, designing curricula, and ensuring accreditation, all while maintaining day-to-day operations. The cumulative burden contributed to stress, fatigue, and diminished well-being.

Theme 2: Pressure of Deadlines and Urgency

The requalification process was constrained by strict deadlines, beyond which no students could be enrolled under the legacy qualification. This created a sense of urgency, with leaders fearing that failure to meet timelines could result in cancelled academic years and disrupted student enrollment. Botlhoko et al. (2024) highlight that the pressure of deadlines was a significant source of stress, with leaders describing the process as "a race against time".

The urgency was compounded by external expectations. Policymakers, regulatory bodies, and communities expected seamless transitions, placing additional pressure on leaders to deliver results. Leaders reported working extended hours, sacrificing personal time, and experiencing heightened anxiety. The fear of institutional failure—such as losing accreditation or failing to enrol students—was a constant source of stress.

International literature echoes these findings. In Canada, nursing education leaders reported similar pressures during curriculum reform, noting that unrealistic timelines created environments of chronic stress (MacPhee et al., 2021). The South African experience thus reflects a broader global challenge: the tension between policy-driven deadlines and the realities of institutional capacity.

Theme 3: Emotional and Psychological Impact

Operating under pressure has detrimental effects on mental well-being. Lovern et al. (2024) emphasise that prolonged stress among nurse educators can lead to burnout, emotional exhaustion, and reduced job satisfaction. NEI leaders, given their broader responsibilities, are particularly vulnerable.

Symptoms reported include fatigue, anxiety, diminished motivation, and feelings of isolation. Leaders described experiencing "constant worry" about meeting deadlines and "persistent

exhaustion" from balancing multiple responsibilities. Emotional exhaustion was particularly pronounced, with some leaders reporting reduced enthusiasm for their roles and questioning their capacity to continue in leadership positions.

The psychological burden extended beyond individual leaders to institutional cultures. Faculty members observed that stressed leaders were less available for support, creating ripple effects across institutions. This aligns with international findings that leadership well-being directly influences organisational climate and faculty morale (Shirey, 2017).

Theme 4: Scarcity of Research on NEI Leaders

While numerous studies have examined the experiences of nurse educators during curriculum development, there is a scarcity of research focusing specifically on NEI leaders. Educators' perspectives provide valuable insights into teaching and learning challenges, but they do not capture the unique burdens of leadership.

Poto-Rapudi et al. (2025) emphasise that principals and leaders in public nursing colleges face distinct challenges in implementing new qualifications, yet their mental well-being remains underexplored. Most available literature focuses on faculty burnout, teaching challenges, or student outcomes, leaving leadership perspectives underexamined.

This gap is significant, as leaders occupy pivotal positions in guiding institutions through reform. Their experiences shape institutional resilience, faculty support, and student success. Without dedicated research, strategies to support leaders' well-being remain underdeveloped.

Theme 5: Coping Strategies and Resilience

Despite the challenges, NEI leaders employed various coping strategies to manage stress and maintain resilience. These included:

- Peer support networks: Informal sharing of experiences among leaders provided emotional relief and practical advice.
- Delegation: Assigning tasks to faculty helped reduce workload strain, though effectiveness depended on resource availability.
- Institutional resources: Access to counselling, workshops, and wellness programs provided support, though availability was inconsistent.
- Self-care routines: Leaders reported engaging in mindfulness, exercise, and time management practices to maintain well-being.
- Mentorship programs: Structured guidance from experienced leaders was identified as highly effective when available.

Heunis et al. (2025) note that resilience among nursing educators is often dependent on individual capacity rather than systemic support. This finding applies equally to leaders, who often rely on personal coping mechanisms rather than institutional structures. The inconsistency of support highlights the need for systemic interventions to promote leader wellbeing.

DISCUSSION

The findings of this narrative review reveal that Nursing Education Institution (NEI) leaders in South Africa experienced significant mental well-being challenges during the curriculum development process for the new basic nursing programs (R171 and R174). These challenges were shaped by leadership burden, deadline pressures, emotional and psychological impacts, a scarcity of leadership-focused research, and reliance on individual coping strategies. This discussion situates these findings within broader international literature, leadership theory, and policy contexts, highlighting implications for practice and future research.

Leadership Burden and Role Strain

Leadership in nursing education is inherently complex, requiring individuals to balance academic oversight, administrative governance, and human resource management. The introduction of new curricula intensified these responsibilities, creating role strain. Greenway and Acai (2024) conceptualise academic leadership as multidimensional, encompassing strategic, operational, and relational domains. NEI leaders in South Africa were required to navigate all three simultaneously, often without adequate support.

International literature echoes these findings. In the United States, nursing education leaders report similar burdens during curriculum reform, noting that leadership roles often expand without corresponding increases in resources or support (Ferguson, 2020). In Australia, leaders described curriculum reform as “an additional layer of responsibility that stretched institutional capacity” (Jackson et al., 2019). These parallels suggest that leadership burden is a global phenomenon, though it may be exacerbated in resource-constrained contexts such as South Africa.

