

# Wellness Policy for Faculty Members: A Framework to Promote Health, Balance, and Professional Fulfilment in Academia

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## ABSTRACT

The well-being of the faculty is becoming a primary factor for the institution's excellence and students' success. The faculty members must deal with more academic and emotional demands that put their health, job contentment, and output in jeopardy. Although the wellness of students has largely been taken into account, there are still very few institutions that have introduced comprehensive wellness policies for the faculty. This paper presents a detailed Wellness Policy Framework for Faculty Members, comprised of worldwide evidence, national guidelines, and best practices of the institution. The case studies from global universities show the effectiveness of wellness programs like stress management workshops, flexible working hours, faculty development retreats, and mental health counselling. The paper emphasizes that the well-being of the faculty is the foundation for the sustainable academic culture and institutional success.

**KEYWORDS:** Academic stress, Faculty wellness, Higher education, Institutional policy, India, Mental well-being, Occupational health.

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## INTRODUCTION

The word "doctor" comes from the Latin verb "docere," which signifies "to teach" or "to instruct." Initially, the word was used to describe a highly respected scholar or a teacher. Eventually, the current term mainly applies to medical doctors, and anyone who has a doctorate (the highest academic degree) represents the knowledge imparted to patients, students, and trainee doctors. A lot of aspiring medical doctors take admission in medical schools because of their passion for teaching and learning in a friendly academic environment. However, the faculty faces increasing pressure from the changing requirements, like being involved in patient care, research, and administration needed for accreditation and getting recognized, causing them to worry about the quality of improvements being measured mainly by the data rather than by how good they are. The introduction of a Competency-Based Curriculum (CBC) in the year 2019 revolutionized the process of medical education by emphasizing early clinical exposure and a complete educational method. The changes took place at the same time as the transition to online instruction due to COVID-19 pandemic, which put more pressure on faculty members. Thus, the faculty suffer from emotional burnout, difficulties in managing time, and lower job satisfaction that are made worse by the financial problems that academic institutions face, even though tuition fees are increasing. Medical teachers take on many functions, which makes it harder to manage time alongwith inadequate pay. Resolving these matters might need better training,

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faculty development programs, and more research on the changing medical education scenario.<sup>1</sup>

The experiences of university professors can be both joyful and taxing, thus, they absolutely impact the faculty's quality of life. Faculty members encounter various issues related to research and management, which add up to the stress level and eventually lead to burnout syndrome characterized by emotional depletion and negative attitudes. Although the connection between burnout and quality of life is still open for discussion, quality of life is an essential factor in the studies of occupational health. There has been little research on the quality of life of university faculty, with conflicting evidence on gender differences derived from teaching studies. Most of the current research is focused on healthcare workers, which needs further investigation of correlation between burnout and quality of life in academic fields which are not related to health.<sup>1-8</sup>

The research has methodological gaps, being a cross-sectional study with a convenience sample taken from one higher education institution, thus limiting the extent to which the results can be applied. Nevertheless, the use of valid and reliable instruments to assess the quality of life and burnout among faculty members, with confirmatory factor analysis for a theoretical model relating burnout to quality of life (significantly affecting the management) has been a hidden benefit of the limitations. Awareness of this link can lead to the adoption of health promotion approaches that will be more effective. Future studies should involve longitudinal research and probabilistic sampling among diverse institutions, introducing various quality-of-life affecting factors, and implementing qualitative studies for exploring faculty distress and its more extensive repercussions for health and education quality.<sup>8-11</sup>

At the close of the 20th century, there was overwhelming agreement among the medical educators that the process of education had to undergo a paradigm shift along the lines of the proposed skills of the students to be taught during the whole process, from being able to learn forever instead of being just able to memorize the facts. To ensure that students can do this, medical schools were assigned the duty of providing students with all the knowledge and skills necessary to develop such a mindset. The turning point in view was brought about by the explosive expansion and more information available in the medical domain.<sup>12</sup>

The aforementioned points do not mean that the questions concerning the role of mindfulness practices in medical education have been decided; neither do they suggest that mindfulness is a magical fix for all problems related to education and mental health in this field. They, however, point to the fact that the unprecedented opportunity present today can be utilized to gather momentum for, disseminate and study mindfulness-based programs in medical schools across the globe as a means of dealing with the two-sided shortcomings of the medical profession and the health and educational systems that are its roots, which are usually perceived as being too lengthy and too intricate.<sup>12</sup>

Faculty members are the intellectual foundation of any educational institution. They shape student learning, mentor future professionals, and generate research innovation. Yet, increasing teaching loads, accreditation pressures, and administrative demands have led to burnout and declining morale.

