

# A Study to Determine the Work Life Balance and Job Satisfaction of Women Doctors in Delhi

## Pushpa Kumari

Doctoral Research Scholar,  
GITAM School of Business,  
GITAM Deemed to be University,  
Visakhapatnam, Andhra Pradesh, India  
pushpa043005422@gmail.com  
ORCID ID -0000-0001-6172-7965  
Corresponding Author

## Dr. Radha Raghuramapatruni

Associate Professor,  
GITAM School of Business,  
GITAM Deemed to be University,  
Visakhapatnam, Andhra Pradesh, India  
radharaghuramapatruni@gmail.com  
ORCID ID-0000-0002-4486-5458

## Abstract

The struggle that women doctor's experience at work adds to their mental or emotional stress. Stress increases as work hours increase. Their choice in the domain of life is challenging due to their occupation, marital status, and children. They must deal with a variety of difficulties, tasks, and difficulties in both their personal and professional lives. They should be able to maintain the right balance between their personal and professional lives. The primary goal of this article is to examine the work-life balance and job satisfaction of female doctors. Women doctors face additional obligations at home as well as more problems and duties at work. They don't get enough rest and relaxation, which makes them exhausted and leads to health problems.

In this study, 100 women doctors between age group of 29 to 45 participated in a survey. It was observed that women struggle to manage their family time and receive less help from their families. Family support, management support, job sharing opportunities, post-maternity care, child care, total organisational support, and mentoring programmes are all ways to encourage women doctors to give it their all, succeed in their careers, and decide to become mothers.

**Keywords:** Work Life Balance, Stress, Healthy Work Environment, Women Doctor

## Introduction

The term work-life balance has existed since 1980s and 1990s when companies in America started addressing the issue of work-life balance and it was especially meant for women and children (Lockwood, 2003). Maintaining an equilibrium between the professional-life and personal-life is what constitutes work-life balance. Work-life balance of employees can be greatly affected by the work-life culture of any organisation, which can be described as the level of an organisation's comprehension about the problems faced by their employees in their professional and personal lives and degree to which they make efforts and take actions towards making the working environment plausible for them. Any problems arising in employees' personal lives as a result of

adverse work environment causes work-life conflict, damaging their emotional state of mind which in turn affects their performance at work. So, it is important that there is harmony between the work-life and personal life. However, the increasing amount of work-load in today's capital oriented competitive global economic setup, it becomes challenging for working people to maintain work-life balance. This is true for healthcare industry too. Healthcare industry is also facing economic surge in terms of earnings and employment and growing fast (Rao and Shailashri, 2021). It has, in fact become one of India's largest employers that employed a total of 4.7 million people in the year 2021. Even more growth is expected as a result of increasing income, health consciousness, lifestyle-related health problems and access to health insurance policies (IBEF, 2022). Women faced cultural and social barriers to enter medical profession in India. Their number was insignificant in the 19th and the first half of the 20th centuries (Khattar, 2019). But this changed during 1990s when more females started enrolling, about 50 % were female entrants in medical colleges in 1988. Though, it was delighting but this increase was not reflected on postgraduation or doctoral levels, indicating that females did not pursue their careers in the field further and either got busy in fulfilling their personal responsibilities or left the field altogether (Khattar, 2019). Even today the number of female doctors in active field is less though their enrolment in medical colleges surpasses male enrolment. In a paper by Karan et al. (2021) which presented estimates on size and composition of health workforce by analyzing data from National Health Workforce Account (NHWA) 2018 and Periodic Labour Force Survey 2017–2018 of the National Sample Survey Office (NSSO), it was found that only about 29.08 % of healthcare workforce were female doctors. There can be many reasons cited for this poor representation of female doctors. Gender biases at family and society level, and gender discrimination at work seems to be the most significant factors. The general perception of the society and women themselves about women's role in taking care of family play a major role in deciding their career paths. In addition, gender disparities at training and at work, unequal pay, inadequate growth opportunities for higher positions and long working hours without proper

compensation also influences their careers (Khattar, 2019; Borkowski and Walsh, 1992). Moreover, male domination of medical field and their preferences over female doctors by patients (Kumari et al., 2015) may be held responsible for fewer female doctors who are left frustrated and less interested in further pursuing their careers.

