

Work-Life Balance and Quality of Life among Female Healthcare Professionals in Asia: A thematic review

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Abstract

Work-life balance (WLB) among female healthcare professionals (FHPs) in Asia is compromised by intersecting professional and family responsibilities, impacting their quality of life (QOL) and job satisfaction. This thematic review of 21 studies across seven Asian countries identifies key factors affecting WLB and QOL, including excessive workloads, cultural expectations, mental health strain, gender inequity, and insufficient workplace support. Eight themes emerged, highlighting systemic challenges. Recommendations include flexible policies, enhanced mental health resources, and resilience-building interventions. Addressing these issues is vital for improving FHPs' well-being and sustaining healthcare services in Asia.

Keywords: Work-life balance; Quality of life; Female healthcare professionals; Asia

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1.0 Introduction

The work-life balance (WLB) and quality of life (QOL) of female healthcare professionals (FHPs) are increasingly critical concerns, particularly in the diverse socio-cultural context of Asia. Female healthcare professionals often face the dual burden of professional responsibilities and societal expectations tied to family and caregiving roles (Dousin et al., 2022). This intersection of work and domestic obligations can lead to significant emotional strain, reduced mental health, and overall decreased job satisfaction (D. Liu et al., 2021). Given their vital role in the healthcare system, disruptions to their WLB QOL not only affect their personal well-being but also impact healthcare service delivery (Taketomi et al., 2021). Despite the importance of these issues, existing literature reveals a lack of comprehensive reviews that specifically address the factors influencing WLB and QOL for FHPs in Asia. Systemic challenges, such as excessive workloads, gender inequities, cultural expectations, and limited organizational support, remain pervasive. Furthermore, the unique challenges faced by women in healthcare during the COVID-19 pandemic highlighted the urgent need for targeted interventions. Therefore, this thematic review aims to explore the key factors influencing WLB and QOL among FHPs in Asia. Addressing these factors is essential for developing policies that foster sustainable work-life integration, support mental and physical well-being, and ensure the continued contributions of FHPs to the healthcare systems in Asia.

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2.0 Literature Review

2.1 Female Healthcare Professionals

Female healthcare professionals (FHPs), including physicians, nurses, and medical assistants are essential to healthcare systems worldwide. However, they face systemic challenges such as gender discrimination, wage disparities, and limited leadership opportunities. Many FHPs also bear the dual responsibility of managing professional and caregiving roles, which amplifies workplace challenges. Nurses and medical assistants, in particular, experience higher levels of role conflict due to less autonomy over their work schedules. Studies emphasize that mentorship programs, leadership training, and supportive workplace policies can empower FHPs to manage these dual responsibilities effectively while advancing their careers. Creating inclusive environments that recognize these challenges is essential for retaining FHPs and fostering their professional growth.

2.2 Work-Life Balance

Work-life balance (WLB) is critical for FHPs who often juggle dual responsibilities in both their professional and personal lives. Balancing long working hours, night shifts, and high patient loads with family duties creates significant role conflict and mental strain (Dousin et al., 2022). This dual burden is particularly challenging for nurses and medical assistants, who may have less control over their schedules. Flexible work arrangements, job-sharing options, and supportive supervisors can help mitigate these challenges. Policies that acknowledge and accommodate the dual roles of FHPs are essential for improving WLB and reducing burnout, ultimately enhancing job satisfaction and retention.

2.3 Socio-Cultural Context

Socio-cultural norms significantly influence the professional experiences of FHPs. In many societies, traditional and cultural gender roles expect women to prioritize family obligations, which often forces FHPs to juggle dual responsibilities of work and caregiving. This dual role can hinder career progression, especially for nurses and medical assistants who may lack the flexibility afforded to physicians. Cultural expectations frequently lead to feelings of guilt and societal disapproval for women pursuing demanding careers (Tlaiss, 2013). Addressing these socio-cultural barriers requires workplace policies that promote gender equity, provide family support, and challenge traditional norms to support sustainable careers for FHPs.

2.4 Quality of Life

The quality of life (QOL) of FHPs is deeply affected by their dual roles in the workplace and at home. Long working hours, emotional strain from patient care, and expectations to manage household duties contribute to stress, burnout, and poorer mental health outcomes. For nurses and medical assistants, who often face higher patient loads and less schedule flexibility, the impact on QOL can be severe. Research highlights that mental health support, peer networks, and organizational wellness programs can help FHPs balance these responsibilities more effectively (Sun et al., 2017). By recognizing and addressing the dual roles of FHPs, healthcare organizations can significantly enhance their well-being and professional satisfaction.

