

# Work-Life Balance of Women Medical Professionals in the Healthcare Sector-A Systematic Literature Review

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### ABSTRACT

**Purpose:** *Healthcare employees frequently put their personal needs aside for their professions, making it a challenge to maintain a healthy Work-Life Balance (WLB), particularly for women. WLB is a delicate balancing act between the importance and priorities of one's personal and professional paths, which are closely interwoven in every aspect. The Healthcare sector is rapidly expanding with female doctors and nurses accounting for a large portion of the workforce. Their job entails a variety of issues which include night shifts, prolonged shifts, fewer breaks, and high work pressure. When there is a positive organizational culture and supportive environment at work and home, female medical professionals will be able to offer excellent medical care, be more efficient, and enhance the quality of patient care. Hence it is necessary to identify various factors affecting the personal and professional life of female medical professionals and discuss ways to improve their WLB.*

**Methodology:** *A systematic review was carried out on the existing literature of WLB of Female Doctors and Nurses using the keywords Work-Life Balance, Hospital, Female Doctors, Female Nurses in three search engines: PubMed, Google Scholars, and Academia. The eligible articles were screened using exclusion criteria before being analyzed for the conceptual framework of the study.*

**Findings/Result:** *The review identified personal and professional factors affecting the WLB of Female Doctors and Nurses. The study also discovered various research gaps in the domain of WLB and offered several recommendations to help healthcare personnel improve their WLB.*

**Originality/Value:** *The systematic research yielded a clear picture of the WLB in the healthcare industry. The study also discovered a link between female healthcare workers' WLB and personal and professional issues, as well as various ways for enhancing their WLB. Implementing these methods in the healthcare industry can help medical practitioners become more efficient and successful, allowing them to provide the highest suitable care to their patients.*

**Paper Type:** *Systematic Review Paper.*

**Keywords:** Work-Life Balance, Hospital, Female doctors, Female nurses, Gap analysis, Conceptual framework, Healthcare

### 1. INTRODUCTION :

Work-Life Balance (WLB) denotes a person's level of prioritizing of personal and professional activities in their lives, as well as the amount to which work-related activities are present at home [1]. It is an area where its importance has increased for both employees and employers. Work-life balance requires a systematic prioritization of work and personal duties. It is the ability to efficiently handle a variety of tasks at work, at home, and in other facets of one's life. Separating professional responsibilities from family, friends, social circle, morality, self-development, self-care, and other personal interests is an ongoing effort [2]. Uneven work-life interaction can harm individuals, families, and organizations, resulting in poor health and performance. Work-life balance is a condition in which a person balances current and expected conflicts between time pressures and energy to meet their happiness and fulfillment needs [3],[4].

In terms of earnings and employment, the healthcare industry is one of the biggest and fast-growing in the world. It comprises the development of goods and services for patient treatment, as well as the provision of

curative, preventative, and rehabilitative care. Doctors and nurses are considered the backbone of the health industry in today's hospital setting because they play such a vital role [2].

Life happiness and job satisfaction are the main aspects of WLB. A healthy balance between a person's personal and professional lives is essential. Job satisfaction is an important component of total happiness, and it can only be attained if employees can strike a work-life balance. Medical practitioners have an increasingly difficult job since they make a major impact on the lives of patients through their altruistic and dedicated service [1]. Employees in the healthcare field must be cautious all the time. As a result, medical professionals are under a lot of pressure. Doctors and nurses, regardless of whether their children or dependents are at home, must attend to their patients during extended working hours in the event of an emergency. They may have erratic working hours, late-night shifts, and other duties that may have an impact on their WLB. [5].

Even though WLB is one of the key problems that women medical professionals encounter, women make up a sizable portion of the hospital workforce. They may be juggling several roles in their lives while juggling both their personal and professional lives. This may harm their health and wellbeing. Women who play several roles, on the other hand, reported greater physical and psychological health than women who play fewer responsibilities. Role conflict can also be generated by a reversal connection, in which personal stress affects job performance. [6] - [9].

Medical professional women encounter many challenges in their career as they may face bias, lack of assistance, discrimination, bullying, harassment, conflict among co-workers, workplace politics, etc. Hence, it is important to provide a suitable working condition, a flexible work schedule, and strong family support to ensure that their requirements are satisfied to improve their work fulfillment, bringing about top-notch medical services [2], [10]. In this context, the review paper deals with the factors affecting the WLB of Female Doctors and Nurses working in Hospitals. This research also proposes a subject of study for the future.

## **2. OBJECTIVES OF THE STUDY :**

WLB is one of the serious problems that women doctors have had to deal with in recent years. The study's objectives are listed below.

- 1) To explore the concept of Work-Life Balance in the Healthcare sector
- 2) To explore the Work-Life Balance of Female Doctors and Nurses, mainly after the outbreak of the COVID-19 pandemic.
- 3) To identify the elements that influence Work-Life Balance in the healthcare industry.
- 4) To construct a Conceptual Framework for the study of women doctors and nurses' Work-Life Balance in hospitals.
- 5) To identify a research gap that should be investigated further.

## **3. RESEARCH METHODOLOGY :**

The study is a comprehensive literature evaluation that was based on a review of current WLB literature. The key search terms used in conducting the study include Work-Life Balance, Hospital, Female Doctors, Female Nurses. Boolean operators and truncation symbols were utilized to define the set of terms used in the search. Relevant articles were selected using a computerized search on PubMed, Google Scholars, and Academia.

The four-step methodological approach was used.

- 1) Search for articles using keywords in the 3 search engines
- 2) Set inclusion and exclusion criteria
- 3) Screening process
- 4) Analyze the final selected articles to derive the conceptual framework of the factors affecting WLB and to summarize the ideal solution to improve WLB.

Based on the findings, the concept of WLB in the Healthcare sector is clearly understood, key factors affecting WLB are identified, the research gap for the study is spelled out and a suitable Conceptual Framework has been drafted for the study.

