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The Interplay of Workload and Health among Women in Higher Education: A Systematic Review

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Abstract: This study presents a systematic review of existing literature on workload pressure and its impact on the health status of working women in higher education institutions. As female participation in academia increases, women are frequently subjected to overlapping professional and domestic responsibilities, leading to significant physical and psychological stress. The review analyzed peerreviewed articles, theses, and institutional reports published and indexed in google scholar. This study skimmed 122 published research documents to reach point of saturation. Findings indicate that excessive teaching loads, research demands, administrative duties, and gendered workplace dynamics contribute to heightened levels of stress, burnout, fatigue, and various mental health challenges. Institutional shortcomings such as limited support systems, rigid work environments, and inadequate health policies further exacerbate these issues. The review underscores the urgent need for gender-sensitive workplace reforms, mental health support mechanisms, and policies promoting work-life balance. It also identifies critical research gaps and provides recommendations for future empirical studies and policy interventions to safeguard the health and well-being of women in academia.

Keywords: Workload Pressure, Working Women, Higher Education, Occupational Health, Gender, Systematic Review

Introduction

It has been observed that workload pressure among working women has been found very important in higher education in developed countries generally and in developing countries particularly (Shoaib, Khan, & Abid, 2011; Soomro, Shaikh, Saheer, & Bijarani, 2016). It has also been found a major concern of academicians and administrative staff in general and working women in particular (Coate & Howson, 2016; Shoaib, Khan, & Ashraf, 2011). As women academicians have been the victim of workload in co-educational higher education institutions and women universities as well (Shoaib, Khan, & Khan, 2011; Tower, Lazzari, Faul, & Alvarez, 2015; Zeab & Ali, 2015). It is noted that women academicians are allocated more workload in comparison to their men colleagues (Parvez, Rehman, Javed, & Raza, 2015; Raziq & Maulabakhsh, 2015; Shoaib, Khan, & Shaukat, 2012). Similar issues face in women's universities against their senior women colleagues (Asad & Najam, 2015; Graham, 2015; Shoaib, Munir, Masood, Ali, & Sher, 2012). Women academicians are allocated additional work of clerical nature along with the workload that further increases their pressure (Hossain & Rokis, 2014; Melin, Astvik, & Bernhard-Oettel, 2014; Shoaib, Saeed, & Cheema, 2012). They also have to meet the academic loads and look after their family, i.e. children and husbands (Erdamar & Demirel, 2014; Shoaib & Shah, 2012; Umer & Zia-ur-Rehman, 2013). However, most of their time is spent on meeting their academic goals (Anwar, Shoaib, & Javed, 2013; Dobele, Rundle-Thiele, & Kopanidis, 2014). Very little time is spent on their health

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Visiting Faculty, Department of Sociology, Mirpur University of Science and Technology, Mirpur, AJ&K, Pakistan. concerns diet in universities due to heavy workloads (Qureshi et al., 2013; Shoaib, Shaukat, Khan, & Saeed, 2013; Tamim, 2013). Likewise, they have to take assignments home and when children sleep women academicians complete their tasks (Kumar, Ahmed, Shaikh, Hafeez, & Hafeez, 2013; Shoaib & Ullah, 2019). In university, women completing the teaching loads are engaged with the students and they do not find enough time to focus on their diet (Rehman & Azam Roomi, 2012; Shoaib & Abdullah, 2020). Similarly, they are not allowed to participate in the events but rather made auxiliaries to assist their colleagues (Abdullah & Shoaib, 2021; Fatima & Sahibzada, 2012). In this way, their workload is always under pressure (Almani, Abro, & Mugheri, 2012; Shoaib, Abdullah, & Ali, 2020). This workload affects their physical and psychological health as well (Ahmad, Shoaib, & Abdullah, 2021; Noor & Zainuddin, 2011). Thus, women academicians and women administrative engaged in heavy workloads cannot focus on their academic profile, they are unable to conduct and publish research (Ahmad, Ahmad, Shoaib, & Shaukat, 2021; Ayub & Rafif, 2011; Malik, Saif, Gomez, Khan, & Hussain, 2010). Similarly, they are not able to compete with other colleagues in getting promotions (J. Ahmad, Shoaib, & Shaukat, 2021; I. Hussain, 2009; Nadeem & Abbas, 2009).