However, newer studies are reflecting that female doctors can be more advantageous for healthcare sector as far as treatment of patients is concerned. Tsugawa et al. (2017) conducted a study to know if there were any differences in the mortality and readmission rates of patients treated under females and male physicians. They discovered that elderly patients showed lower rates of mortality and readmission when treated by female physicians and concluded that their working pattern may have some bearing on the outcome of the study. Yet female doctors continue to struggle to balance their professional and personal duties causing physical as well as psychological stress and reduced work-life balance. Women doctors are under increased work pressure and stress from difficulties arising in the clinical areas. Also, they have more parental responsibilities at home. This results in more work-family conflicts as compared to women of any other field. Many studies have supported this (Anuradha and Pandey, 2016). They need physical, mental resources, capability of decision making with support from family members to maintain the proper work life balance.

Supportive working environment makes sustainable balance in their profession and personal life. Arrangements of flexible working and part-time hours helps to spend the time to take care of elders and children. Women doctors have the capacity to do multitasks, understanding ability, dedication, involvement, loyalty, good interaction capabilities and co-ordination with the colleagues. Providing fitted remuneration, appropriate working environment, equal opportunities for growth at work are a few prerequisites in persuading and keeping female doctors in healthcare workforce.

## Review of Literature

According to generally accepted idea, work-life balance can be comprehended as carrying out of work responsibilities and family responsibilities by an individual without any of them interfering each other. If we look at the

literature, there have been many definitions provided for work-life balance. According to Greenhaus et al. (2003) work-life/family balance is “the extent to which an individual is equally engaged in—and equally satisfied with—his or her work role and family role”. Kirchmeyer (2000) while focussing on the criteria of satisfaction level defined work-life balance as “achieving satisfying experiences in all life domains and to do so requires personal resources such as energy, time, and commitment to be well distributed across domains” (cited in Kalliath and Paula, 2008). There are many different definitions given based on different perspectives and comprehensively compiled and elaborated by Kalliath and Paula (2008).

The work-life balance has been a subject of study especially in this era of high competitiveness, where working for long hours without losing focus is required, particularly in the field of medicine. Lack of focus due to fatigue and stress by doctors can lead to serious health consequences in patients. So, studies are being done identifying factors affecting work-life balance and the measures that can be taken to improve it.

In a study by Mani (2013) it was revealed that the role conflict, lack of recognition, organizational politics, gender discrimination, elderly and children care issues, quality of health, problems in time management and lack of proper social support were the major factors influencing the work-life balance of women professionals in India. Baba (2012), while studying the role of organisational stress on doctors found that heavy workload, time pressure, poor administration, work/home conflict, work during nights at least twice a week, patient's expectations and emergencies were the major contributors of organizational role stress among doctors. When comparing work-related stress among genders, women who are held more responsible for domestic tasks, taking care of children and elders bear dual work load that causes work-family conflicts.

In a study on the relationship between work-life conflicts and work-life balance, Chavan et al. (2021) found that the demands of work and family, both have significant impact on work-life balance of corporate hospital doctors. However, Mesmer-Magnus & Viswesvaran (2006) found that family support for the work culture helps to manage the work-life balance. In case of support from superiors, co

workers, flexibility of working hours, adequate maternity leave etc. helps to motivate the employee and allows them to reduce the dark side of work-life balance.

Lakshmi and Gopinath (2013) contemplated the impact of work-life balance on execution of ladies' representatives. They distinguished the factors that influence work-life balance. It was discovered that ladies who had low work and family-related issues were exceedingly ready to accomplish work-life balance than the individuals who had high rate of these problems. Studies also examined the effect of environment which may differ according to work places. Lakshmi et al. (2012) showed that there was no difference in stress and satisfaction related factors of nurses working in government and private hospitals. Proper work life balance could lead to retention of skilled nurses, increased productivity, and more efficient delivery of health care services. The effect of burnout was studied by Malik et al. (2010) who tried to evaluate the impact of burnout at work, work life balance, work life conflict and job satisfaction on turnover intentions among doctors in Pakistan. The study revealed that there was no significant effect of burnout at work on doctors work life balance whereas it had significant effect on the work life conflict and job satisfaction of doctors.

Cohen & Liani (2009)'s study on female employee in Israeli hospital explained how work affects family life and family life affects work. The study determined work variables that most impacted the work family conflict.