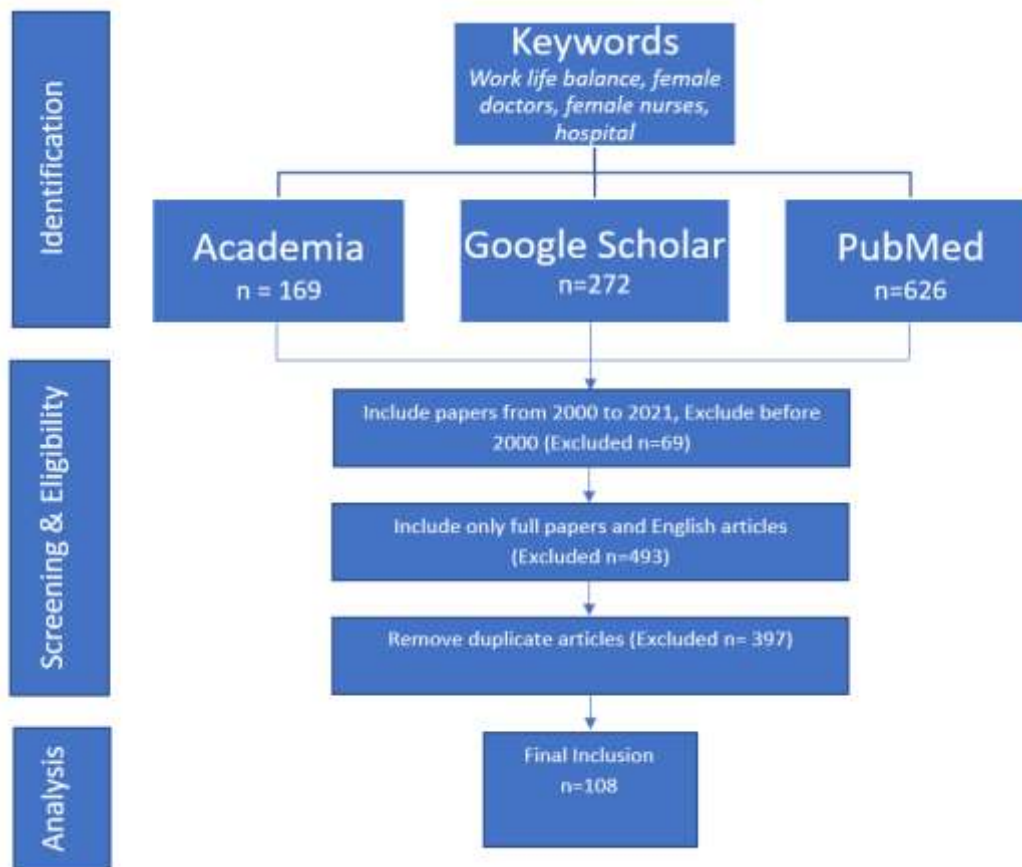


Fig. 1: Summary of literature review steps

Source: Author

#### 4. LITERATURE REVIEW :

WLB is an important aspect of any professional's life, and no one-size-fits-all approach exists. It is a delicate balance to strike between one's personal and professional life. The topic becomes trickier when it comes to female professionals. In Indian patriarchal society, women are expected to take care of the majority of household chores at home as well as their professional lives at work [11],[12]. The topic gets more interesting when it comes to the Healthcare industry due to the kind of work. Within the Healthcare industry, there are 2 major work environments i.e., the Hospital (in-patient) and the clinics (out-patient). When compared to their outpatient colleagues, hospital-based physicians and nurses have lower WLB [13]. The WLB scenario has evolved with the emergence of the COVID-19 pandemic, particularly in the healthcare business. The medical professionals were pushed to their maximum limits during the crisis which may have compromised their WLB [14] - [16].

Women are increasingly entering the medical profession, and families are progressively dependent on dual-earner setups. However, women employees are still responsible for more home duties, childcare, and eldercare. These personal duties, combined with those at work, have a physiological and psychological influence on women employees, resulting in a work-life imbalance [11].

Numerous determinants are affecting the WLB of physicians and nurses. Age, gender, educational qualifications, experience in years, marital status, family structure, number of dependents, and number of children are all linked to WLB, according to several research, particularly among women physicians and nurses [17] – [25]. On the contrary, few studies are showing that there is no noteworthy relationship between these demographic elements and WLB [26] – [30]. The factors affecting WLB can be divided into professional and personal factors. Workload, compensation, career advancement prospects, work atmosphere, and so on are some of the aspects that affect professional life, while family support self-care, health, childcare, etc. affects personal life. [31] – [68].

Both employers and employees benefit from WLB. Employers can obtain a variety of benefits by achieving a good WLB. When employees are more focused and driven to work, productivity increases, absenteeism

decreases, and physical and mental health improve. Getting this balance can help the employees spend more time on their personal life [69] – [73].

The consequences of a poor WLB are negatively associated with an employee's productivity, retention, and job happiness. Poor WLB leads to low satisfaction, mental tension, low productivity, and erratic conduct at work and at home, which can negatively impact coworkers and family members [74] – [79]. Several steps can be adapted to improve the WLB of the employees such as creating employee-friendly working conditions and policies; conducting several employee family interaction programs including WLB workshops; encouraging teamwork; respecting and appreciating their good work and rewarding them; reducing work schedule, and organizational support. These can improve the WLB of employees drastically and in turn gain their commitment and help their retention in the organization. [80] – [97].

**Table 1:** Review of Work-Life Balance of Female Doctors and Nurses

Sl. No.	Research Topic	Focus area	References
1	Correlation between WLB, Job Satisfaction, and Turnover	The research's main finding is that there is no substantial link between employee turnover and gender. There is a significant link between age and WLB. Suggestions: Coping strategies, effective management, employee retention policy, domestic helper, time management, avoid office work at home, and task prioritization	[1], [88]
2	WLB of nurses	Stress, weekend work, and long working hours all have an impact on women with poor body mass index (WLB), a study has found. Suggestions for improving WLB include. Hospitals should include a WLB cell and female healthcare workers should be encouraged and get moral support.	[2], [55], [56]
3	Define WLB	WLB aims to alleviate the stress that exists between employees' work and personal lives. WLB means that an individual's leisure time, family, religion, and work, including career and aspiration, should all be equally balanced. Male and females have differences in the level of commitment, WFL, and FWL.	[3], [4]
4	WLB of female nurses' association with stress, lengthy working hours, poor remuneration	Female nurses have a low level of WLB due to a hard job and long working hours, which results in fatigue, little time for family and relaxation, and low remuneration, according to the study. As a result, private hospital operators must establish worker-friendly working conditions, such as hiring more people, offering better salaries, and providing paid annual, maternity, and sick leave.	[5]
5	WLB among married working women	Working women have a higher level of stress, annoyances, muscle strain, weight gain, and depression compared to their counterparts. Dealing with commitments of family and organizational demands can have major consequences on an individual's well-being. Jobs, age, and care duties, weekly hours of labor, and work-related stress were factors affecting WLB.	[6]
6	Gender and WLB mid-life	As per the study, men enjoy better WLB than women in mid-life. Juggling a variety of roles caused work-life imbalance for women.	[7]
7	Married women employees - Work-life conflict	The study was conducted on WLB of married women employees. FWC and WFC effect on WLB, especially for women who take up employment mainly for financial reasons. There was a strong link between WFC and the work sector, as well as the number of children. WLC was lesser with women having spouse support in domestic work.	[8]