Physical health is a condition of the body taking into consideration everything from the absence of disease to fitness level (Halvorson, 2002; Naseer, Shoaib, Ali, & Ahmad, 2021). Physical health is critical for overall well-being. It is affected by lifestyle, diet, physical activity, and behaviour (Ahmad et al., 2004). In any working environment, physical health is important to decide working conditions (Hag, Igbal, & Rahman, 2008). In higher education in developing counties, there are many issues that female academicians face in their day-to-day daily routines (Shaikh, Haran, & Hatcher, 2008). Starting from workload, additional assignments, and many other discriminations they face at the workplace (Hussain, Ashai, & Hussain, 2012). Besides, women academicians suffer from health issues (Thresia & Mohindra, 2011). They are supposed to avail of the leaves as designated in the calendar to take liberty and better care of their health (Kumar et al., 2013). Similarly, women academicians have to face other related health issues for which they have to avail the maternity leave (Mumtaz & Levay, 2013). However, in many cases, they are discriminated against in the provision of study leave deserving and completing all the prerequisites to avail of the leave (Melin et al., 2014; Naseer, Shoaib, Ali, & Bilal, 2021). The major concern of physical health is any problem related to their health that they face is also ensured by the institutions as working women (Rizvi, Khan, & Shaikh, 2014; Shoaib, 2021). However, women academicians and administrative are ignored due to the patriarchal structure of higher education in many developing countries (Asad & Najam, 2015; Ashraf et al., 2022). The physical health of women academicians badly affects their academic performance (Roberts et al., 2023; Yang & Choo, 2019).

The Data and Methods

Study Design: This research employed a qualitative study design using a systematic review approach to explore and synthesize existing knowledge on the relationship between workload pressure and the health status of working women in higher education. The qualitative orientation allowed for an in-depth understanding of how health and workload issues are experienced, framed, and addressed within academic literature.

Population and Sampling: The population for this systematic review comprised published research studies focusing on workload pressure and health status among working women, specifically in the higher education sector. Sources included peer-reviewed journal articles, theses, conference proceedings, and institutional reports published and available on google scholar. Both international and national databases were also accessed, including Scopus, Web of Science, JSTOR, PubMed, and the Higher Education Commission (HEC) Pakistan digital library. Studies were selected through purposive sampling based on their relevance to the research objectives and inclusion criteria.

Inclusion and Exclusion Criteria: Studies focusing on women employed in higher education institutions, research discussing workload, occupational stress, or health outcomes (physical, mental, social, spiritual, or behavioural), qualitative, quantitative, or mixed-method studies with clear methodological frameworks, published research documents in English and available on google scholar. However, exclusion criteria: studies not specific to higher education or not gender-disaggregated, studies focusing solely on students or male faculty, opinion pieces, editorials, and non-peer-reviewed publications

Data Collection and Extraction: Relevant studies were identified using a combination of keywords such as "workload pressure," "occupational stress," "health of working women," and "higher education,". After removing duplicates and screening abstracts and full texts, eligible studies were reviewed in detail. A data extraction sheet was developed to capture core information, including authorship, year of publication, study design, participant profile, main findings, and reported health outcomes. This study skimmed 122 published research documents to reach point of saturation.

Data Analysis: The data were analyzed using thematic analysis, which involved coding the content of the included studies to identify recurring patterns and themes. An inductive approach was adopted, allowing themes to emerge organically from the data. The coding process involved familiarization with the data, generating initial codes, searching for themes, reviewing themes, and defining and naming them. This process resulted in the identification of seven major themes that represent the multifaceted health challenges and workload pressures faced by working women in higher education:

Physical Health Issues: Including fatigue, musculoskeletal pain, and chronic illnesses related to long working hours and physical strain.