There have been some studies on the Doctors of Delhi related to the various work and life satisfaction factors. Kaur et al. (2009) conducted a study on the job satisfaction and work environment perception among doctors in a tertiary hospital in Delhi and found that majority of doctors were dissatisfied with the average number of their work-hours as well as the salary. However, they did not find any significant differences in the responses of males and females. In a study by Zaman (2016) that focussed on the comparison of Quality of Work Life (QWL) and the Job Satisfaction of doctors of Delhi found that the female doctors had better QWL than the male doctors. Anand et al. (2022) studied the job satisfaction of medical officers of Delhi and found that while most of them (59%) were

satisfied with their job, they faced many problems at their workplace, like less salary, insufficient time per patient, few resources etc. Another important finding was that more female doctors were found satisfied with job compared with male doctors though the difference was not significant. This is quite intriguing to find that in the above-mentioned studies, female showed better satisfaction regarding work factors when compared to males. However, these results may be skewed due to smaller sample size. The perspective of female doctors regarding above-mentioned work and home related factors is necessary to get real picture of their understanding regarding work-life balance.

The present study is a preliminary investigation in identifying the factors associated and opinions regarding the work-life balance of female doctors in the Delhi region. It explores about how the dual responsibility of work and home affects the work-life balance as expressed in words of the female doctors that participated in the study. No studies focussing exclusively on the women doctors and their opinions regarding work-life balance were recognised in the Delhi region while reviewing the literature.

### Research Objectives

The present study goals are to understand the opinions and thoughts of female doctors regarding the consequences of various work and family related factors on their personal and professional lives and subsequently the work-life balance. Hence, we aim

- To analyze the difficulties and issues that women doctor encounter.
- To analyze the working environment of female doctors.
- To analyze the degree of job satisfaction and work-life balance among female doctors.
- To recommend measures for improvement of work life balance for female doctors

### Research Methodology

#### Research Design

Descriptive research is used in this study

#### Research Instrument- Questionnaire

Questionnaire is used as the research instrument. Demographic details, details on factors affecting and helping work life balance were asked. Convenience

sampling is used for this study.

#### Sampling Size

Sample size= 100

#### Data Collection Method

Both primary and secondary methods have used for collection of data. Primary data are collected from sources such as surveys, questionnaires and interviews from the women doctors in Delhi City. The source of secondary data was written and printed electronic sources collected through news journals, research articles, books, case study of organizations etc.

#### Tools for Data Analysis

The data analysis is divided into two sections. The first section deals with the general opinions regarding the challenges faced by women doctors in their personal and professional life. The results will be presented in terms of frequency analysis (%) of the responses. The second section deals with the testing of hypotheses regarding the work-life balance by using one sample t-test. The individual job satisfaction factors and overall job satisfaction is also reported. The questions in the questionnaires were provided with multiple answers and three point scale ranging from low (1) to high (3) were used in order to test the following hypothesis

H01: Doctors are not enjoying work life balance.

Ha1: Doctors are significantly enjoying work life balance

Chi-Square test was then used to know if work-life balance has any impact on the job satisfaction with the following hypothesis.

H02: There is no significant impact of Work Life Balance on Job Satisfaction of Doctors

Ha2: There is a significant impact of Work Life Balance on Job Satisfaction of Doctors

### Results and Discussion

#### First Section

A total of 100 women doctors participated in the study and the results were represented in pie chart diagrams. Women doctors participated in this study belong to the age group of 29 to 45 years, in private hospitals Delhi city. The age-wise distribution is given in the table 1.



**Table : Agewise distribution of Female doctors**

Number of Respondents	Age Group	Numbers of Women Doctors
100	29-32	32
	33-37	25
	38-45	20
	45- 65	23

Questions were asked to cover different aspects related to work life and personal life that may contribute towards work-life balance. They are listed in table 2

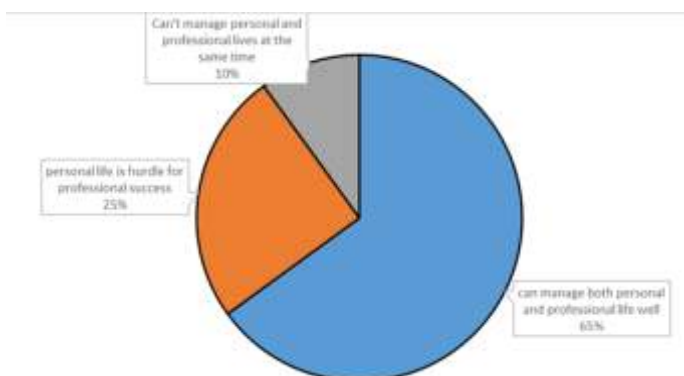
**Table : Questions related to various factors to know the general opinions of the respondents**