8	WLB of nurses	<p>WLB factors: WLB is harmed by an excessive workload and a poor working environment.</p> <p>Organizational commitment and WLB can have a positive association with each other.</p> <p>Suggestions: Women should be encouraged to demonstrate their ability by providing a welcoming environment and policies such as parental leave, job-sharing opportunities, childcare facilities, work flexibility and autonomy, and so on.</p>	[9], [45]
9	Work-life imbalance causes among nurses	<p>According to the studies, the following factors contribute to a poor work-life balance: Heavy workload, intentional turnover, personnel issues with insufficient skill mix, lack of workplace autonomy, communication issues, unjust promotion rules, workplace stress, deficiency in family support, prolonged working hours, job satisfaction, inadequate leave, and a lack of rewards and recognition. Nurse retention program, incentive and recognition program, and collaboration are all suggestions for improving WLB.</p>	[10], [98], [99], [100]
10	Women in the healthcare sector have a link between WLB and organizational commitment (OC).	<p>Flexible work practices, generous hospital employment terms, appropriate working hours, support for staff with children or aged family members at home, appreciation, and respect, adequate holidays, appropriate WLB policies, job, advancement prospects, professional growth, higher remuneration, retirement provision, and other fringe benefits are some suggestions for improving WLB. Poor WLB is a significant factor in employee turnover, degradation in service quality, and impact on patient satisfaction. WLB had a substantial relationship with age and years on the job, but no significant relationship with education or years in the hospital.</p>	[11], [76]
11	Gender variations in the amount of time spent on home chores	<p>According to the poll, female physicians spend more time on domestic tasks and childcare than male physicians. These findings, which may reflect societal standards, may have an impact on gender inequalities in working hours.</p>	[12]
12	Work-life balance comparison between physicians working in outpatient and hospital set up in Germany	<p>In comparison to outpatient physicians, hospital-based specialists have lower levels of WLB, according to the study. There was a correlation between WLB and female physicians. High workload, restricted autonomy, occupational stress, and burnout are all factors that affect WLB. Reduced work schedules, fines for staff who systematically weight doctors to work extra time, flexible job contracts, and burnout prevention are suggestions for improving WLB.</p>	[13]
13	Work-life balance, the COVID-19 pandemic, and women in the medical field	<p>The papers discuss the depression, nervousness, and psychological hardships experienced by female healthcare workers, especially during the pandemic situation, as well as suggestions to improve WLB.</p> <p>Overwork, widespread media reporting, lengthy shifts with a greater number of serious cases, fear of spreading the virus, financial insecurity, shortage of protective gears, lack of relevant drugs, job instability, home or inability to visit family due to a pandemic, and a lack of adequate support are all factors that affect WLB.</p> <p>Take time to relax, indulge in hobbies, exercise, don't stress about things that are out of your control, online debriefing and counseling sessions, self-motivation, and prioritizing self-care are all good ideas for solutions. Keep up to speed on the epidemic as well as remote working methods, and address the</p>	[14], [15]

		issues with family, coworkers, bosses, and anyone who may be able to offer solutions and time management.	
14	Poor WLB of doctors in Ireland	The study had been carried out in Ireland, where overwork in the healthcare sector is common, resulting in a high rate of migration, inadequate self-care, and a poor WLB. Enabling self-care and WLB for clinical staff is important as protocols and safety equipment in the COVID19 response. The hospital should listen to the concerns of the staff, maintain their wellbeing, and encourage their retention.	[16]
15	Association of Gender with WLB	As per the study, there is no noteworthy association between gender and job satisfaction. Age, educational qualification, monthly remuneration, hours spent working, specialty, and designations were highly associated with job satisfaction; however, WLB was primarily related to the number of children, claim to fame, professional titles, salary, age, and working hours.	[17]
16	Work-life balance of married nurses	The nature of the job, such as night shifts, heavy workload, fewer breaks, low compensation, work environment, workplace stress, and work pressure, are all factors that contribute to WLB. WLB is moderately influenced by demographic characteristics. WLB's factors include parenting, caring for a spouse, and doing housework, all of which makes multitasking difficult.	[18]
17	Gender equality and WLB	The study concludes that gender discrimination harms career advancement and job satisfaction. When compared to their male counterparts, female medical professionals perceive discrimination in salary, rate of promotion, and mentoring prospects. Women have lower levels of WLB than men.	[19]
18	WLB among female doctors in Saudi	The study revealed an association of socio-demographic factors and WLB, Work-life conflict, Life-work conflict, factors with transportation and factors associated with the type of job, discrimination from colleagues.	[20]
19	Job satisfaction and healthcare staff	Occupation, academic qualification, designation, years of experience, remuneration, and occurrence of night shift were all-important sociodemographic variables that influenced job satisfaction. Job satisfaction was influenced by work stress, work-life conflict, and doctor-patient contact.	[21]
20	Job satisfaction and career advancement in anesthesia	There was no noteworthy association between job satisfaction and demographic factors like age, income, designation, working hours, and family status.	[22]
21	WLB of nurses	Personal and organizational factors both have an impact on nurses' work motivation. Age, gender, and social standing, as well as education, managerial position/authority, and years of experience, are all personal considerations. Enabling, independence, engagement, management and supervision, supportive relationships and commitment, type of work, career development, professional training, and learning opportunities, contingent reward, income, and financial benefits, promotion opportunities, equity and organizational justice, and working conditions are all organizational factors.	[23]
22	Women doctors in Norway WLB	In Norway, women doctors are underrepresented at the top of the medical hierarchy. Female doctors' chances of becoming specialists reduced as the number of children grew. Delaying the first child's birth enhanced the likelihood of completing a	[24]

