

# Impact of Workload on Job Satisfaction of Women Workforce in Higher Health Sciences Education – A Study of Private Institutions

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## ABSTRACT

Women comprise a significant portion of the higher health sciences education workforce e.g. nursing, physiotherapy, pharmacy, dentistry and allied health sciences. Despite their increasing national professional involvement over the past decade, women employed at private institutions of higher education grapple with pressures of elevated and multi-dimensional workload. This workload consists of teaching, clinical supervision, administrative management, accreditation duties, research output targets and a lot of emotional labor. Through secondary sources such as peer-reviewed literature, institutional reports, empirical models, and open-access datasets, we also offer theoretical and practical insights into the effect of workload on job satisfaction of women faculty in a sample of private Health sciences institutions. The evidence suggests that work overload – particularly in combination with gendered distribution of work burden, inadequate support, absence of flexibility and comparatively fewer advancement opportunities – is a major predictor of decreased job satisfaction. Numerous comparative results point out higher ambivalence and dissatisfactions among women faculty in private institutions owing to better teaching, administrative and compliance responsibilities than among the public institutions. Study show that to promote job satisfaction it requires systematic distribution of the workload, gender-sensitive human resource policies, participatory leadership strategies and organized career development options. These results have important implications for policy makers and institutional administrators, academic planners and HR managers attempting to develop equitable and sustainable health sciences academic ecosystems.

**KEYWORDS**—Workload, Job Satisfaction, Women Faculty, Health Sciences Education, Private Institutions, Work–Life Balance

## 1. INTRODUCTION

Higher health sciences education is an essential part of the higher education system and is instrumental in the formation of healthcare professionals. Establishments with courses in nursing, physiotherapy, pharmacy, dentistry, optometry and radiology and allied medical institutions are increasingly reliant on its women faculty for its academic as well as clinical development as well as the growth of the institution. Women faculty, in addition to teaching in the classroom, are responsible for overseeing all laboratory work, demonstrating clinical skills, supervising patient care and mentoring and counseling students. They are also involved with curriculum oversight, exam responsibilities and various administrative functions. Their participation is critical to the quality, uniformity and ethical context of professional education in the health sciences.

Job satisfaction is the attitude of the individual towards his/her job and is conceptualized as a multifaceted construct, which is influenced by diverse factors such as work load, payment, autonomy, organizational culture, appreciation, leadership behaviour and career opportunities. Among women faculty, job satisfaction is also affected by family responsibilities, social norms about care-giving and gender roles, and issues related to work-life balance. In private schools (which tend to be performance-driven, market-responsive and accountancy-focused), workload is further intensified by more kids per teaching member of staff, more recording work, frequent inspections and less clerical help.

Excessive burden could cause stress, role overload, burnout and fatigue, emotional stress and reduced teaching/clinical performances. Conversely, when workloads are manageable, motivation and productivity increase while organizational commitment and retention both improve. Review of literature the research addressed in this study involves the relationship between workload and job satisfaction among women working in private health sciences institutions. By examining influential theories, empirical findings and comparisons, the paper isolates work content elements affecting female job satisfaction and makes recommendations for organizational change.

## **OBJECTIVES**

- ☐ To analyses workload patterns among women faculty.
- ☐ To evaluate how workload influences job satisfaction.

## **2. LITERATURE REVIEW**

### **2.1 Workload in Higher Education**

Several studies have found that workload in the higher education sector has been increasing due to the fact that an increased number of tasks are associated with academic delivery, student assessment, curriculum change, meeting the accreditation requirements and growth of institution. It is observed that note that health science faculty assume a greater workload than general education faculty based on the academic teaching load while also being required to supervise students during clinical experiences. The work-load pressure on women staff is also maintained as students want these schedules which are decided by the private managements in accordance with the financial requirements and insistent demands.[1]

### **2.2 Women's Work–Life Interface and Gendered Workload**

Women faculty carry the lion's share of work and care at home. Singh and Sharma, found out that women invest more time in the domestic work compared to men and it affects their capability of working in professional aspects. The gendered norms contribute to the naturalising of emotional caring support roles of counselling; conflict resolution, managing student problems work that could otherwise be invisible within formal valuations. The end result is more of a workload combined with increased job dissatisfaction.[2]

### **2.3 Job Satisfaction: Theoretical Foundations**

According to Herzberg's Two Factor Theory, hygiene factors (i.e., workload, salary, policies) are those that do not give rise to dissatisfaction and motivators (i.e., achievement, recognition, autonomy) are those which lead it to satisfaction. There is a work overload, the hygienic factors decrease, and it has direct effect on job satisfaction. The Job Characteristics Model also supports autonomy, variety of skills, task identity and feedback as motivators and satisfiers. Intrinsic motivation and involvement are reduced in the presence of a heavy workload when combined with low autonomy.[3]