1	Women Doctors emotional feelings to balance in their profession
2	Satisfaction of women Doctors about their family life
3	Married Women Doctors opinion about the support from family members
4	Response about the Male Doctors support in their work place
5	Opinion about the night duties
6	Response of women doctors during difficult circumstances
7	Women doctor’s motherhood affected by career
8	Women doctors ability for the success of their care er
9	Plans of time management in their professional and personal life

**Women Doctors emotional feelings to balance in their profession:**

According to Fig. 1, 65% of women doctors felt that they were able to manage successfully the personal satisfaction as well as professional success. 25% of women doctors felt that personal satisfaction is a hurdle and only 10% felt it as difficult to get the success because they were unable to manage at a time. In a study by Kaur et al. (2009), they found that the stress at work was responsible for about 65.5 % of women to think that they have chosen wrong profession while only 50 % of males thought like this.

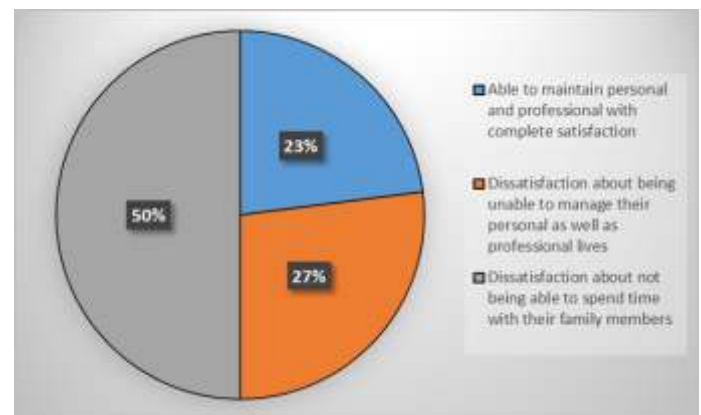
**Figure 1 : Pie chart to show emotional feelings related to balance in profession**



**Satisfaction of women Doctors about their family life:**

When asked about their family life, 50% of women doctors expressed their dissatisfaction about they were unable to spend much time with their family members. 27% of women doctors expressed that they were unable to manage their personal as well as professional lives in a planned manner and 23% of women doctors felt that they were able to maintain personal and professional with complete satisfaction (Figure 2).

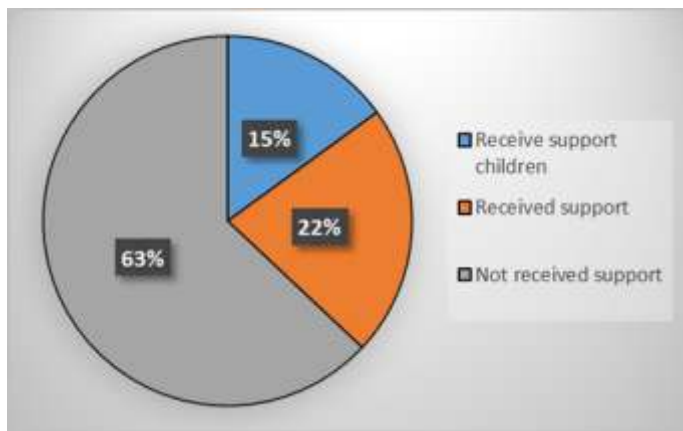
**Figure 2 :Response regarding spending time with family**



So, poor satisfaction regarding spending time with the family members can be an important factor in deciding work-life balance of female doctors. Devaraj and Priyadharshini (2022) on medical professionals of Coimbatore observed the same, where quantity of time spent on family or personal life had an impact on overall work-life balance. The factors like excessive job tiredness leading to stress in doctors and consequent job pressure caused unwillingness to spend time with family.

**Married Women Doctors opinion about the support from family members:** More than half of respondents (63%) expressed their experience about their husband and in-laws stating that they received less support from them for the encouragement of professional aims.