		hospital specialty. Being married to another doctor increased the quality of care.	
23	QWL and nursing	Education level, job experience, staff retention, and hospital type all are strongly associated with the QWL score. There were no noteworthy differences in nurses' quality of working life scores based on their employment status, salary, age, gender, or marital status.	[25]
24	Medical professionals WLB post-maternity	In the healthcare industry, the study looked at the work-life balance of new moms. The study discovered a substantial difference in WLB after childbirth. WLB, on the other hand, is unaffected by age, education, or years of service in the organization.	[26]
25	WLB, burnout, and job satisfaction	Physician burnout has an impact on patient satisfaction, access, quality, and costs. Programs that focus on improving physicians' health have the potential to mitigate these effects. Based on age, gender, or specialty, there were no significant variations in WLB, job satisfaction, or burnout.	[27], [28], [29]
26	Job satisfaction association with gender – Ob-Gyne	Even though both genders saw the female gender as a benefit in obstetrics and gynecology, their overall work satisfaction levels in this study were identical.	[30]
27	Quality of work-life (QWL) influenced by Job satisfaction among nurses	The research highlighted salary and fair compensation as important WLB professional characteristics, as well as workplace infrastructure, working conditions, and immediate potential to use and enhance talent. Job security and advancement, Politics, Stress, Sexual Harassment, Gender Bias, Workplace composition and work in isolation.	[31]
28	Hospital Doctor Retention and Motivation Project conducted in Oct-Nov 2019 in Ireland	Work-life conflict and work-life imbalance are highly prevalent among hospital physicians in Ireland, according to the poll's findings. Apart from irritability and emotional exhaustion, the main cause of WLB is long and irregular working hours. This has an impact on one's health, employment choices, and migration plans. This should be addressed in the organization's retention policy.	[32]
29	Working hours and WLB	WLB is heavily influenced by working hours. Compensated overtime or additional holidays, fast-rotating hours, and increased control over work schedules all improved job satisfaction. WLB is negatively associated with nonstandard work hours.	[33], [34]
30	Work-life policies and practices in Australia	The review paper focuses on the disparity between work-life policies and practices. WLB is influenced by policies primarily related to work flexibility, leaves, working hours, and access to childcare.	[35]
31	WLB of trainee doctors	Long working hours, different workplaces/changes of sites, were found to harm training, learning, and WLB in the study. Women, particularly those with children, had low WLB.	[36]
32	WLB of women in India	Long working hours, different workplaces/changes of sites, were found to harm training, learning, and WLB in the study. Women, particularly those with children, had low WLB.	[37]
33	WLB of nurses	According to the research, an insufficient salary, a bad relationship with coworkers, and a bad working environment, workload, shift work, violence, and monetary remuneration are all factors that contribute to attrition. Opportunities for professional advancement, Physical structures for patient care, Appreciation for your hard work. Relationship with Doctors, Patient autonomy, Relationship with superiors,	[38], [39], [41]



		Working-hours system (shifts), Workload, and job stress contribute to work stress and work-life imbalance in nurses.	
34	Job stress and nurses	All workplace stressors were adversely connected to factors such as rewards at work, OR atmosphere, and administrative organization of job satisfaction.	[40]
35	Nursing job and stress	Communication challenges, tough work conditions, a vague boundary between work hours and free time, and fear of stress all contributed to a reduction in enthusiasm and exhaustion, as well as limiting innovation, according to the research. Coping method for stress: Spirituality and religion, as well as support from family, friends, and coworkers.	[42]
36	Occupational stress and burnout affecting QWL of nurses	Administrators and health officials must create settings that reflect the reality of northern and rural nursing practice and have a distinct impact on the recruitment and retention of nurses.	[43]
37	WLB between cardiology and non-cardiology female doctors	According to the study, female cardiologists have a poor WLB than other specialties, owing to longer work hours and on-call commitment, as well as a belief that their specialty is not family-friendly or female-friendly.	[44]
38	Occupational stress in the Nursing job	Occupational stress is caused by poor salary, lack of incentives, handling many patients, nursing difficult patients, lack of promotion.	[46]
39	Nurses and support to them	Barriers to assistance were noted as a lack of organizational atmosphere, low social dignity, poor working conditions, and supervisors' lack of awareness of individual and professional values.	[47]
40	Stress and nursing job	Workplace stress can be reduced with better recognition and support from supervisors, says the study's authors. Inadequate telecommunication facilities, low pay, job dissatisfaction, and a lack of chances to join workshops and seminars are all sources of work-related stress.	[48]
41	Physician working condition and WLB	The WLB and well-being of hospital physicians are key assets in sustaining a healthy and efficient health system. Working conditions and patient care quality associated with WLB.	[49]
42	Association of WLB with support from multi-level sources	The study found that assistance from the government, organization, direct supervisor, and family has a significant impact on WLB. WLB policies and working hours are examples of government support while working environment and flexible working arrangements are examples of organizational support. Management support includes information clarity, supervisor and colleague support, and family support includes informal help with domestic tasks and the quality of relationships with family and relatives.	[50]
43	WLB - assessing work-life climate	WLB has been linked to safety culture domains and has been shown to promote teamwork, safety, and burnout. WLB raises the Quality of Life, patient care, and organizational commitments.	[51]
44	WLB among Gastroenterologists concerning age and gender	Korean gastroenterologists have health problems and were prone to burnout as a result of their long and exhausting work. Due to their family responsibilities, young female doctors suffered the most from work-life imbalance and burnout.	[52]
45	WLB association with professional,	Female doctors showed dissatisfaction due to poor pay and working conditions, extended working hours, hospital	[53]