For example, in Indian medical colleges, faculties often balance heavy teaching duties with patient care, examination work, and continuous assessment under the CBME curriculum. Similarly, faculty in engineering and management institutes report sleep disturbances, emotional exhaustion, and reduced motivation due to multitasking and inadequate institutional support.

Hence, a comprehensive wellness policy tailored to faculty needs is essential for promoting holistic health and organizational well-being.

## **OBJECTIVES OF THE FACULTY WELLNESS POLICY**

The proposed policy seeks to:

1. Support with the well-being of the faculty in all aspects of their life: physical, mental, and social.
2. Establish an institutional culture that is supportive and inclusive.
3. Obviate the factors causing burnout and deterioration of mental health.
4. Come up with strategic planning for the institution through the adoption of wellness.
5. Increase the motivation, retention, and productivity of the faculty.

## **FACULTY IN INDIAN HIGHER EDUCATION INSTITUTIONS**

Faculty in Indian higher education institutions, especially in professional fields, face substantial challenges such as a heavy workload, lack of work-life balance, administrative overload, and inadequate institutional support, which together lead to high levels of stress, emotional fatigue, and professional dissatisfaction.

## **CHALLENGES AND IMPACTS**

1. **Excessive Workload and Multitasking:** Faculty members are usually overloaded with the roles that they are expected to play. For example, they have to juggle teaching, conducting patient care (if they are in medical faculties), research, mentoring, and doing a lot of administration. The hefty workloads are the main reason for the stress, and long hours at work, less time for oneself, and poor time management are the common consequences.
2. **Physical and Psychological Health Issues:** Issues of health, both physical and mental, originate from chronic stress, forcing them to confer an etiology upon a variety of illnesses. Faculty members report sleep problems, emotional burnout, lack of motivation, headaches and physical strain. Studies of medical colleges show that a significant proportion of doctors are under job-related stress and burnout, with up to 70% experiencing stress at moderate or high levels.
3. **Inadequate Institutional Support:** This problem mainly comes from the absence of strong support systems. The organizational issues include a lack of qualified personnel, unclear distribution of tasks, no work-life balance policies in place, and limited access to mental health support services. Besides, the unavailability of sufficiently clear career paths and lack of autonomy also serve as sources of irritation.
4. **Curriculum and Assessment Demands:** The upgrading of medical education through the incorporation of new educational frameworks, such as the Competency-Based Medical Education (CBME) curriculum entails site-wide training and adaptation of the faculty. Passing continuous

assessment and outcome-based learning increases the burden on the already overworked teachers, many of whom are not fast and efficient in adjusting to the new demands.

5. Other Stressors: Faculty stress is also caused by other factors:

- Infrastructural and resource inadequacy (e.g., large classes with hardly any laboratory equipment).
- Lack of recognition and sometimes inequitable pay, especially in private institutions.
- Student-related issues like large classes, underprepared learners, or managing disruptive behavior.

6. Pressure of Promotion and Evaluation: The “publish or perish” culture is a psychological burden for the faculty.

- Poor access to counselling: Many colleges do not offer professional mental health services.

The above-mentioned problems might be responsible for the lowering of well-being, job satisfaction, and increase in the intention to leave the profession, which in the long run affects the quality of education (Table 1).<sup>13-15</sup>

**IMPACT ON INSTITUTIONAL OUTCOMES**

Faculty wellness correlates strongly with student engagement, learning outcomes, and institutional climate.