This thematic review looks at the key factors that impact WLB and QOL for FHPs in Asia. Understanding these factors is important for shaping policies that promote sustainable work-life integration, support mental and physical health, and help FHPs continue contributing effectively to healthcare systems in Asia.

3.0 Methodology

In the first step, a systematic review of research articles was conducted to identify the current state of academic insights regarding job satisfaction, career satisfaction, WLB, QOL, well-being, burnout, and stress among FHPs in Asia. Using the search string ("female healthcare professionals" OR "women doctors" OR "women nurses" OR "women in healthcare") AND ("job satisfaction" OR "career satisfaction" OR "work-life balance" OR "quality of life" OR "well-being" OR "burnout" OR "stress") AND ("Asia" OR "Asian" OR "East Asia" OR "South Asia" OR "Southeast Asia" OR "Central Asia" OR "Middle East" OR "China" OR "India" OR "Japan" OR "Korea" OR "Pakistan" OR "Bangladesh" OR "Vietnam" OR "Thailand" OR "Malaysia" OR "Philippines" OR "Indonesia" OR "Sri Lanka" OR "Nepal" OR "Myanmar" OR "Singapore" OR "Afghanistan" OR "Bhutan" OR "Maldives" OR "Mongolia"), a systematic review of articles was conducted in the following databases: Scopus, Web of Science (WOS) and PubMed from 1988 to 2024. The search process identified a total of 68 articles, with a final total of 21 articles included in this review. Figure 1 illustrates the flowchart summarizing the identification, screening, and inclusion processes.

Next, all 21 selected studies were imported into Atlas.ti version 23 and set up as primary documents for analysis. Initial codes were generated to capture various aspects of job satisfaction, career satisfaction, WLB, QOL, well-being, burnout, and stress among FHPs. These codes were then systematically grouped into broader categories and these categories were synthesized into eight primary themes that represent the overarching concepts identified in the data.

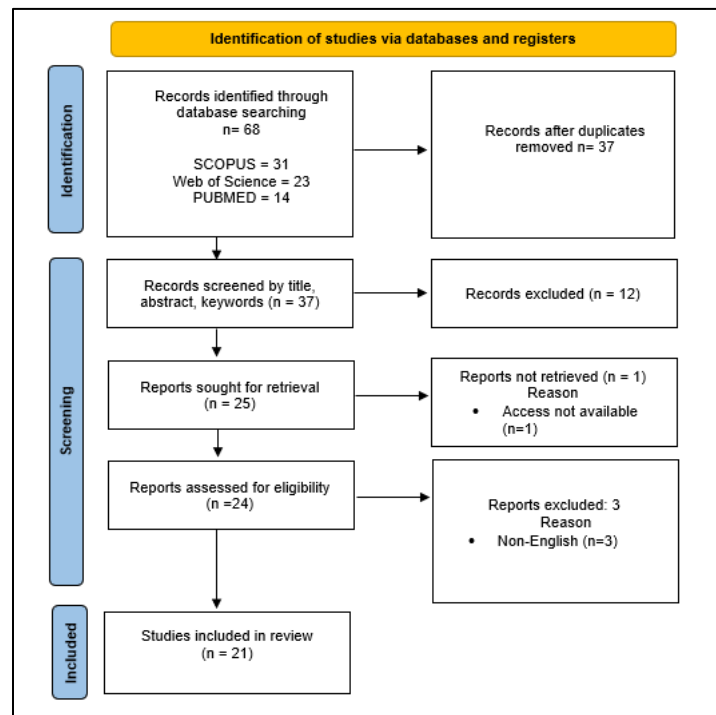


Fig. 1: Flowchart of study

4.0 Findings

The final 21 articles selected for this review covered research conducted in various Asian countries, including India, Japan, China, Pakistan, South Korea, Malaysia, and Lebanon. This diversity ensures a broad representation of experiences and challenges faced by FHPs in different healthcare systems and cultural contexts. The analysis of data extracted from these 21 articles generated 180 initial codes, which were systematically organized into 44 categories. These categories were further refined and consolidated into the following 8 primary themes: 1) Workload, job demands, and time management, 2) Mental health and emotional strain, 3) Social, cultural, and domestic pressures, 4) Career progression and gender equity, 5) Physical health and reproductive challenges, 6) Resilience and coping mechanisms, 7) Organizational policies and workplace support, and 8) Educational and structural interventions.