	individual, family factors among female doctors in Bangladesh	policies, work stress, difficulty to continue education, lack of leisure time, job sharing, leaves, and holidays become difficult, like of time for family, lack of motivation and engagement. Workplace safety and security and media involvement is also an issue.	
46	WLB – Integrated review	The causes and repercussions of WLB are revealed in this review paper. Personal and organizational predictors are the antecedents, while work, non-work, and stress-related repercussions are the results. Personal aspects include employee involvement, job importance, family commitment, managing style, individuality, and avoidance of uncertainty. Organizational Predictors: job demand, independence at work, role haziness, flexible work schedule, part-time work, support for childcare, parenting resources and lactation support, resources to care for elders, employee wellness programs, low irritability, leave policies, social support at work, and other services designed to help employees manage their numerous roles.	[54]
47	WLB and its association with the gender of medical professionals	According to the findings, women have a lower WLB than men. Work patterns were investigated, including night shifts, proper breaks, fatigue, and supervision. In WL, fatigue was the most common cause of imbalance. Social isolation, self-care, personal relationship difficulties, children, and issues relating to medical training are all factors that influence WLB. Women surgeons are more likely to be married to full-time workers and are major caregivers for their families. An extra thought about how to enhance surgeon recruitment and retention techniques could help to close the gap between men and women.	[57], [58], [59]
48	WLB women in 21 <sup>st</sup> century	Peace at home and office, organizational support, expectations of family, parenting, professional skills, nature of the organization, educational level, flexible work hours, part-time work options, work from home facility, childcare support, and flexibility to attend to home emergencies are some of the factors that influence WLB. The Surplus role, dependent care problems, quality of health, time management problems, and a lack of proper social support are some of the factors that influence WLB. Women employees in their WLB are affected by demographic constraints such as age, income, experience, and marital status.	[60]
49	Importance of WLB	WLB elements include both organizational and individual aspects. Organizational factors: Workplace demand, workplace culture, the demand of home, the culture of home Individual determinants: Individuality, energy, and work orientation, age, self-control, coping, gender, life stage, and job stage are all factors to consider.	[61]
50	WLB of Japanese physicians and nurses	For many nurses, overworking and working long hours has been a severe problem. Poor WLB may decrease job satisfaction and quality of life and may impact patient care quality. A favorable WLB is linked to childcare leave and a positive work environment.	[62], [63]

51	Health, work, and family of nurses	The review reveals some of the factors harming WLB: Stress, Shift work, workplace harassment, and abuse, health risk, workplace injuries, time for family, health, and safety.	[64]
52	Demographic variables and WLB of nurses	It was found that demographic factors were associated with WLB. Appropriate work-life balance policies and advantages, such as flexible working hours, a relaxation area, and so on, must be provided to employees to improve their work-life balance. Encouragement from family members of female staff. Nurses at hospitals may have a vibrant grievance settlement procedure to resolve their dissatisfaction, which may help them manage their work responsibilities more effectively and without stress.	[65]
53	WFC among nurses in 8 European countries	According to the findings, there is a link between WFC and the desire to leave a job. WFC values work time and overtime.	[66], [67]
54	Nurses WLB and Quality of life	Quality of life and stress management can be improved in the presence of social support from family, friends, colleagues, and supervisors	[68]
55	Factors influencing work-life balance: Individual, professional, and family	Long working hours, shift work, demanding managers, and inept coworkers are common causes of poor WLB, and its consequences are poor job satisfaction, mental stress, unproductive behavior at home and work, workplace stress causes workplace weariness, poor health, and a negative impact on personal relationship, chronic stress associated with a weakened immune system, irritability and anxiety, depression, sadness, drug, and alcohol abuse. WLB benefits include increased productivity, reduced absenteeism, improved physical and mental health, increased dedication, and improved personal connections. Suggestions for improving WLB include changes in working hours, shifting task duties, creating flexible deadlines, and establishing boundaries at home and work assignments are all things that need to be considered.	[69]
56	Job satisfaction, burnout, and WLB	The study provides that doctors who are having better WLB have low burnout levels, less turnover intention, and have more job satisfaction.	[70]
57	Working time in Health sector	The fact sheet reveals regarding working time in Health sector in Europe. Flexibility measures like annualized hours, compressed hours, differential hours, job sharing, and reduced hours are discussed.	[71]
58	WLB and Organizational performance	WLB is the quality of a person's personal and professional life, as measured by factors like job satisfaction, rewards and perks, and individual commitment. WLB policies and programs have an impact on job satisfaction and other factors like welfare facilities, work environment, and safety.	[72]
59	WLB and Work-life imbalance	Overbearing superiors, working long hours, inflexible worktime, inept coworkers, and long-distance commuting to work are the causes of work-life imbalance. To achieve WLB: Unplug, learn to say no, avoid the trap of perfectionism, and exercise. Poor WLB leads to missed significant life events, less time for family and friends, impact on mental and physical health, low morale, and employee burnout. WLB's Advantages: Employees spend less money on healthcare and are more productive, have less absenteeism, employee retention, and have better physical and mental health.	[73]