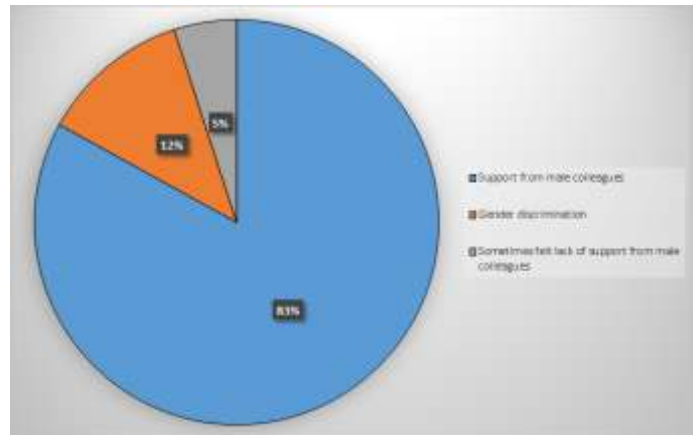
**Figure 3 : Response regarding support from the family**



Only 22% of them felt that have support from them. About 15% felt that their growing children supported them for their professional aims (Figure 3). The support from husband can help in lowering the role conflict for working women according to Sharma (1999)(cited in Reddy et al., 2010)

**Response about the Male Doctors support in their work place:** When asked about how they feel about support from their male colleagues, 83% of women doctors felt that they had good support from the male doctors in their workplace (Figure 4). However, 12% of them still felt that there was gender discrimination. Only 5% of them felt that sometimes there was a lack of support.

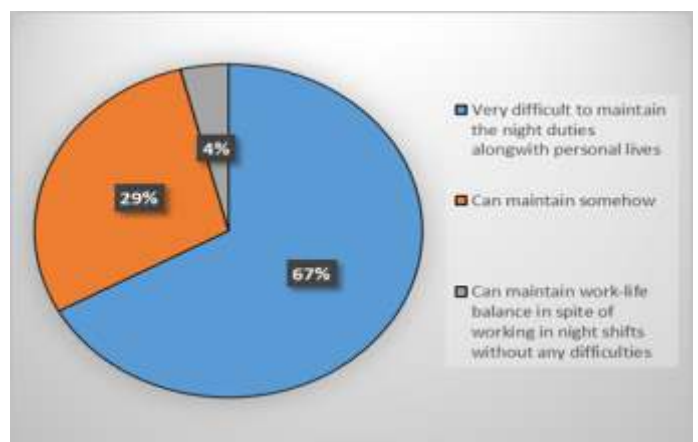
**Figure 4 : Responses about support from male doctors**



A study by Adiba and Ravichandran (2021) where work-life balance of nurses was studied revealed the same result. About 70 % of nurses said that they did not have any problem with their co-workers, though whether they were males or females was not mentioned. Hence, it can be said that poor relationship with male co-workers does not have a substantial effect in causing stress in workplace for female doctors.

**Opinion about the night duties:** Regarding the question about night shifts, 67% of women doctors expressed that it becomes very difficult to maintain the night duties alongwith personal lives (Figure 5). 29% of them expressed that somehow can maintain and only a 4% of them said that they can maintain work-life balance in spite of working in night shifts without any difficulties. An apparent significant relationship between night shift and WLB of doctors was revealed in a study conducted by Singh and Rana (2017).

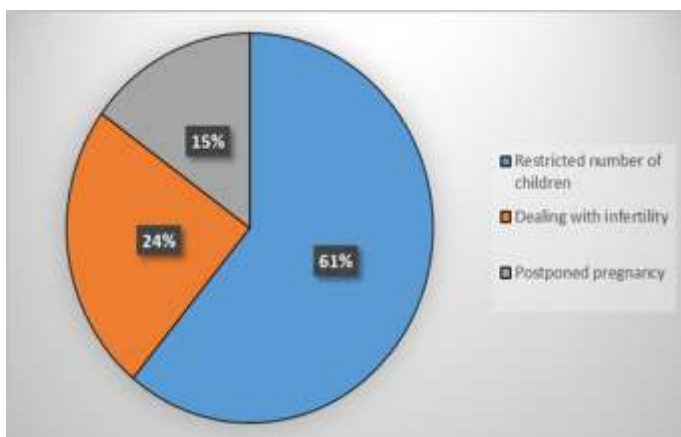
**Figure 5 : Responses regarding the night shift**



Night shift has considerable adverse effect on the health of employees and it is even more pronounced in case of women. In a review by Neha and Utkarsh (2022), a number of health-related problems were listed which included obesity, heart problems, diabetes, problems related to sleep etc. In addition, women have to deal with familial and societal inadequacies due to less time in hand. This becomes a source of additional stress for them. Worth mentioning, the biological changes in the form of distressed hormonal cycles due to disturbances in rhythmic pattern of sleeping and awakening renders the situation critical for women (NCW report). All these factors can lead to a poor work-life balance in female doctors.