Taylor L and Tello KT (2024) summarized their work by accepting the participation of 294 faculty and staff in phase I. The bulk of the participants, n=169 (57.5%), acknowledged moderate or high levels of burnout. The majority of the participants were physically inactive or engaged in minimal activity, n=174 (59.2%). There was a significant positive relationship between the level of activity and personal burnout,  $r(252)=0.21, p < 0.001$ . Of the 48 participants in phase II, access to wellness resources and organizational issues surfaced as the agents of burnout. The participants

talked about wanting better access to exercise and wellness resources and referred to inequalities between student resources and faculty ones.<sup>16</sup>

Maslach C, Leiter MP (2016) found that the problems faced by psychiatrists overlap considerably with those troubles experienced by other professionals delivering human services to needy people. But the specific nature of psychiatric work involves very close interactions with individuals in distress and, at times, the possibility of being threatened by some of these patients. Both of these sources of stress drain psychiatrists’ energy, their ability to interact with others, and their feeling of professional efficacy. An area of extraordinary importance to psychiatry is the connection between and the separation of burnout and depression.<sup>17</sup>

The concept of burnout was put forward in the 1970s and the very first arguments against it were that it was not a separate phenomenon but rather a different term for the same thing – “old wine in a new bottle”. However, there were many differing views regarding what the “already known state” actually was. These included factors such as dissatisfaction with work, anomie, job stress, anxiety, anger, depression, or a mixture of them.<sup>17</sup>

When the construct of burnout was first proposed in the 1970s, there were arguments that it was not a distinctly different phenomenon, but rather a new label for an already known state – i.e., “old wine in a new bottle”. However, there were a lot of differing opinions about what the “already known state” actually was. These included job dissatisfaction, anomie, job stress, anxiety, anger, depression, or some combination of them.<sup>17</sup>

The research of Zaimoğlu S, Dağtaş A. (2025) focused on teacher well-being in language education at the university level by highlighting the main psychological and organizational factors that influence well-being for English language teaching professors.

**Table 1:** Domains of Faculty Wellness

Domain	Description	Example of Implementation
Physical Wellness	Promotes health through fitness, nutrition, and ergonomics.	1. Faculty Fitness Hour allowing morning exercise sessions; 2. Offers on-campus gyms and health screening.
Mental and Emotional Wellness	Addresses stress, anxiety, and emotional exhaustion.	1. Offers counselling and mindfulness apps; 2. Provides peer-support groups and anonymous mental health help lines.
Social and Community Wellness	Fosters collegiality and belonging.	1. Conducts annual Faculty Family Day events to build social bonds.
Occupational Wellness	Focuses on job satisfaction, autonomy, and workload balance.	1. Implement flexible scheduling for post-COVID recovery; 2. Support No-Meeting Saturday to reduce burnout.
Financial Wellness	Ensures equitable pay, benefits, and financial security.	1. Offer faculty cooperative credit societies and pension counselling.
Spiritual and Purposeful Wellness	Aligns personal and professional values with institutional mission.	1. Integrates prayer meetings promoting peace and purpose.

The conclusions raised the question of the institutional and systemic support for educational resilience and job satisfaction that would lead to more sustainable teaching in the increasingly demanding and digital academic environments.<sup>18</sup>

Asfahani AM. (2024) found that there are moderate levels of job satisfaction, which correlate with resilience significantly and also with research motivation. It was through the study that resilience was identified as a major factor in determining job satisfaction, particularly among professors as opposed to lecturers. Institutions are recommended to create and implement policies that will positively impact the mental health of the staff through providing mental health services, stress management workshops, and training in emotional intelligence for faculty. It is necessary to adopt cultural contexts while allowing faculty to make their own decisions and setting up recognition systems that are effective and are not limited to financial incentives. In addition, the overall wellness programs, which include health checks and mindfulness sessions as well as research support, can improve the morale of the faculty. Besides that, community-building initiatives like mentorship programs and social events will not only help the faculty in their personal and professional growth but also create an environment where they feel appreciated and thus motivated.<sup>19</sup>

**PROPOSED INSTITUTIONAL WELLNESS POLICY FRAMEWORK**

**Policy Vision**

- "To foster a faculty community that is healthy, resilient, and inspired, and that enjoys personal and professional growth with the help of an institution that offers support (Table 2)."