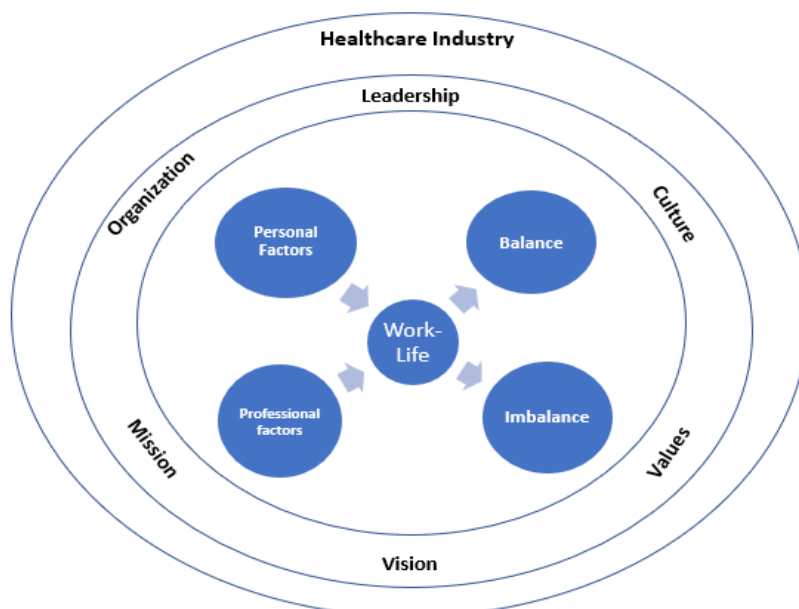
60	Healthcare industry Vs other industries - WLB	Burnout and its consequences on WLB are more common in physicians than in other professionals. WLB has been connected to burnout indices, depression, and suicide ideation.	[74], [75]
61	WLB of hospital nurses vs female wage workers	The study revealed that the nurses had comparatively low WLB, and job satisfaction, and high turnover intentions. The study suggests a need for tailored support through organizational and social systems.	[77]
62	WLB of nursing staff	A model of the WLB scale was developed. The imbalance consists of Job-related stressors: Unsafe environment, inadequate equipment, excessive workload, lack of employee value, and organizational culture: lack of autonomy, rigid schedule, and coerced overtime. and balance includes support structure: Family, co-worker, and supervisor, and training: professional growth, work environment training, stress coping, and stress reduction	[78]
63	Job satisfaction and career advancement	This research focuses on a few key areas of gender imbalance in the urological workforce. After accounting for many factors that may influence salary, female urologists are significantly underpaid compared to male urologists. Male and female urologists had the same level of job satisfaction.	[79]
64	Social sustainability (SS) and WLB in African hospitals	According to the study, work pressure, cultural expectations, unsupportive relationships, a difficult work environment, gender role difficulties, and stress levels all affect female medical practitioners' ability to handle WLB and SS. WLB laws should be implemented in hospitals with more than 20 female staff, working hours should be decreased, and a creche should be supplied.	[80], [81], [82]
65	Work-family conflict	According to the findings, a female doctor can achieve work-life balance and avoid work-family conflict by drawing clear lines between work and home obligations.	[83]
66	WLB and Employee Behavioral Outcomes (EBO)	The study found that flexible work arrangements, employee social support, dependent care initiatives, work leave arrangements, occasional time out will improve employee engagement and productivity.	[84]
67	Emotional Intelligence (EI) impact on WLB	Gender has an impact on WLB, but neither does marital status or the number of children they have. The authors suggest ways to improve WLB and reduce the negative effect of stress on women in the workplace.	[85]
68	HR WLB policies in hospital	Organizations must invest and innovate to build procedures that make employees feel engaged and important members of the team. Suggestions: Flexi-working hours, Regular health checkups, overtime payment, celebrating important events of the employees, family gatherings, and annual days celebration.	[86]
69	WLB of women	Challenges of working women as discussed in the paper are sexual and mental harassment, lack of family support, lack of provision for women to have healthy WLB, absenteeism from work due to health issues discrimination at the workplace, work schedule. Policies, schemes, and laws for women empowerment in India. Suggestions: Paid maternity leaves, separate washrooms, the domestic help at household, creche facility at the office, work from home facility, paid leaves.	[87], [90]

70	Physician wellness	A change in physician culture regarding care and wellbeing is required. Physician-employing firms will gain from more productive and efficient healthcare practitioners. Perhaps the patients themselves will profit from better care, as well as lower absenteeism and recruitment and retention concerns.	[89]
71	Women in Cardiology	Some of the factors of WLB included the work environment, sexism, bullying, mentoring, personal and family issues, radiation worries, job fulfillment, discrimination, and working hours. Occupational radiation exposure, discrimination, family problems, a lack of promotion, and pay difference are all issues that need to be addressed. Suggestions to improve: Raise awareness and find solutions to challenges that face women in cardiology, Professional societies, Institutional policies, Equal compensation, and Maternity leave policies.	[91],[92],[93]
72	WLB in women physician	There is no substantial difference in WLB between the genders, as per the report. Physician burnout can be avoided by hiring transcribers, protected-time for completing administrative responsibilities and reducing duty hours. More flexible hours, giving day-care at the hospital, having supportive families, and hiring someone to help with the mundane domestic chores were all recommended by women.	[94]
73	Intentions to leave the nursing job	Nurses' intentions to leave are influenced by both individual and organizational variables. Job satisfaction appears to be the most relevant element among the categories, according to this study. As a result, enhancing external rewards for nurses and improving their working environment are required to boost retention rates.	[95]
74	Yoga and self-care	The study found that yoga can help nurses enhance their self-care and mindfulness while also reducing burnout.	[96]
75	WFC of physicians	Physicians' Working Conditions (WFC) and sociodemographic variables were shown to have significant connections. Workload, personal resources, and job resources are all favorably associated with physicians' WFCs. For health professionals to balance work and family obligations, hospital management/administration should provide just enough resources, such as in-house or sponsored childcare. At the start of a physician's career, formal vocational training, mentoring programs, and supervision may be beneficial.	[97]
76	WLB and new physician mothers	The study reveals the challenges of WLB for female doctors, particularly new mothers. The length of maternity leave, the image of being less devoted to residency responsibilities in contrast to peers, and a lack of time and privacy to breastfeed are all examples of these impediments. Two options for establishing a work-life balance are hiring in-home help and working part-time.	[101]
77	Government vs private hospital WLB	There are 2 types of WLB factors: personal and professional. WLB is linked to self-care, health issues, job satisfaction, and organizational support, among other things. Harassment by doctors and management, noncooperation from patients and doctors, contagious diseases, working overtime, staying fit and healthy to serve the patient, treating terminally ill patients, non-standardized wage system, no health coverage, long working hours, shift work, and lack of sleep are some of the challenges faced. These difficulties may have an impact on	[102], [103], [104], [105], [106], [107]

		general health and WLB. When compared to private hospital nurses, government nurses received better managerial support and were unaffected by changes in demographic characteristics.	
78	Women and healthcare leaders	This review compiles information on organizational strategies for promoting women in leadership in a variety of settings, with implications for healthcare. Allows women to achieve their career goals in healthcare by focusing on solutions rather than roadblocks.	[108]

From the literature review, it is found that the WLB among Female Doctors and Nurses is more challenging than their counterparts. It is mainly influenced by various personal and professional factors. Several studies point out the benefits of WLB as well as the consequences of poor WLB. Many valuable suggestions have been made to improve the WLB of medical professionals, particularly female healthcare workers, and maintaining WLB among these professionals can result in high productivity, organizational commitment, and the best patient care.