4.1 Theme 1: Workload, Job Demands, and Time Management

Workload, job demands, and time management emerge as critical challenges affecting the WLB and QOL FHPs in Asia. Long working hours and high workloads exacerbate psychological distress, fatigue, and burnout, making it difficult to achieve a sustainable balance between professional responsibilities and personal well-being. For female healthcare workers, extended work hours often disrupt biological rhythms (Kubo et al., 2011), impair coronary microcirculation (Kubo et al., 2011), and increase the risk of occupational stress-related conditions such as chronic low back pain (Patil et al., 2018). The overwork culture in the medical profession and demanding work environments further compound these issues (Cheng et al., 2023; Jang et al., 2020; Liu et al., 2020; Wang et al., 2022), contributing to mental health struggles and undermining job satisfaction. Administrative burdens and absenteeism due to health-related issues like premenstrual syndrome (PMS) highlight time management difficulties (Saru Sree Mu et al., 2024). The COVID-19 pandemic intensified these stressors, with inadequate protective resources and increased workloads among frontliners heightening their risk of insomnia and distress (Lai et al., 2020; Shahbaz et al., 2021; Zhang et al., 2022). These factors underscore the urgent need for organizational interventions to support mental health, well-being, and work-life integration. Figure 2 visualizes the network view for Theme 1.

4.2 Theme 2: Mental Health and Emotional Strain

Mental health and emotional strain are significant factors influencing WLB and QOL among FHPs in Asia. The high prevalence of anxiety, depression, and post-traumatic stress disorder (PTSD) highlights the psychological toll of demanding work environments, exacerbated by workplace violence, burnout, and dual-role responsibilities (Armagan et al., 2006; Lai et al., 2020; Sun et al., 2022). Depression predicts burnout and reduced self-efficacy while negatively impacting occupational functioning and QOL (Wang et al., 2022; Zhang et al., 2022). Female healthcare workers, particularly nurses and frontline responders, experience more severe mental health symptoms and emotional exhaustion due to childcare obligations and societal expectations (Dousin et al., 2022; Fukami, 2024). Emotional burnout correlates with decreased job satisfaction and performance, leading to impaired well-being (Liu et al., 2020; Wang et al., 2022). Mental health support systems often remain inadequate, leaving gaps in addressing psychological challenges (Cheng et al., 2023; Shahbaz et al., 2021). Gender-specific interventions, such as culturally rooted psychological programs and workplace-based yoga practices, show

promise in alleviating stress and improving resilience (Choi et al., 2015; Patil et al., 2018; Xu et al., 2016). Figure 3 visualizes the network view for Theme 2.

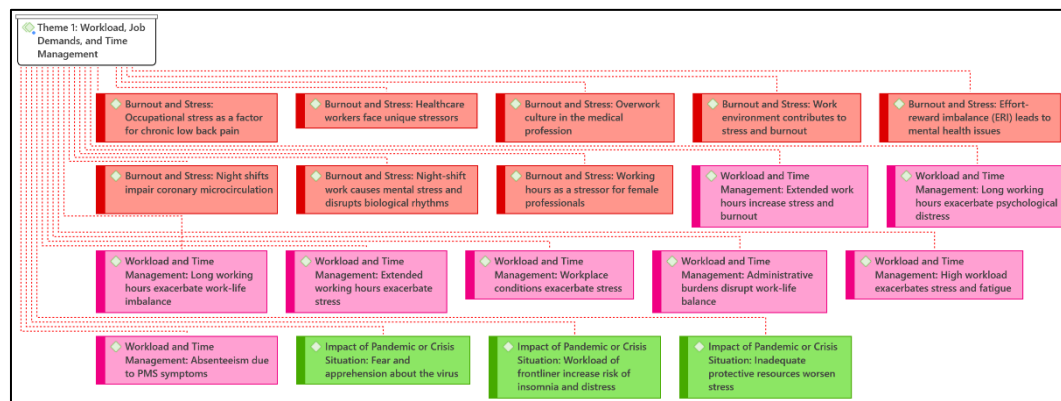


Fig. 2: Network view of Theme 1 -Workload, Job Demands and Time Management
(Created using Atlas.Ti version 23)