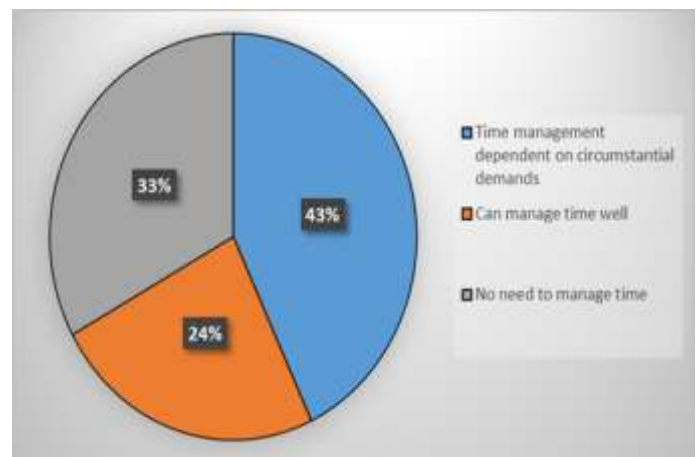
**Women doctor's motherhood affected by career:** When female doctors were enquired about their opinion on having children, 61% of women doctors expressed that stress related to their career has made them to restrict the number of children. About 24% of women doctors had problems of infertility and about 15% said that they have postponed to become pregnant. This finding is, in fact, consistent with the observation made by Hoffman et al. (2020) who conducted a systematic review on experiences of doctor mothers. According to it, the women doctors prioritised the development of their career by postponing to start a family. This decision may have consequences in terms of their chances to conceive and complicated pregnancies.

**Figure 6 : Responses about the motherhood experience**



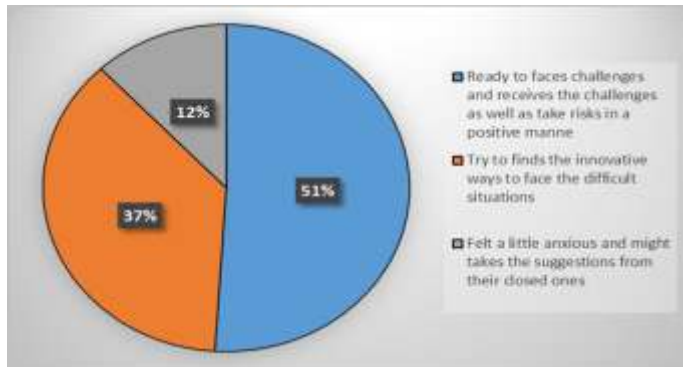
**Plans of time management in their professional and personal life:** Time management is also an important aspect for working professionals. Appropriate time management is required to obtain time balance which is achieved when same amount of time is devoted to work as well as family roles (Anuradha and Pandey, 2016). In the present study, about 43% of women doctors' time management strategies were dependent on the circumstantial demands (Figure 7). About, 24% of women doctors were able to manage their time in a well-planned manner in their professional as well as personal life. However, 33% did not feel that there is any necessity to have plans for time management.

**Figure 7 : Responses about the time management**



**Behaviour of Women doctors during the difficult situation:** When asked about their attitude in difficult situations, 51% of women doctors said that they were ready to face challenges and as well as take risks in a positive manner, 37% of women doctors do not get agitated and try to find innovative ways to face the difficult situations, whereas 12% of women doctors felt a little anxious and might take suggestions from their closed ones. On the contrary Kumari et al. (2015), found that female doctors of Govt. Hospital in Tirupati responded personally to critical situations (40%) and were more anxious, lost temper (34%), were confused and felt helpless. These contradictory results may be the outcome of difference in temperamental behaviours among the people of different geographical locations.