Psychological Health Issues: Such as anxiety, depression, burnout, and emotional exhaustion due to occupational stress.

Social Well-being Issues: Highlighting challenges in maintaining family relationships, social networks, and community engagement.

Spiritual Health Issues: Reflecting the disruption in personal time and spiritual practices, which affects overall wellbeing.

Nutritional Diet Issues: Involving irregular eating patterns, poor diet quality, and neglect of dietary needs due to work-life imbalance.

Health Risk Behaviour: Including reduced physical activity, poor sleep hygiene, and increased reliance on stimulants or medications.

Workload Pressures: Capturing the core stressors such as excessive teaching loads, administrative responsibilities, publication pressure, and lack of institutional support.

Ethical Considerations: As a systematic review of secondary sources, this study did not involve human subjects directly and thus did not require formal ethical approval. However, ethical research practices were followed, including accurate citation of all sources, avoiding plagiarism, and maintaining academic integrity throughout the review process.

Results and Discussion

This section provides the results of skimmed review on the subject. The thematic analysis has been made as followings.

Theme 1: Physical Health Issues

Physical health is a condition of the body taking into consideration everything from the absence of disease to fitness level (Asad & Najam, 2015). Physical health is critical for overall well-being (Ashraf et al., 2022). It is affected by lifestyle, diet, physical activity, and behaviour (Esteban-Gonzalo, Aparicio, & Estaban-Gonzalo, 2018). In any working environment, physical health is important in deciding working conditions (Halvorson, 2002; Shoaib & Abdullah, 2021). In higher education in developing counties, there are many issues that female academicians face in their day-to-day

daily routines (Fatima & Sahibzada, 2012; Shoaib, Abdullah, & Ali, 2021). Starting from workload, additional assignments, and many other discriminations they face at the workplace (Erdamar & Demirel, 2014). Besides, women academicians suffer from health issues (Dobele et al., 2014; Shoaib, Ahmad, Ali, & Abdullah, 2021). They are supposed to avail of the leaves as designated in the calendar to take liberty and better care of their health (Ahmad et al., 2004; Shoaib, Ali, Anwar, Rasool, et al., 2021). Similarly, women academicians have to face other related health issues for which they have to avail the maternity leave (Haq et al., 2008; Shoaib, Ali, Anwar, & Shaukat, 2021). However, in many cases, they are discriminated against in the provision of study leave deserving and completing all the prerequisites to avail of the leave (Hussain et al., 2012; Shoaib & Zaman, 2025). The major concern of physical health is any problem related to their health that they face is also ensured by the institutions as working women (Kumar et al., 2013; Shoaib, Ali, & Naseer, 2021). However, women academicians are ignored due to the patriarchal structure of higher education in many developing countries (Melin et al., 2014). The physical health of women academicians badly affects their academic performance (Mumtaz & Levay, 2013).