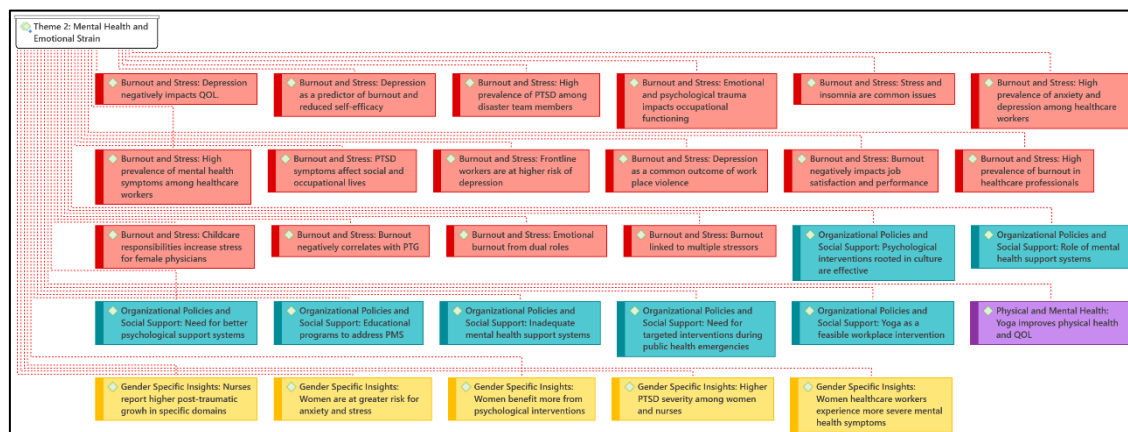


Fig. 3: Network view of Theme 2 - Mental Health and Emotional Strain
(Created using Atlas.Ti version 23)

4.3 Theme 3: Social, Cultural and Domestic Pressures

Social, cultural, and domestic pressures play a pivotal role in shaping the WLB and QOL among FHPs in Asia. Gender norms and patriarchal structures reinforce stereotypes, limiting parental leave and career advancement opportunities for women, especially in male-dominated cultures (Fukami, 2024; Masood & Nisar, 2020; Tlaiss, 2013). Cultural and religious influences amplify traditional roles, assigning women primary domestic responsibilities and reinforcing stigmas surrounding maternal workers, restricting professional growth (Dousin et al., 2022; Masood & Nisar, 2020; Tlaiss, 2013). Domestic expectations lead to dual burdens, where married women juggle professional demands with household chores, childcare, and caregiving responsibilities, leaving them physically and emotionally exhausted (Choi et al., 2015; Murashita et al., 2021; Shahbaz et al., 2021). Societal pressures impede self-care practices and hinder career aspirations, causing mental and physical strain (Praveenadevi et al., 2024). The COVID-19 pandemic further exposed vulnerabilities, as female professionals faced increased stress due to family safety concerns, home-schooling, and quarantine measures, while lacking adequate support systems (Lai et al., 2020; Shahbaz et al., 2021; Zhang et al., 2022). These compounded challenges affected resilience, well-being, and job satisfaction. Figure 4 visualizes the network image of Theme 3.

4.4 Theme 4: Career Progression and Gender Equity

Career progression and gender equity remain critical challenges influencing the WLB and QOL among FHPs in Asia. Structural and systemic barriers, including gender biases, glass ceilings, and election systems, hinder women's representation in leadership roles and decision-making positions (Murashita et al., 2021; Tomizawa, 2015). Women often face career interruptions due to motherhood, disproportionately bearing domestic responsibilities that affect job satisfaction and increase burnout (Fukami, 2024; Jang et al., 2020; Wang et al., 2022). Dual roles create work-life conflicts, forcing women to prioritize family over career, limiting leadership and academic participation (Dousin et al., 2022; Masood & Nisar, 2020; Tlaiss, 2013). While policies like gender quotas and inclusive memberships promote equity, slow progress highlights the need for reforms to address inequities (Tomizawa, 2015; Wang et al., 2022). Female doctors experience lower career satisfaction due to fewer advancement opportunities, higher burnout, and rigid cultures shaped by patriarchal norms (Jang et al., 2020; Murashita et al., 2021). Women's contributions are often undervalued in academic and leadership contexts, reinforcing the "leaky pipeline" phenomenon, where fewer women advance to senior positions (Fukami, 2024; Tomizawa,

2015). Efforts to improve career progression must prioritize gender equity, flexible work arrangements, and policies accommodating family responsibilities without penalizing career growth. Figure 5 visualizes the network view for Theme 4.