### **2.4 Institutional Culture in Private Health Sciences Colleges**

Thomas (2021) and Rajasekar (2020) claim that the culture of performance of privatized institutions is oriented towards compliance, papers, and institutional image. RevealWriting to Faculty is an enormous point of pain for faculty and parents, who must report, provide evidence of accreditation transparency and campus happenings, as well as take care reporting back communication with their parents. Women faculty consistently claim that administrators assign them to administrative work based on stereotypes about their organizational and nurturing abilities. This is the added responsibility without additional pay or appreciation.[4]

## 2.5 Stress, Burnout, and Turnover Intentions

Job demands are also one of the best predictors for emotional exhaustion (Maslach Burnout Inventory). These are just few of the emotional strain the female clinical in training had to endure after patient monitoring, student jitters and complex people interaction. Burnout results in diminished job satisfaction, absenteeism and turnover intentions. Examination of faculty in the health sciences programs suggests that women are probably at a greater risk for burnout than men because they face long-term emotional and administrative labor.[5]

## 3. METHODOLOGY

This study uses a secondary research methodology involving an extensive review of open-access peer-reviewed literature, institutional surveys, sectoral reports, and theoretical models related to workload and job satisfaction. The analysis integrates findings from health sciences education, gender studies, organizational behaviour, and human resource management.

A central empirical reference is an open-access dataset from Bhattarai et al. (2025), involving 576 women faculty in health sciences institutions in Nepal. Although geographically distinct, the structural nature of private-sector workloads in South Asia allows the dataset to serve as a credible proxy for understanding workload patterns relevant to similar private health sciences institutions.

## 4. Empirical Evidence: Workload Indicators and Job Satisfaction

The following two tables summarise key open-access empirical data used to contextualize this research.

Variable	Category	Percentage (%)
Daily working hours	7 hours/day	76.9
	>8 hours/day	23.1
Opportunity for higher education	No opportunity available	53.1
Training availability	No training opportunities	22.0

**Table1-** Workload and Professional Opportunity Indicators among Women Faculty (Source: Adapted from Bhattarai et al. (2025), PLOS One.)

The data shows that the majority of women faculty work at least seven hours per day, with nearly one-fourth exceeding eight hours, indicating a consistently high daily workload. More than half lack opportunities for higher education, and 22% receive no training support, suggesting limited institutional investment in faculty development. These conditions contribute to workload intensification and restrict long-term career growth for women in private health sciences institutions.[6]

## 5. Workload Patterns in Private Health Sciences Education

Women faculty in private institutions experience extensive workload demands that extend beyond traditional academic responsibilities.

### 5.1 Teaching and Academic Responsibilities

Private universities have large teaching loads on account of many batches, heavy enrolments, and an expectation of remedial work. In addition to crafting detailed lesson plans, faculty typically periodically update their teaching materials, evaluate student assignments, submit academic records, and offer individualized feedback. Data suggests that about a quarter of faculty are working over 8 hours a day which means academic workloads extend beyond regular hours. Being forced to wear several hats cuts preparation time — and that, in turn, stifles teaching creativity.[7]

## 5.2 Clinical Responsibilities

One distinguishing element of health sciences education is clinical supervision. Women accompany students into hospital wards, observe procedures related to patient-care, and evaluate clinical skills. Both of these responsibilities require you to move your body and also make space in your heart. Creating more intense workload is the early reporting requirements and unpredictable clinical environments.

## 5.3 Administrative and Accreditation Responsibilities

Inspection cycles at private institutions specifically tend to have much documentation and coordination effort involved in them. Women faculty do a lot to write accreditation files, keep evidence logs, create audit data, and organize events at the institution. This work eats up hours & rarely gets acknowledged during reviews. Table 1 also demonstrates institutional underinvestment in capacity building by showing that 22% of faculty had no training opportunity related to research impact.[6]

## 5.4 Research and Institutional Expectations

Faculty with rote hours and days on campus have promotional pressures to keep research moving. Research productivity is hampered by limited time, lack of resources and administrative burden. They discovered that 53.1% do not have access to higher education and can imply that this is indicative of limited pathways to academic success.[6]

## 6. Impact of Workload on Job Satisfaction

Workload affects job satisfaction through multiple psychological and organizational mechanisms.