Theme 2: Psychological Health Issues

Research shows that women academicians working in a coeducational higher education setting face numerous issues including psychological health problems (Rizvi et al., 2014; Roberts et al., 2023). These studies also revealed that women academicians are assigned workloads more than the allocated criteria. In this way, their maximum time is spent on teaching credit hours (Shaikh et al., 2008). They are also assigned clerical work by the men's colleagues and heads (Shoaib, Zaman, & Abbas, 2024; Thresia & Mohindra, 2011). This situation normally prevails in most developing countries (Shoaib, Ali, & Akbar, 2021; Yang & Choo, 2019). However, the situation in women's universities is not different from the coeducational institutions (Dilshad, Hussain, & Batool, 2019; Shoaib, Fatima, & Jamil, 2021). It has two major aspects as men and women both supervise the women academicians in many of the women's universities. Similar happens in Pakistan (Fatima & Sahibzada, 2012; Shoaib, Iqbal, & Tahira, 2021). It is noted that men are also working in most women's universities, possessing higher positions and exercising the power, women are not given the authority as men do (Griffith & Altinay, 2020; Shoaib, Shehzadi, & Abbas, 2024b). On the other hand, women academicians in women universities also occupy and supervise the women academicians (Hossain & Rokis, 2014; Shoaib, Rasool, & Anwar, 2021). Research shows that women academicians are discriminated against even by senior women academicians in higher education (Malik, Nawab, Naeem, & Danish, 2010; Shoaib & Ullah, 2021b). They are alienated in many ways. As they are not given the authority to work like men or women colleagues. Similarly, they are not provided equal opportunities to do research (Malik, Björkqvist, & Österman, 2017; Shoaib & Ullah, 2021a). By the same token, they are not given space to improve their education/qualification (Rab, 2010). Besides, they are not engaged in departmental and university committees like other colleagues. All of these factors are responsible for their psychological health issues (Ahmed & Ramzan, 2013; Ullah & Shoaib, 2021). It is noted that women academicians have equal rights to get involved in academic and non-academic chores in university (Qureshi et al., 2013; Shoaib, Shehzadi, & Abbas, 2024a). However, due to either male hegemony or female discrimination, they are deprived of their inalienable rights and hence suffer from psychological issues of anxiety, stress, and tension (Malik et al., 2017; Naseer, Shoaib, & Naseer, 2022). These factors damage their health in many ways. Their educational performance is also affected. It is concluded that the performance of women academicians is affected by the psychological issues they experience during their work.

Theme 3: Social Well-being Issues

Social well-being is defined as sharing, developing, and sustaining meaningful relationships with others (Khan, Aqeel, & Riaz, 2014). Research shows that social well-being provides a sense of connectedness among colleagues working in the same institutions (Kersh, 2018; Shoaib, Ali, Anwar, & Abdullah, 2022). These studies also stated social well-being is part and parcel of women academicians in higher education (Jaaskelainen, López-Iniguez, & Phillips, 2020; Shoaib, Mehmood, & Butt, 2022). The sharing and connectedness are great blessings to keep the women academicians in close collaboration to sway the imprints of discrimination (Hashmi, Khurshid, & Hassan, 2007; Shoaib, Mustafa, & Hussain, 2022). In the case of strong associations and collaborations among the women academician, their well-being is maintained (Shoaib, Ali, & Abbas, 2024). However, women academicians when discriminated against either by men's supervisors or colleagues or by women heads or colleagues suffer from social well-being in many ways (Haq et al.,

2008; Shoaib, Tariq, Shahzadi, & Ali, 2022). Their social well-being is badly affected by discrimination in higher education (Arif, Naveed, & Aslam, 2017; Shoaib, Usmani, & Ali, 2022). They are not given the opportunities to participate smoothly and perform in the academic setting. The discriminations manifolds, they are given less space in teaching (Abdullah, Usmani, & Shoaib, 2023b; Ahmed & Ramzan, 2013). They might be restricted to their chores and not allowed to contribute to conferences and seminars or do their independent research (Khan et al., 2014). They are also disseminated in the teaching load. Such issues are a chore to academic well-being and in case of such discrimination, their social well-being is badly affected (Abdullah, Usmani, & Shoaib, 2023a; Arif et al., 2017; Hashmi et al., 2007). Consequently, they become isolated and less likely to perform in academia.