Fig. 4: Network view of Theme 3 - Social, Cultural and Domestic Pressures
(Created using Atlas.Ti version 23)

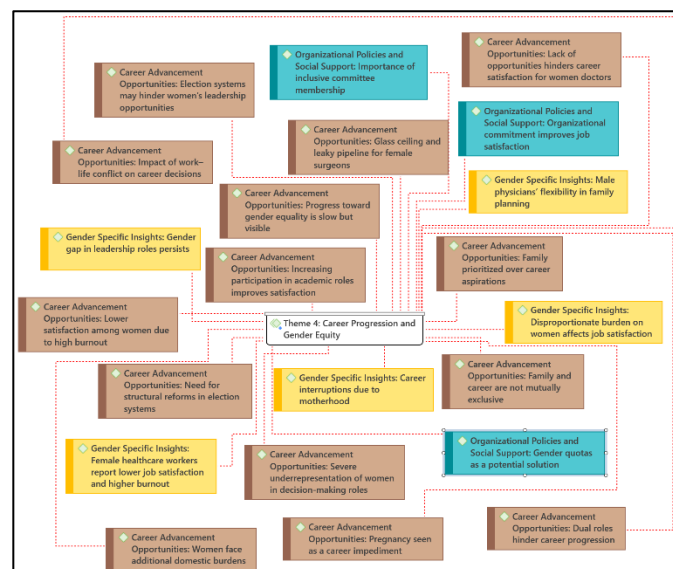


Fig. 5: Network view of Theme 4 – Career Progression and Gender Equity
(Created using Atlas.Ti version 23)

4.5 Theme 5: Physical Health and Reproductive Challenges

Physical health and reproductive challenges are critical factors influencing the WLB and QOL among FHPs in Asia. Disrupted sleep patterns, especially due to night shifts, have been associated with cardiovascular health risks, reduced coronary flow reserve (CFR), and aggravated physical and mental symptoms, underscoring the adverse effects of work-related fatigue and circadian rhythm disturbances (Jang et al., 2020; Kubo et al., 2011). Premenstrual syndrome (PMS) is highly prevalent among female healthcare workers, negatively impacting daily activities, productivity, and emotional well-being, contributing to stress and absenteeism (Saru Sree Mu et al., 2024). Chronic health conditions such as diabetes and chronic low back pain (CLBP) add additional burdens, as repetitive physical demands in the workplace can promote long-term musculoskeletal and metabolic issues, impairing professional performance and overall QOL (Choi et al., 2015; Kubo et al., 2011). Interventions targeting physical and reproductive health have shown promise in mitigating these challenges. Studies highlight that yoga and exercise programs significantly improve QOL and reduce chronic pain among female healthcare workers, making wellness initiatives an essential strategy for managing health-related stressors (Patil et al., 2018). Addressing these concerns requires implementing supportive workplace policies, including ergonomic adjustments, flexible scheduling,

and reproductive health programs to accommodate the specific needs of female professionals (Saru Sree Mu et al., 2024). Figure 6 visualizes the network view for Theme 5.

4.6 Theme 6: Resilience and Coping Mechanism

Resilience and coping mechanisms play a vital role in enhancing the WLB and QOL among FHPs in Asia. Coping strategies, such as yoga and physical exercise, have proven effective in reducing stress and anxiety, improving mental well-being, and addressing chronic health conditions like low back pain (Patil et al., 2018). Emotional management and self-care interventions are essential for improving QOL and promoting WLB, particularly for women facing barriers to diabetes self-care and reproductive health challenges such as PMS (Choi et al., 2015; Saru Sree Mu et al., 2024). Psychological interventions focused on fostering positive growth have shown success in building resilience and mitigating mental health issues, especially among female doctors and healthcare workers coping with trauma and stress (Cheng et al., 2023; Xu et al., 2016). Studies emphasize that resilience enables FHPs to maintain motivation and adapt to adversity despite life events and workplace pressures (Murashita et al., 2021). Positive psychological interventions enhance post-traumatic growth and strengthen emotional coping abilities, leading to greater personal and professional satisfaction (Xu et al., 2016). Figure 7 visualizes the network view for Theme 6.