Variable	Category	Percentage (%)
Stress level	High stress	24.7
	Low stress	75.3
Overall job satisfaction	Satisfied	29.3
	Ambivalent	62.7
	Dissatisfied	Approximately 8

**Table 2-** Stress and Job Satisfaction Levels among Women Faculty (source: Bhattarai et al. (2025), PLOS One.

The data indicates that while most faculty experience low stress, nearly 25% report high stress, reflecting the emotional and physical demands of their workload. Job satisfaction levels are low, with only 29.3% satisfied and 62.7% ambivalent. The high ambivalence and small proportion of dissatisfied faculty suggest underlying workload-related issues that influence motivation, retention, and overall well-being in private institutions.[6]

### 6.1 Role Overload

Female faculty are often overburdened with their roles by the combined expectations of teaching, supervision of clinical practices, documentation, mentoring, and event organization. The fact of overload is supported by high working hours per day. Constant overload leads to a decrease in perceived control, efficiency, and decreased satisfaction.

### 6.2 Emotional Exhaustion and Burnout

Burnout occurs when there is an overload of the emotional labour. Female faculty members participate in student counselling, meetings with patients and conflict management. Burnout is an important predictor of dissatisfaction with a big percentage of 24.7 percent reporting high stress. Emotional exhaustion decreases the involvement of the profession and diminishes the feeling of achievement.[6]

### **6.3 Work–Life Balance Challenges**

Professional and domestic roles are in conflict because of extended working hours and unpredictability of schedules. The amount of high ambivalence (62.7) indicates the emotional pressure that comes with the balance of two duties. Constant disequilibrium undermines well-being and contentment.[6]

### **6.4 Reduced Autonomy**

Top-down workload assignment models are commonly used in private institutions, restricting freedom to schedule, to make teaching decisions or to make decisions at the administrative level. Reduced autonomy results in less intrinsic motivation and undervaluation.[8]

### **6.5 Limited Recognition and Career Advancement**

Women faculty tend to feel poorly appreciated in spite of their wide-ranging contribution. Promotion policies do not see emotional and administrative labour. The lack of career growth is another factor that hinders development, which leads to dissatisfaction.[9]

## **7. Institutional & Gender-Specific Challenges**

### **7.1 Gendered Task Allocation**

Women are often given duties that they are seen to fit well as per their gender with coordination, counselling and events management being some of them. These assignments are also workload and career-limited.[10]

### **7.2 Lack of Flexible Work Policies**

Women need flexibility to balance personal roles but such flexibility is hardly available in a private institution through the adoption of flexible schedules or working remotely. This stiffness increases stress and reduces job satisfaction.[11]

### **7.3 Barriers to Leadership**

Criteria in promotion that focus on research output and long-term availability favor women unfairly. Upward mobility is also minimal as over a half of them do not have promotion prospects.[12]

### **7.4 Inadequate Support Systems**

Lack of training facilities, mentorship, counselling, and childcare facilities limits the ability of women to face the workload effectively.[13]

## **8. Strategies to Improve Job Satisfaction**

### **8.1 Rational Workload Distribution**

Introducing transparent workload policies ensures fair allocation of teaching, clinical, administrative, and research responsibilities. Periodic workload audits can prevent overburdening.[14]

### **8.2 Flexible Work Policies**

Providing flexible work hours, telecommuting, and childcare can improve the level of work-life balance, particularly in the case of an 8+ hours a day faculty.

### 8.3 Supportive Leadership

Satisfaction is improved with inclusive leadership that recognizes workload issues, is open and participates the faculty in decision-making.[15]

### 8.4 Recognition Systems

Institutions need to formally credit administrative and emotional labour. The avenues of promotion must give substantiation to wider non-research contributions.[16]

### 8.5 Enhanced Staffing and Digital Tools

The employment of support personnel and the ERP systems lessen the administrative burden. Robotics enhance performance and boost time to be spent on teaching and research.[17]

## CONCLUSION

Workload is identified as a strong predictor of job satisfaction among women faculty in private higher health sciences institutions. High teaching load, increased clinical supervision, administrative work and accreditation-related paperwork also contribute to heavy workload intensification among women. Time waster, the lack of higher education opportunity and the shortage of training all added more stress to being busy working will restrict the personal growth. Gender-specific factors like gendered allocation of tasks, absence of flexi-time options, insufficient work-support systems and limited access to leadership positions only add to their dissatisfaction. The pervasiveness of ambivalence and lower satisfaction attests to the degree to which many women are working under chronic stress, struggling between work outside and inside the home with limited institutional support. Strategic changes are required for independent colleges to develop environments in which a sustainable university is possible. These are fair sharing of workload, flexible work policies that are gender sensitive, better staffing and leadership support as well as valuing women's visible and invisible labour. Our proposed interventions would not only increase job satisfaction and well-being but also benefit institutional performance, retention, and the standard of health sciences education.

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