Theme 4: Spiritual Health Issues

Spiritual health issues have a significant role in the lives of women in general and women academicians in particular in developing countries (Hag et al., 2008; Yang & Choo, 2019). Research shows that the socio-cultural environment of women is important to know about the spiritual make of women academicians in many ways (Hussain et al., 2012; Kausar, Mumta, & Shoaib, 2023). Research also shows that spiritual well-being is also concerned with the religious environment of the society (Kumar et al., 2013). It is hypothesized that the higher the religious society higher will be the stimulus of spirituality among the followers (Melin et al., 2014; Shoaib, 2023a). In many developing countries, spirituality is followed as well being of the people (Mumtaz & Levay, 2013). This concept is equally popular among educated people in the public and private spheres including higher education (Rizvi et al., 2014). In higher education, the majority of women accept this concept for their well-being (Roberts et al., 2023; Shoaib, 2023b). It is being followed to resolve the issues by visiting the people who do have some sort of religious knowledge. Research shows that women academicians follow spiritual knowledge to resolve health issues (Shaikh et al., 2008). It is mainly adopted to avoid allopathic and homeopathic medicines and relies on spiritual healing without any use of medicines (Asad & Najam, 2015; Shoaib, 2023c). Similarly, women academicians also believe in the spiritual healing of health issues in different regions of the world (Shoaib, Mustafa, & Hussain, 2023; Smith, 2017; Soomro et al., 2016; Thresia & Mohindra, 2011). In Asia, traditional knowledge is used to cure health issues, and they are more likely associated with religious teaching and practices (Morley & Crossouard, 2015). Similar concepts have been practiced in other Asian countries including Pakistan and India (Ahmad et al., 2004; Thresia & Mohindra, 2011).

Theme 5: Nutritional Diet Issues

A nutritional diet is an important indicator of good health (Doron & Broom, 2010). As poor nutrition contributes to stress, and tiredness, and reduces the working capacity of individuals (Languille, 2017). A nutritional diet is an issue for every person across the globe (Shannon, Im, Katzelnick, & Franco, 2013). The public health concern over the nutritional diet is specific (Assarsson, Petersen, Högberg, Strandh, & Johansson, 2018). However, it is significant fact that most of the population of the world is malnutrition (Chand & Tung, 2014; Ezeh, Bongaarts, & Mberu, 2012; Shoaib, Naseer, & Naseer, 2023). Research shows that a greater ratio of women is suffering from malnutrition the world over (Yang & Choo, 2019). Similarly, in every public sphere working women are also suffering from malnutrition (Thresia & Mohindra, 2011). Malnutrition has dire consequences on the physical health of women academicians (Shaikh et al., 2008; Shoaib, Shehzadi, & Abbas, 2023). Primarily, they have to teach the students and take up the academic chores (Roberts et al., 2023). In the case of malnutrition, women academicians having double responsibilities of academia and family suffer the most (Rizvi et al., 2014). As their academic performance affects badly when they are at the margins of dietary routines (Mumtaz & Levay, 2013). Similarly, when they are suffering from malnutrition, it is difficult to take up both responsibilities of academia and family at the same time (Melin et al., 2014; Shoaib, Usmani, & Abdullah, 2023). Moreover, their children suffer the most because they are supposed to have a good intake of malnutrition (Kumar et al., 2013). Due to malnutrition, women academicians are at health risk behaviour (Ali, Zaman, & Shoaib, 2024; Hussain et al., 2012). They are supposed to have a good diet lest they are at risk of any disease and other similar issues that are primarily inconsistent with the health of women academicians.

Theme 6: Health Risk Behaviour

Health risk behaviours involve different forms of behaviour that increase the risk of injury, disease, or other severe disorders (Zeab & Ali, 2015). Health risk behaviours are related to human being working in public and private spheres

(Zahid, Hooley, & Neary, 2020). Working in a challenging environment increases the health risk behaviours among workers (Yang & Choo, 2019). Similar issues of health risk behaviours have been found in higher education (Umer & Zia-ur-Rehman, 2013). Women academicians have been susceptible to health risk behaviours due to different academic and family pressures (Tara & Ahsan, 2020). In academia, research shows that women academicians in developing countries work in a challenging environment under the supervision of men or women senior colleagues (Tamim, 2013). In such a situation, they are supposed to carry out unnecessary work that has not been in their job description (Shoaib, 2024a; Soomro et al., 2016). In case, women academicians suffer from different health risk behaviours that affect their academic performance (Rehman & Azam Roomi, 2012). It not only affects their academic performance but also affects their familial responsibilities at the same time (Raziq & Maulabakhsh, 2015).