**IMPLEMENTATION MECHANISM**

**1. Formation of Faculty Wellness Committee (FWC):**

- Chairperson: Director/Dean/Principal of Medical College
- Coordinator: Professor of Preclinical/Paraclinical/Clinical Department
- Co-coordinator: Faculty from Psychiatrics Department
- Counselor: Psychologist
- Members: One representative from each department, HR, and health services.

**2. Annual Budget Allocation:**

- Wellness initiatives will receive funding from 1–2% of total HR expenditure of the institution.

**3. Wellness Calendar:**

- Monthly yoga/fitness drives
- "No meeting Wednesdays" to reduce cognitive fatigue
- Quarterly "Wellness Talks" by mental health professionals

**4. Monitoring and Evaluation:**

- Use Maslach Burnout Inventory (MBI) to measure stress annually.
- Conduct Faculty Satisfaction Surveys.
- Include wellness outcomes in annual performance reports.

**METHOD TO IMPLEMENT THE FACULTY WELLNESS POLICY**

The Faculty Wellness Policy's implementation should be a strategically planned process involving all concerned parties and is based on data, thus making wellness an

**Table 2:** Policy Components and Examples

Policy Area	Core Provisions	Example of Implementation
Health and Preventive Care	Annual checkups, health insurance, vaccination, gym membership.	Provide free preventive health screening for faculty.
Mental Health and Counseling	Confidential counseling, stress management, meditation sessions	Offer tele-counseling for academic staff.
Work-life Balance	Flexible hours, sabbaticals, childcare support.	Offer on-campus childcare and parental leave benefits.
Recognition and Reward	Annual wellness and mentorship awards	Recognize Faculty of Compassion during annual convocation and reward them
Professional Development	Training in leadership, communication, and resilience.	Conduct Faculty Reflection Retreats for self-growth.
Governance and Feedback	Establish a Faculty Wellness Committee (FWC)	Formed an "Internal Well-being Cell" with faculty representatives.
Crisis Management	Emergency leave and rehabilitation support.	Introduced COVID recovery leave for affected staff.

enduring institutional culture instead of a temporary initiative. Five phases of the process are: Initiation, Planning, Execution, Monitoring, and Evaluation. Each phase is characterized by well-defined objectives, responsibilities, and measurable outcomes.

### Phase I – Initiation and Governance Structure

**Objective:** To set up mechanisms for administrative ownership, leadership commitment, and governance.

#### Steps:

##### 1. Approval and Endorsement

- The faculty wellness policy needs approval of the principal governing body or the academic council of the academy in writing.
- Besides, incorporate it into the HR manual, institutional regulations, and the strategic plan to ensure the policy will be active even through leadership changes.

**Example:** The Dean or Principal presents the faculty wellness policy to the governing council, who support it and recommend its inclusion in the HR plan.

Subsequently, the document is accessible on the internal portal of the university as a means of giving it maximum exposure and making sure it is accountable to the public.

##### 2. Formation of the Faculty Wellness Committee (FWC)

- **Chairperson:** Director / Dean / Principal of the Medical College
- **Coordinator:** Professor from a Preclinical, Paraclinical, or Clinical Department (rotational appointment every 2 years)
- **Co-coordinator:** Faculty member from the Department of Psychiatry
- **Counselor:** Qualified Psychologist or Clinical Counselor (full-time or part-time basis)
- **Members:** One representative from each academic department, the Human Resources (HR) Cell, and Health Services Unit.
- **Functions:**
  - Plan and coordinate wellness programs.
  - Monitor progress and report to the Academic Council.
  - Act as liaison between administration and faculty.

Example: The Dean (as Chairperson) rounds up the Faculty Wellness Care committee (FWC) every month to bring them to dinner, give them updates, talk about coming events (e.g., Wellness Week), and collect opinions from the different departments. The faculty of Psychiatry (Co-coordinator) has a very good relationship with the counselor and they are able to sort out high-stress cases in a very confidential way

through the arrangement of mindfulness classes for the whole group.

### 3. Development of a Faculty Wellness Charter

- Draft Produce a one-page institutional declaration of commitment to holistic faculty well-being, covering all dimensions of faculty life such as physical, emotional, professional, and social.
- Show the charter at the most consulted campus areas and in orientation materials.