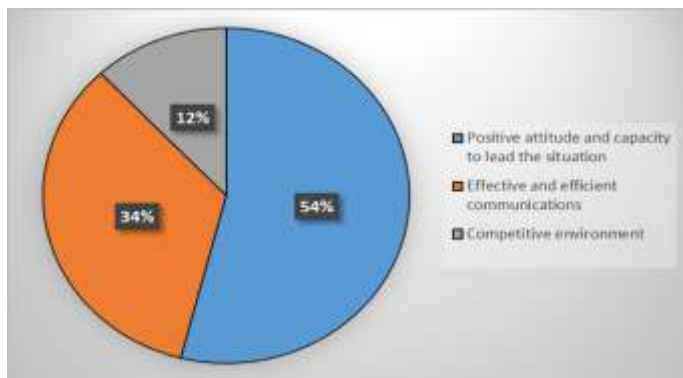
**Figure 8 : Response regarding behaviour in difficult situations**



The findings by Jokela et al. (2015) suggested that the interaction between the geographic location and individual's personality may play a role in their life satisfaction. Since, life satisfaction is a significant factor for mental health (Gilman & Scott, 2006), it may eventually affect the responses of people under difficult situations.

**Path for the success of their career:** The present study indicated that the female doctors were very positive in their attitude despite facing challenges at both professional and personal fronts. Borah (2019) also observed that most of the women doctors of government hospitals in Dibrugarh district, Assam were hopeful for their career success and aspired to achieve accomplishments just like male counterparts.

**Figure : Responses regarding path of success in career**



On the question of the ways to achieve success in career, the women doctors responded quite positively. 54% of women doctors opined that positive attitude and capacity to lead the situation is the path for career growth, while 34% of women doctors were of the opinion that effective and efficient communications are required and 12% of women doctors

agreed that competitive environment is essential for the career success.

Due to increased pressure and additional obligations, female doctors are under higher stress. They discovered that slower career advancement was a result of increased family obligations, such as caring for children, the home, elderly family members, etc. They demand flexible work schedules, management assistance, a family-friendly environment, the introduction of post-maternity leave, and child care facilities at hospitals, all of which help women work more happily and with greater satisfaction. Long work hours lead to poor performance and sleep problems. Married women doctors experience more stress during the night shift than single women doctors, especially if they have children. Most frequently, increased workloads result in health problems. Overnight shifts have a greater impact on personal life. Compared to single women doctors, married women doctor deal with greater issues and responsibilities.

## Second Section

### Work Life Balance of Employees

It can be observed that doctors aged between 29 to 32 years are having the highest level of work life balance (Mean=2.75) followed by doctors aged between 38 to 45 years (Mean=2.50) and 45 to 65 years (Mean=2.48). Among the four categories the minimum level of work life balance was being faced by doctors of age group between 33 to 37 years (Mean=2.40), however the coefficient of variation is highest for this category which indicated the heterogeneity in responses.

**Table 3: Work Life Balance of Doctors**

Age Group of Employee	Work Life Balance			
	Mean	S.D.	C.V.	Rank
29-32	2.75	1.15	0.42	1
33-37	2.40	1.32	0.55	4
38-45	2.50	1.01	0.40	2
45- 65	2.48	0.99	0.40	3

As indicated inTable the doctors seem to be enjoying balance between work and life. But whether this is statistically significant is tested. To test the significance of



work life balance the one sample t-test was applied against the theoretical mean 2. The result presented in table 4 is indicating that t-statistic is significant at 5% level of significance for all age groups except doctors aged between

33 to 37 years. For all the age groups the calculated value of means are higher than the theoretical mean (2), so it can be concluded that the work life balance exists in the life of doctors working in Delhi.

**Table 4: t-test Results to Check Significance of Work Life Balance of Doctors**

Age Group of Employee	Test Value = 2				Result
	Mean	t-value	degree of freedom	p-value	
29-32	2.750	3.689	31	0.000	<b>Significant</b>
33-37	2.400	1.511	24	0.233	<b>Not Significant</b>
38-45	2.500	2.213	19	0.031	<b>Significant</b>
45- 65	2.478	2.315	22	0.002	<b>Significant</b>

Source: Analysis Output

### Job Satisfaction of Doctors

The individual factors comprising job satisfaction so the sample doctors were asked to respond various statements and the summary of those statements is presented in table 5