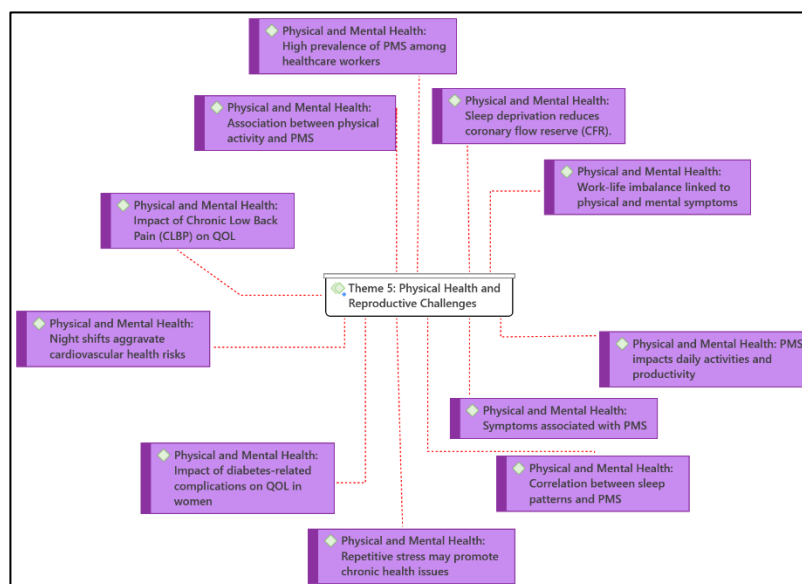


Fig. 6: Network view of Theme 5 – Physical Health and Reproductive Challenges
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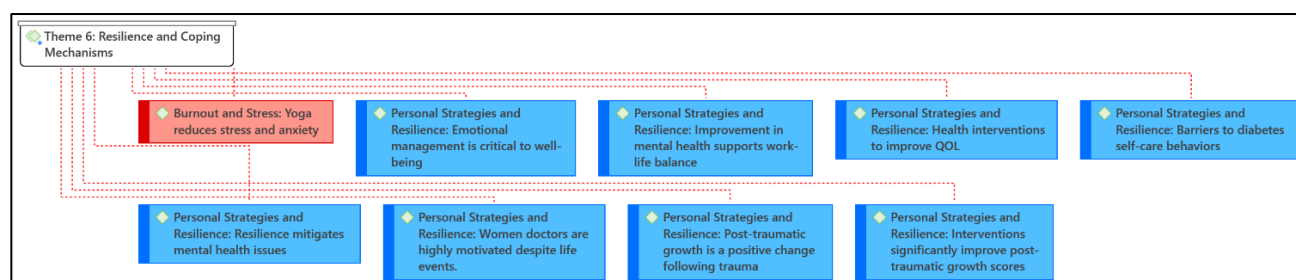


Fig. 7: Network view of Theme 6 – Resilience and Coping Mechanisms
(Created using Atlas.Ti version 23)

4.7 Theme 7: Organizational Policies and Workplace Support

Organizational policies and workplace support are crucial in shaping the WLB and QOL among FHPs in Asia. Inadequate maternity leave, gender-biased parental leave policies, and the lack of gender-neutral childcare support reinforce systemic inequities, limiting career progression and exacerbating work-life conflicts (Fukami, 2024; Masood & Nisar, 2020; Wang et al., 2022). Economic incentives and tailored policies for female professionals have shown potential in improving job satisfaction and reducing burnout, but gaps in national and institutional frameworks highlight the need for systemic reforms (Dousin et al., 2022; Sun et al., 2022). Staff shortages, lack of administrative support, and gender pay disparities amplify workplace stress, reinforcing gender stereotypes and workplace discrimination (Liu et al., 2020; Shahbaz et al., 2021). Poor reporting mechanisms and a culture of silence around workplace violence leave female healthcare workers vulnerable and unsupported during crises (Armagan et al., 2006; Sun et al., 2022). Blurred boundaries between work and home life, especially during the COVID-19 pandemic, have intensified workaholicism, affecting well-being and mental

health (Praveenadevi et al., 2024). The pandemic exposed resource shortages for women, along with misinformation and societal stigma, further complicating professional responsibilities (Shahbaz et al., 2021). Figure 8 visualizes the network view for Theme 7.