**5. FACTORS INFLUENCING WORK-LIFE BALANCE AND ITS EFFECTS :**



Professional factors	Personal factors	Balance	Imbalance
<ul style="list-style-type: none"> <li>Work environment</li> <li>Working condition</li> <li>Workload</li> <li>Workplace autonomy</li> <li>Supervisor/ colleague support</li> <li>Leave policy</li> <li>Career advancement and promotion</li> <li>Job satisfaction</li> <li>Working hours</li> <li>Remuneration</li> <li>Job security</li> <li>Gender bias</li> <li>Maternity benefits</li> <li>Government policies</li> <li>Childcare policy</li> <li>Demographic factors</li> </ul>	<ul style="list-style-type: none"> <li>Family support</li> <li>Spouse support</li> <li>Society/friends support</li> <li>Self-care</li> <li>Childcare/parenting</li> <li>Size of family</li> <li>Adequate rest and sleep</li> <li>Proper timely meal</li> <li>Taking care of spouse and elders in the family</li> <li>Health and safety</li> <li>Lack of personal time</li> <li>Lack of family time</li> <li>Domestic help</li> </ul>	<ul style="list-style-type: none"> <li>Higher productivity</li> <li>Absenteeism is lower</li> <li>Better Physical &amp; mental health</li> <li>Improves personal relationships</li> <li>Improves quality of life</li> <li>Improves quality of patient care</li> <li>Increases organizational commitments.</li> <li>Lower stress</li> <li>Quality time family &amp; friends</li> <li>Job satisfaction is higher</li> <li>Higher level of patience and tolerance</li> <li>Decreased turnover intentions</li> </ul>	<ul style="list-style-type: none"> <li>Low productivity</li> <li>Absenteeism is more</li> <li>Ill-health, depression, and mental stress</li> <li>Impact on satisfaction in personal relationships</li> <li>Lower quality of life</li> <li>Deterioration in quality of patient care</li> <li>Decreases organizational commitments</li> <li>Higher stress</li> <li>Less time for family and friends</li> <li>Low job Satisfaction</li> <li>Irritability and emotionally being drained</li> <li>Increases turnover intentions</li> </ul>

Fig. 2: Conceptual framework of Work-Life Balance

Source: Author

Women in the workplace, particularly in the Healthcare field, face unique problems in both their personal and professional lives. WLB is important in one's personal life as well as in the workplace, and it can have negative implications if not well managed. The imbalance in work-life hurts the family domain too. Since WLB has a substantial influence on an employee's productivity, efficiency, and well-being, organizations must focus effectively on these concerns to establish various WLB policies to promote a healthy working environment.

## **6. IDEAL SOLUTION TO IMPROVE WORK-LIFE BALANCE OF FEMALE HEALTHCARE PROFESSIONALS :**

The following solutions to improve WLB were derived from the literature review [80] – [97]:

- Equal and appropriate pay for men and women.
- Creche facility within the campus especially in a hospital with more than 20 women employees. This will help in employee retention.
- Provision for rescheduling the working hours
- Limiting long working hours
- Flexible deadlines
- Establishing boundaries at work
- Penalties to employees who are frequently pressurizing the doctors and nurses to do extra work
- Contracts that permit more flexibility for doctors and nurses
- Burnout avoidance
- Time for relaxation/ Short breaks between work
- Employee friendly working condition
- Paid annual leaves, maternity leaves, and sick leaves for staff
- Organizational and social system support
- Arranging programs like the festival celebration, annual day, and WLB programs for the employee family
- Organizing workshops and seminars for yoga, stress relief measures, and emotional intelligence
- Providing staff welfare facilities like gym, meditation hall, regular medical checkups
- Time management
- Raise awareness and find solutions to the challenges that women face
- Membership in professional societies
- Employee benefitting institutional policies

## **7. RESEARCH GAP :**

Work-life balance has emerged as a critical problem for both individuals and employers. Many companies have begun to use WLB programs and employee welfare schemes to improve staff morale, job satisfaction, and dedication to the company. After the in-depth literature review, it is found that WLB is a widely researched topic in first world countries, however, in a developing country like India, not much research has been done and the WLB differs in an Indian setting due to the difference in customs and culture.

1. The majority of the WLB studies conducted so far In India are mainly focusing on IT sectors, educational institutions, and other corporate industries. Not many studies have been conducted in the Healthcare sector.
2. A need for a study on the WLB of doctors and nurses has been raised especially after the outbreak of the pandemic due to their working style, duty hours, and domestic works.
3. Few studies are only available to understand the growing work pressure among medical professionals as the majority of the women handling both households as well as professional responsibility have a delicate WLB and may cause spillover of personal life over work-life and vice versa.
4. Limited data are only available on demographic factors like age, marital status, family size, type of family, and its impact on the WLB of Female Doctors and Nurses in India.
5. Also, there is insufficient data on the influence of professional variables at work like working conditions, work timings, length of working hours, compensation packages, job stress, job satisfaction, etc. on Female Doctors and Nurses.
6. There are very few researches examining substantial differences in the WLB of women staff in government and private hospitals.

7. There is a lack of studies analyzing the support system or personal variables related to family-like family support, husband support/parents/in-laws support, friends/relatives, and society's support to the Female Doctors and Nurses.
8. Very few studies are only available suggesting the strategies of WLB of women employees in India.

### **8. RESEARCH AGENDAS :**

Based on the literature review, the primary author has proposed the following agenda for a more detailed study that shall add to the existing knowledge regarding the WLB of female health professionals and offer suitable suggestions to improve their level of WLB:

- To explore the factors affecting the WLB of female healthcare professionals in India especially after the onset of the COVID-19 pandemic.
- To compare the WLB of Female doctors and nurses in Government and private hospitals. The previous studies have marked the association of WLB with medical professionals' work environment, job satisfaction, remuneration, the infrastructure of the hospital, job security, etc.
- To investigate the association of WLB of female healthcare professionals with demographic factors.
- To analyze the personal and professional factors associated with WLB of female healthcare professionals.
- To offer suitable suggestions to improve the WLB of female healthcare professionals based on the findings of the study.

### **9. RESEARCH PROPOSAL :**

Following is offered as the research proposal after deducing the research prospects by a thorough examination of the current literature.

#### **9.1. Title:**

A comprehensive study on Work-Life Balancing Strategies of Women Employees in the Hospital Industry in Dakshina Kannada.