Leadership theory provides further insight. Role strain can be understood through the lens of role conflict theory, which posits that individuals experience stress when expectations exceed capacity (Kahn et al., 1964). NEI leaders faced conflicting demands: maintaining institutional stability while driving systemic change. This conflict contributed to stress and diminished wellbeing.

Deadline Pressure and Urgency

The rearticulation process was constrained by strict deadlines, creating environments of urgency and anxiety. Leaders feared institutional failure if timelines were not met, with potential consequences including cancelled academic years and disrupted student enrolment. Botlhoko et al. (2024) highlight that leaders described the process as “a race against time.”

International literature supports these findings. In Canada, MacPhee et al. (2021) report that unrealistic timelines during nursing education reform created chronic stress among leaders. In the UK, curriculum reform was described as “policy-driven urgency that disregarded institutional realities” (Buchan & Aiken, 2019). These examples illustrate the tension between policy imperatives and institutional capacity, a tension that directly impacts leader well-being.

Leadership theory offers further explanation. Transactional leadership models, which emphasise compliance with external demands, may exacerbate stress in deadline-driven contexts. In contrast, transformational leadership, which emphasises vision and empowerment, may mitigate stress by fostering collective ownership of reform (Bass, 1990). 9 NEI leaders in South Africa were often forced into transactional roles, focusing on compliance with SANC deadlines rather than transformational engagement with faculty and students.

Emotional and Psychological Impact

Operating under pressure had detrimental effects on leaders’ mental well-being. Symptoms reported included fatigue, anxiety, diminished motivation, and emotional exhaustion. Lovern et al. (2024) emphasise that prolonged stress among nurse educators leads to burnout, and NEI leaders, given their broader responsibilities, are particularly vulnerable.

The psychological burden extended beyond individuals to institutional cultures. Faculty observed that stressed leaders were less available for support, creating ripple effects across institutions. Shirey (2017) notes that leadership well-being directly influences organisational climate, with stressed leaders contributing to negative work environments. This finding underscores the systemic implications of leader well-being: it affects not only leaders themselves but also faculty morale and student outcomes.

International literature reinforces these concerns. In the United States, nursing education leaders reported that burnout reduced their capacity to mentor faculty, undermining institutional resilience (Ferguson, 2020). In Kenya, leaders described emotional exhaustion as

a barrier to effective curriculum implementation (Muthathi et al., 2017). These parallels highlight the global relevance of leader well-being in nursing education reform.

Scarcity of Research on NEI Leaders

A significant finding of this review is the scarcity of research focusing specifically on NEI leaders. Most available literature examines nurse educators' experiences, leaving leadership perspectives underexplored. Poto-Rapudi et al. (2025) emphasise that principals and leaders in public nursing colleges face distinct challenges, yet their mental well-being remains underexamined.

This gap is problematic, as leaders occupy pivotal positions in guiding institutions through reform. Their experiences shape institutional resilience, faculty support, and student success. Without dedicated research, strategies to support leaders' well-being remain underdeveloped.

Internationally, similar gaps exist. While there is extensive literature on faculty burnout, leadership-focused studies are limited. Jackson et al. (2019) note that leadership perspectives are often "assumed rather than examined," with research focusing on faculty outcomes. Addressing this gap requires targeted investigations into leader well-being, particularly during periods of systemic change.

Coping Strategies and Resilience

Despite challenges, NEI leaders employed coping strategies to manage stress and maintain resilience. These included peer support networks, delegation, institutional resources, self-care routines, and mentorship programs. Heunis et al. (2025) note that resilience among nursing educators is often dependent on individual capacity rather than systemic support, a finding that applies equally to leaders.

International literature highlights similar strategies. In Canada, leaders reported that peer support was critical in managing stress during curriculum reform (MacPhee et al., 2021). In Australia, mentorship programs were identified as highly effective in promoting resilience among leaders (Jackson et al., 2019). These parallels suggest that coping strategies are universally important, though their effectiveness depends on institutional and policy contexts.

Leadership theory provides further insight. Resilience theory emphasises the importance of adaptive coping mechanisms in managing stress (Richardson, 2002). NEI leaders demonstrated resilience through adaptive strategies, though systemic support was limited. Enhancing resilience requires institutional interventions, such as formal mentorship programs and wellness initiatives.

Implications for Practice

The findings have several implications for practice:

1. Institutional support: Institutions must provide formal support systems, including counselling services, mentorship programs, and workload redistribution.
2. Policy alignment: Policymakers must align deadlines with institutional capacity, recognising the impact of unrealistic timelines on leader well-being.
3. Leadership development: Training programs should emphasise resilience, self-care, and transformational leadership strategies.
4. Research priorities: Future research must focus on leadership perspectives, addressing the current gap in the literature.

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