4.8 Theme 8: Educational and Structural Interventions

Educational and structural interventions are essential for improving WLB and QOL among FHPs in Asia. Workplace flexibility, ergonomic adjustments, and multidisciplinary approaches have proven effective in reducing burnout and promoting mental health resilience (Armagan et al., 2006; Cheng et al., 2023; Patil et al., 2018; Wang et al., 2022). Yoga and physical exercise demonstrate significant benefits in alleviating chronic low back pain and stress, particularly among nurses, emphasizing the need for feasible wellness programs (Patil et al., 2018). Educational support, coupled with family and community backing, is crucial in overcoming barriers and fostering resilience (Tlaiss, 2013). Gender-specific stressors, including physical strain, mental health challenges, and night-shift work, disproportionately impact women in healthcare, necessitating gender-sensitive policies and interventions (Kubo et al., 2011; Lai et al., 2020; Liu et al., 2021; Zhang et al., 2022). Structural reforms should address stigma surrounding menstruation and reproductive health, which can negatively affect productivity and well-being (Saru Sree Mu et al., 2024). Figure 9 visualizes the network view for Theme 8.

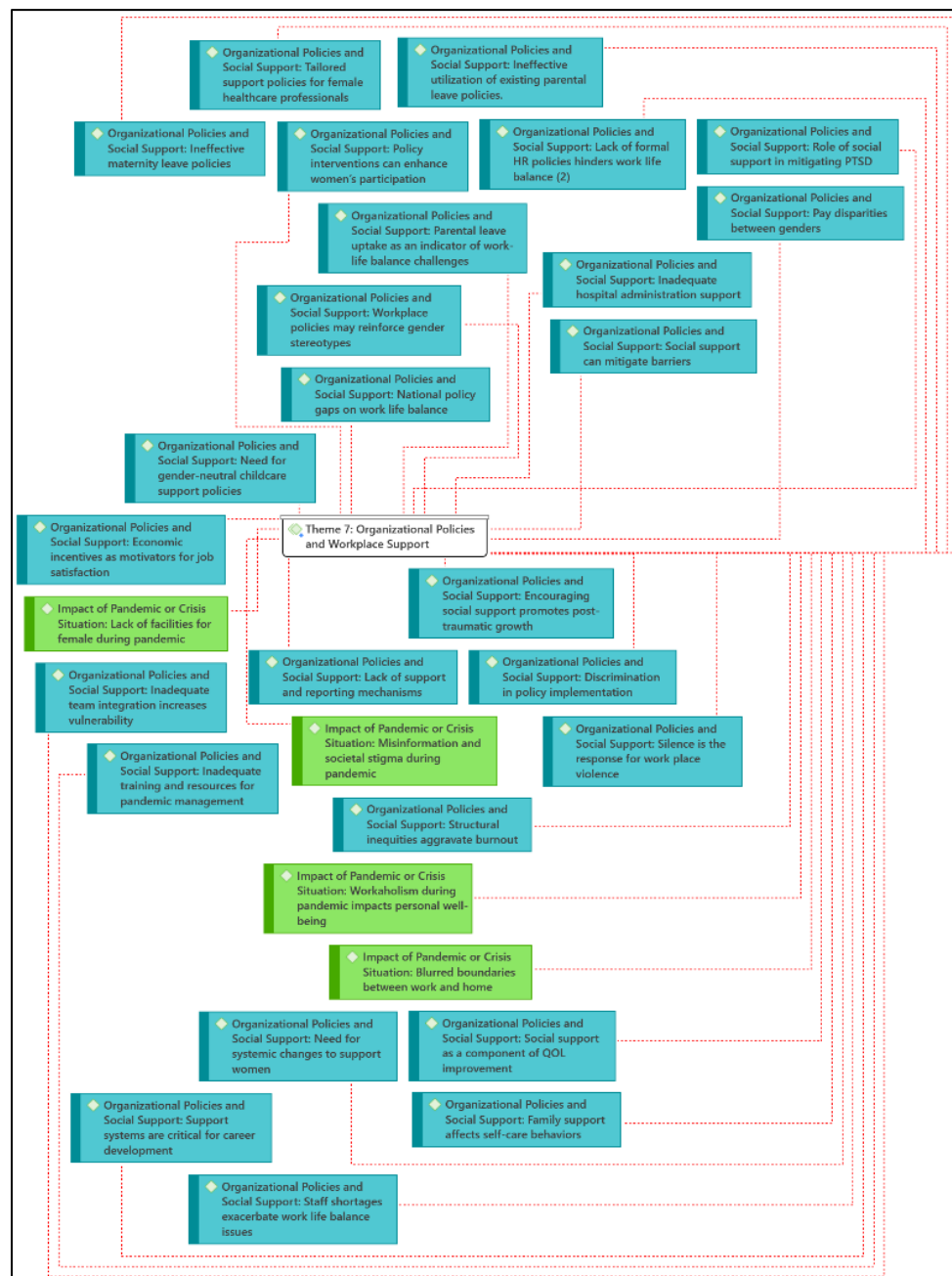


Fig. 8: Network view of Theme 7 – Organizational Policies and Workplace Support
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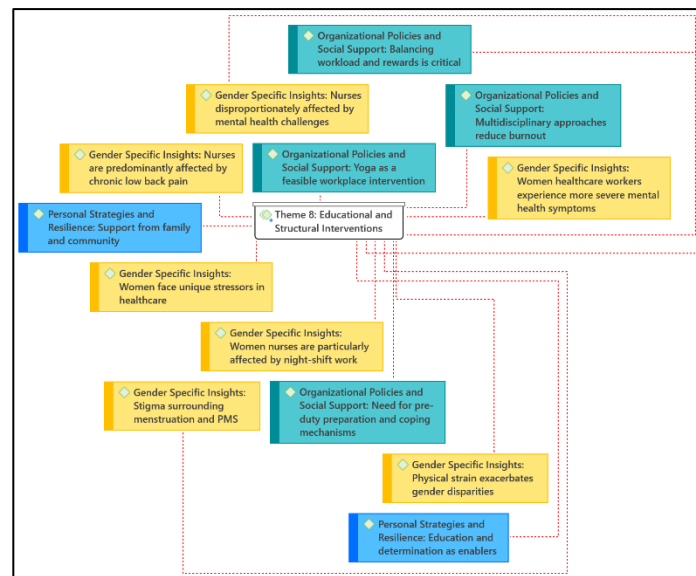


Fig. 9: Network view of Theme 8 – Educational and Structural Interventions
Created using Atlas.Ti version 23)

5.0 Discussion

This thematic review highlights the multifaceted factors influencing the WLB and QOL among FHPs in Asia, as identified through eight primary themes: 1) workload, job demands, and time management; 2) mental health and emotional strain; 3) social, cultural, and domestic pressures; 4) career progression and gender equity; 5) physical health and reproductive challenges; 6) resilience and coping mechanisms; 7) organizational policies and workplace support; and 8) educational and structural interventions. The 21 studies reviewed, spanning diverse countries such as India, Japan, China, Pakistan, South Korea, Malaysia, and Lebanon, provided insights into the shared and unique challenges faced by women in these regions. Factors such as excessive workloads, mental health strain, gender inequities, and cultural expectations exacerbate burnout and