#### **9.2. Aim:**

The study will emphasize on WLB of Female Doctors and Nurses working in Hospitals of Dakshina Kannada (DK) district especially after the COVID-19 pandemic as we believe this may have changed the WLB of the population. The research focuses on analyzing the WLB of the respondents. The study covers some of the key factors of WLB of both professional and personal life.

#### **9.3. Research objectives:**

The following are the objectives of the study:

- (1) To analyze the association between the demographic factors and WLB of Female Doctors and Nurses in the DK district.
- (2) To compare the WLB of Female Doctors and Nurses in private and government hospitals of DK district.
- (3) To analyze the professional factors associated with WLB of Female Doctors and Nurses in the DK district.
- (4) To analyze the personal factors associated with WLB of Female Doctors and Nurses in the DK district.
- (5) To explore the WLB of Female Doctors and Nurses in the DK district especially after the COVID-19 pandemic.

#### **9.4. Proposed Methodology:**

##### **Study population:**

The study population consists of female doctors and nurses working in the Dakshina Kannada district.

##### **Study sample:**

A sample population of female doctors and nurses will be chosen among the hospitals in the Dakshina Kannada district.

##### **Study instrument:**

The study will employ a validated self-structured survey questionnaire. The questionnaire will be designed in a Likert scale format. The first section of the questionnaire will be based on respondents' demographic profiles, while the second section will focus on the factors that affect female medical professionals' WLB.

##### **Study procedure:**



The study is based mainly on primary data to be collected using validated and on secondary data collected from published journal articles, thesis, books, websites, research reports, and other related projects.

**Analysis and interpretation of the study:**

The information gathered from primary sources will be put to the test using statistical tests and SPSS software.

**9.5. Results and findings from the study:**

The findings and the results of the study will be published utilizing comparative tables, stream charts, and metaphorical representations for academic delineations.

**9.6. Conclusion and implication of the study:**

The conclusions will expand the significance of the findings and will be able to throw light upon the main factors of WLB of Female Doctors and Nurses and the suggestions to improve WLB. The findings of the study will be suggested to the district health department for implementation.

**9.7. Study limitation and constraints:**

- The study will be conducted only on female physicians and nurses in public and private hospitals across the Dakshina Kannada district. Future studies can also include other designations of the healthcare industry and other industries.
- Not all hospitals may permit to conduct the survey.
- The study is limited to Dakshina Kannada District, the findings may not apply to other areas.
- This is a study where the respondent's enrollment is a challenge to get real pictures and feelings about his/her profession or institution.

**10. ABCD ANALYSIS OF THE RESEARCH PROPOSAL :**

ABCD analysis is a modern and reliable paradigm for evaluating and assessing thoughts, ideas, technology, phenomena, decisions, and business models. It assesses and gives a measure of success as well as crucial concerns before implementation or adoption of a proposal [109]. The advantages, benefits, constraints and disadvantages of the research proposal on Work-Life Balancing Strategies of Women Employees in the Hospital Industry in Dakshina Kannada are listed.

**Advantages**

- The study will be mainly focused on the WLB of Healthcare sector professionals in Dakshina Kannada district where limited data is available.
- The study data will be collected from various hospitals of Dakshina Kannada district which comprises medical professionals from various states of India, giving a better representation of the Healthcare sector of the country.
- The study will be focused on doctors and nurses in both private and public hospital who represents the major workforce of the healthcare sector.
- The study survey questionnaire will also focus on the new normal concepts to understand the WLB of healthcare workers after the onset of the COVID-19 pandemic.

**Benefits**

- Valuable strategies for improving the WLB of female medical professionals can be established based on the study's findings.
- For actual implementation, feasible alternatives could be offered to concerned government bodies.

**Disadvantages**

- Since doctors and nurses represent the major workforce of the Healthcare sector, they are only included in the study population.
- Due to the busy nature of the job, enrollment of the study participants may be challenging.

**Constraints**

- Some Hospital management may be restricting permission to conduct the study in their hospital.

## 11. SUGGESTIONS TO IMPLEMENT THE STUDY ACCORDING TO THE PROPOSAL :

### Determine Study population:

The study population will be identified, and the details will be collected from the DK district health department.

### Develop and adopt study methods and methodology:

The personal and professional factors associated with WLB will be determined and a survey questionnaire will be developed in a Likert scale format. The questionnaire will be subjected to a validation process.

### Perform and collect data:

After validating the questionnaire, it will be distributed among the sample population for primary data collection. The secondary data will be collected through journal articles, websites, reports, thesis, books, and blogs.

### Execute data analysis:

SPSS will be applied to handle and evaluate the data collected. All categorical variables will be subjected to descriptive statistics in the form of the frequency with percentages, and all continuous variables will be subjected to mean standard deviation. ANOVA tests will be used to compare various groups and student t-tests (unpaired) will be used to compare continuous variables.

### Result's interpretation and conclusion:

The results and the findings of the study will be published using comparative tables, stream charts, and metaphorical representations for academic delineations.

### References and Bibliography:

To support, validate, and consolidate the conclusions drawn in this study, including suggestions indicated in the study's conclusion, related research papers and publications, blogs, websites, and books will be referred to and quoted.

## 12. CONCLUSION :

As the Healthcare sector is becoming more demanding, it is crucial to pay adequate attention to the WLB of its employees, especially the medical professionals. One of the most critical obstacles that female medical professionals face is maintaining WLB for which one must have good physical and mental health. This can be achieved by appropriate working conditions, a healthy and safe working environment, a flexible work schedule, and strong family support. The study's goal was to fill a gap in the literature on the WLB of female medical professionals in the healthcare industry. The work-life balance literature review seeks to identify numerous parameters associated with WLB in female doctors and nurses. Most of the studies were empirical studies that attempted to identify the relationship between work-life balance and personal and professional factors. Demographic factors such as gender, age, marital status, number of dependents, number of children, designation, and so on, as well as their relationship with WLB, were also investigated. The findings revealed that all of these have either a negative or a positive relationship with WLB. The studies also proposed several strategies for improving the WLB of female healthcare workers. This could be used in the healthcare industry to gain a competitive advantage by attracting and retaining highly skilled and experienced doctors and nurses who will be more efficient and effective while working in a flexible and employee-friendly environment. They will be able to provide the highest level of patient care. Furthermore, implementing the WLB strategies can help medical professionals reduce turnover intentions and emigration plans.

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