Theme 7: Workload Pressures

Workload pressures are very important in higher education in developing countries (Qidwai, Waheed, Ayub, & Azam, 2008; Qureshi et al., 2013). Research shows that workload has been a concern of academicians in general and women academicians in particular (Parvez et al., 2015). Research also revealed that women academicians have been the victim of workload in coeducational higher education institutions and women's universities as well (Papanek, 1973). It is noted that women academicians are allocated more workload in comparison to their men colleagues (Noor & Zainuddin, 2011). Similar issues face in women's universities against their senior women colleagues (Nadeem & Abbas, 2009; Shoaib, 2024b). Women academicians are allocated additional work of clerical nature along with the workload that further increases their pressure (Miller, 1984). They also have to meet the academic loads and look after their family, i.e. children and husbands (Melin et al., 2014). However, most of their time is spent on meeting their academic goals (Malik et al., 2010). Very little time is spent on their health concerns of diet in universities due to heavy workloads (Loureiro, 2019; Shoaib, 2024c). Likewise, they have to take assignments home and when children sleep women academicians complete their tasks (Kumar et al., 2013). In university, women completing the teaching loads are engaged with the students and they do not find enough time to focus on their diet (Khurshid, Parveen, & Yousuf, 2014). Similarly, they are not allowed to participate in the events but rather made auxiliaries to assist their colleagues (Kersh, 2018). In this way, their workload is always under pressure (Kasbuntoro, Maemunah, Mahfud, Fahlevi, & Parashakti, 2020; Shoaib, 2024d). This workload affects their physical and psychological health as well (Jaaskelainen et al., 2020). Thus, women academicians engaged in heavy workloads cannot focus on their academic profile, and they are unable to conduct and publish research (Hossain & Rokis, 2014; Shoaib, Abdullah, Naqvi, & Ditta, 2024). Similarly, they are not able to compete with other colleagues in getting promotions. Hence, the following conceptual frameworks have been outlined for this study.

Conclusion

This systematic review highlights the profound and multifaceted impact of workload pressure on the health status of working women in higher education institutions. The findings reveal that women in academia are burdened not only by professional responsibilities such as excessive teaching loads, administrative duties, and research expectations but also by social and cultural expectations tied to their gender roles. These combined pressures manifest in a range of health challenges, including physical ailments, psychological distress, compromised social well-being, disrupted spiritual practices, poor dietary habits, and increased health risk behaviours. The review underscores that these issues are not isolated incidents but are deeply rooted in institutional and societal structures that lack gender sensitivity and supportive policies. Limited access to mental health resources, absence of work-life balance initiatives, and lack of recognition for women's dual roles exacerbate the problem. Despite their critical contributions to academia, many women face systemic barriers that undermine their health and professional growth. In conclusion, improving the health and well-being of women in higher education is not only a matter of individual welfare but also a critical step toward fostering inclusive, equitable, and sustainable academic institutions.

Policy Implications

The findings of this systematic review carry significant policy implications for higher education institutions, government agencies, and stakeholders concerned with gender equity and employee well-being in academic sector.

• Higher education institutions must implement transparent and equitable workload distribution frameworks.

- Policies should promote work-life balance by introducing options such as remote work, flexible hours, part-time arrangements, and sabbatical leaves.
- Dedicated counselling centres, mental health awareness campaigns, and access to professional psychological support should be institutionalized within campuses.
- Institutions should offer health promotion activities, including regular health screenings, fitness programs, stress management workshops, and awareness sessions on nutrition.
- Policies must ensure female representation in decision-making bodies, especially in committees that determine workload, promotions, and welfare benefits.
- The higher education and relevant government ministries should develop and enforce gender-sensitive employment standards, health policies, and anti-discrimination laws across public and private universities.
- There is a critical need for ongoing research and data collection on gendered experiences in academia.
- By adopting these policy measures, higher education institutions may move towards a more inclusive and supportive academic environment one that values the well-being and professional contributions of women, addressing the structural inequalities that compromise their health, and career progression.

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