hinder career progression (Jang et al., 2020; Masood & Nisar, 2020; Wang et al., 2022). Physical health issues, including reproductive challenges and chronic pain, compound these difficulties, necessitating wellness programs and ergonomic support (Kubo et al., 2011; Patil et al., 2018). Effective coping mechanisms, such as resilience training, psychological interventions, and yoga, have shown promise in alleviating stress and improving well-being (Cheng et al., 2023; Xu et al., 2016). Addressing these barriers requires comprehensive reforms, including flexible schedules, gender-sensitive workplace policies, enhanced childcare support, and structural improvements in human resources (Dousin et al., 2022; Fukami, 2024). Tailored interventions can empower women to manage competing demands, ensuring sustainable careers, reducing burnout, and enhancing job satisfaction (Saru Sree Mu et al., 2024; Tlaiss, 2013). Prioritizing equitable workplace practices, resilience strategies, and educational reforms is essential for safeguarding well-being and productivity while promoting WLB and career sustainability.

6.0 Conclusion & Recommendations

FHPs in Asia face significant challenges in balancing work and personal responsibilities due to cultural expectations, societal norms, and inadequate organizational support. They often manage dual roles at work and home, leading to stress, burnout, and limited career advancement. Despite the effectiveness of strategies like resilience training, wellness programs, and gender-sensitive policies, more targeted efforts are needed to address these issues. To better support FHPs, healthcare systems should adopt flexible schedules, enhance maternity and childcare policies, strengthen mental health resources, and create leadership opportunities for women. Future research should focus on culturally tailored interventions and policy reforms to ensure sustainable careers and improved QOL for FHPs in Asia.

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Paper Contribution to Related Field of Study

This study emphasizes the challenges faced by female healthcare professionals (FHPs) in balancing work and household responsibilities. It highlights the need for future research to develop sustainable strategies and policies that support work-life balance, promote gender equity, and ensure the well-being and career sustainability of FHPs.

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