**Example:** The Faculty Wellness Charter comes up with posters that are hung in the lounges of the staff, the reading rooms, and the medical library, displaying the motto: "Caring for Those Who Care."

### Phase II – Planning and Needs Assessment

- **Objective:** Before the launch of the program, find out the faculty's needs, priorities, and available resources.

#### Steps:

##### 1. Baseline Survey

- Administer a confidential survey using validated instruments such as the Maslach Burnout Inventory and Perceived Stress Scale.
- Identify the nature of the work, the manner of handling the stress and the sources of stress.

**Example:** An online survey shows that more than half (62%) of the faculty have a medium to high level of stress, and 40% of them will be attending the time-management workshops.

##### 2. Consultation with Stakeholders

- Organize focus groups with assistant, associate, and full professors to clarify issues that are specific to their roles.
- Example:** The senior faculty members point out the issue of lack of recognition as a concern, while the junior faculty have to struggle with the clinical-research work balance issue.

##### 3. Resource Mapping

- Identify existing resources such as gymnasiums, counseling centers, recreation areas and local health and wellness experts' associations.

**Example:** The institution collaborates with a yoga institute and mental health NGO in the neighborhood for sessions conducted by professionals who get paid according to their fees the institution pays.

##### 4. Goal Setting

- Realistic and measurable short-, medium-, and long-term goals should be established.

#### Example:

- **Short-term (1 year):** Three wellness programs covering the physical, mental, and social aspects will be launched.

- **Medium-term (3 years):** At least one wellness program will have 75% faculty participation each year.
- **Long-term (5 years):** Faculty burnout rates will be lowered by 25% and the satisfaction of the institution will be improved.

**Phase III – Program Development and Execution**

Objective: The plan is to carry out structured, evidence-based wellness interventions which will touch upon various areas.

**Illustrative Initiatives:**

**1. “Yoga at Work” Sessions (Before OPD Hours)**

Short 15-minute sessions conducted in the hospital courtyards every morning not only heighten mindfulness but also make one physically vibrant. The attendance is not mandatory, but it is highly encouraged.

**2. “Wellness Wednesdays”**

Disruptions of any kind cease for one hour every Wednesday. This hour is reserved for self-care and personal development activities, like art therapy, journaling, and reflective discussions.

**3. “Mindful Rounds” on Fridays**

Weekly reflective discussions help faculty and residents deal with emotionally draining cases, thus enhancing their emotional control and compassion fatigue is reduced.

**4. “Digital Detox Weekends”**

Departments agree to not send non-urgent emails or make calls after Friday 6 PM, this will help rest and family time.

**Phase IV – Monitoring and Feedback**

**Goal:** Ensure accountability, promptness and continuous quality improvement.

**Monitoring Tools:**

1. Faculty Wellness Dashboard

- A platform that assesses faculty metrics like participation rates, absenteeism, and satisfaction.

**Example:** Quarterly statistics indicate that participation climbed from 45% to 68% during the first year of the program.

**2. Quarterly Feedback Surveys**

- Brief surveys will be implemented for assessing the relevance of the program and for gathering suggestions from the faculty.

**Example:** The feedback from the “Mindful Rounds” program prompted the incorporation of ethics case discussions.

**3. Wellness Reports**

- The FWC publishes a summary of the outcomes in a biannual report and then presents it to the Academic Council for review and funding support.

**4. Anonymous Suggestion Portal**

- The faculty can anonymously express their worries or provide new ideas through an electronic feedback system.

**Example:** The suggestion from the portal was one of the reasons for installing standing desks in the faculty rooms.

**Phase V – Evaluation and Sustainability**

**Goal:** Measure the sufficiency, guarantee the continuation of the policy and promote the health culture in the institution.

**Testing Criteria:**

**1. Quantitative Indicators:**

- Sick leave and absenteeism rates declined.
- Faculty satisfaction and engagement scores were increased.
- Retention and promotion rates rose.