**Table 5: Job Satisfaction of Doctors**

Parameter of Satisfaction	Satisfaction Scores			
	Mean	S.D.	C.V.	Satisfaction Level
Satisfaction with Family Life	2.27	1.01	0.44	Satisfied
Satisfaction with Family Support	1.59	0.87	0.55	Dissatisfied
Satisfaction with Night Duties	1.37	1.05	0.77	Dissatisfied
Satisfaction with Time Management	1.81	0.94	0.52	Dissatisfied

Out of the four parameters the doctors have indicated satisfaction only with family life (Mean=2.27). Otherwise the doctors have highlighted dissatisfaction with family support (Mean=1.59), night duties (Mean=1.37) and time management (Mean=1.81).

**Table 6: Overall Job Satisfaction of Doctors**

Overall Job Satisfaction	N	Percentage
Dissatisfied	49	49.00
Neutral	26	26.00
Satisfied	25	25.00
Total	<b>100</b>	<b>100</b>

Table 6 is presenting the overall job satisfaction of femalesdoctors working in Delhi. It can be observed that majority of doctors were dissatisfied (N=49) with their job whereas 25% doctors have indicated job satisfaction. The rest of the doctors (N=26) were neither satisfied nor dissatisfied with their job.

### Impact of Work Life Balance on Job Satisfaction of Doctors

Balance between personal and professional life normally lead to job satisfaction. This research also intended to measure relationship between work life balance and doctors' satisfaction with their job. The second hypothesis was taken to serve this objective as follows:-

**Table 7: Chi-Square Test results to Measure Impact of Work Life Balance on Job Satisfaction of Doctors**

Work Life Balance	Job Satisfaction				Chi-Square Value	p-Value	Result
	Dissatisfied	Neutral	Satisfied	Total			
Low	7	1	2	10	21.526	0.000	Significant
Medium	21	2	2	25			
High	21	23	21	65			
<b>Total</b>	<b>49</b>	<b>26</b>	<b>25</b>	<b>100</b>			

*Level of Significance=5%*

To test this hypothesis the data of work life balance was cross tabulated with employees' satisfaction and then chi-square test was applied as presented in table 7. The value of chi-statistic is significant which leads to the rejection of hypothesis so it can be concluded that there is a significant impact of Work Life Balance on Job Satisfaction of Doctors. It can be seen that maximum number of work life balanced employees (N=21) are satisfied with their job. This relationship proves that direct relationship between Work life balance and job satisfaction.

## Conclusion

Work-life balance can be represented as two spheres: personal and professional. There must be proper balance between these spheres. The achievement of better work life balance can yield dividends for women doctors in terms of having a more motivated, productive and less stressed workforce that feels valued, increased productivity. Stressed female doctors can have negative implications for individuals, organizations and the health care system (Chesak et al., 2021). In Indian context the concern of work life balance becomes imperative for all. This study is an attempt to throw light on work life balance issues with reference to women doctors in Delhi City. Medical career is a noble work as doctors contribute to the happiness of the healthy society. Maintaining the Doctor's comfort would improve their successful and power full services to patients. The study made to list the many factors impacting Work Life Balance of Doctors.

The study included women doctors working in private hospitals. A structured questionnaire was used to gather data. The data revealed that the work life balance and the ways to get job satisfaction of women doctors. They have problems to manage the night duties. Their career affects

their motherhood as some of them postponed to become pregnant and consequently facing the problems of infertility. They expressed their dissatisfaction that they are unable to spend the time with their family members and children.

So, it is suggested that the stress-free work environment, sharing problems with their close people reduces the stress and helpful to solve the problems. Also, support from the family members instils courage to face the problems in a positive manner. And implementation of meditation can help raise confidence level.

## Limitations

The present research has restricted to Delhi only. It has focused women doctors working in multi-speciality, single speciality and diagnostic centres. Because of busy schedule of doctors unable to get reliable data, for the detailed study. Also, the sample size can be increased.

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### Authors' contributions

All authors contributed toward data analysis, drafting and revising the paper and agreed to be responsible for all the aspects of this work.

### Declaration of Conflicts of Interests

Authors declare that they have no conflict of interest.

### Data Availability Statement

The database generated and /or analysed during the current study are not publicly available due to privacy, but are

available from the corresponding author on reasonable request.

### Declarations

Author(s) declare that all works are original and this manuscript has not been published in any other journal.

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