Wellness Domain	Program / Activity	Responsible Unit	Frequency	Example in Action
<b>Physical Wellness</b>	Annual health check-ups, yoga sessions, ergonomic workshops	Health Centre	Quarterly	“Fit Faculty Drive” — on-campus health screening and physiotherapy consultations.
<b>Mental Wellness</b>	Counseling services, stress management sessions, helpline	Psychology Unit	Continuous	24x7 anonymous helpline launched for confidential counseling.
<b>Social Wellness</b>	Faculty family day, inter-departmental cultural evenings	FWC & HR Cell	Biannual	“Together We Thrive” picnic celebrating teamwork and families.
<b>Professional Wellness</b>	Mentorship, leadership training, skill-building workshops	Faculty Development Centre	Ongoing	Monthly “Mentor Café” for peer discussions on teaching and research.
<b>Work-Life Balance</b>	Flexible work hours, sabbaticals, remote working options	HR & Dean	As needed	Faculty allowed one remote academic day per month for writing or research.
<b>Recognition &amp; Motivation</b>	“Wellness Champion” award, appreciation letters	FWC	Annual	Award to faculty demonstrating exemplary peer support and positivity.

**Example:** Faculty sick leave after two years has decreased by 18%, and retention has increased by 10%.

**2. Qualitative Indicators:**

- Greater sharing and collegiality feeling.
- Faculty testimonials indicating better morale and meaning have been.

**Example:** The narratives of faculty collected during audits lead to "a visible shift towards empathy and teamwork."

**3. Annual Wellness Audit:**

- Carried out by the IQAC or an external expert to evaluate the compliance with the policy, program's outreach, and impact.

**Example:** The audit suggested inclusion of family in a more structured way and led to the launch of "Family Fitness Week".

**4. Integration into Institutional Planning:**

- Maximization of wellness company's credit through posting in strategic plans, annual reports, and accreditation self-studies (e.g., NAAC, NMC).

**5. Policy Review and Revision:**

- To re-evaluate the policy every third year based on the evaluation results and the development of best practices.

**Example:** The 3-year review cycle adopted hybrid wellness formats after the pandemic (online yoga and tele-counseling) (Table 3).

Integrating faculty wellness into academic governance, accreditation, and institutional culture, this framework not only guarantees that well-being is the concern of the whole organization but also takes measures to monitor inclusively, design co-operatively, and lastly, to have support from the top all of which can lead to a healthier, more engaged, and resilient academic staff.

**Accountability and Reporting**

- The Dean of Faculty Affairs delivers the annual "Faculty Wellness Report" to the Director/Principal which includes:

- Program utilization data
- Success stories
- Barriers faced
- Improvements proposed
- The Internal Quality Assurance Cell (IQAC) has included wellness indicators (faculty engagement, satisfaction, stress index) in its institutional evaluation metrics.

**Expected Outcomes**

1. Faculty burnout and stress reduction by at least 20% in two years.
2. Better institutional climate and faculty retention.
3. Higher teaching quality and increased student satisfaction.
4. The institution gets the label "Healthy Workplace in Academia."

**RECOMMENDATIONS**

**1. Leadership Commitment**

The top management has to make their support for and commitment to the wellness of the faculty visible and consistent. The support of the leadership is crucial in setting the tone for the institutional culture and in making well-being a strategic priority rather than an optional activity.

For instance, the Dean of a medical college circulates monthly wellness newsletters containing health tips, stress management resources, and success stories of the faculty's participation in wellness programs. Moreover, open forums or "Listening Circles" are organized every quarter to give the faculty a chance to express their concerns and come up with solutions that will be presented directly to the upper management.

**2. Integration into Accreditation and Evaluation Systems**

Wellness Indicators are to be included in the assessment and quality assurance of all health and higher education regulatory bodies such as the National Medical Commission (NMC) and universities. With wellness being acknowledged as a quantifiable institutional parameter, it is made more important.

Example: The accreditation checklists might come up with items like "The Faculty Wellness Committee exists," "Counseling services are available," and "Policies are on workload balance and mental health support." The institutions that will be showing creativity in these areas could either be acknowledged or granted extra credit during the inspection.

**3. Peer Support Networks**

Creating formalized peer support networks will enable the faculty to adjust to the institutional culture and academic demands without much stress, especially if they are new or under the threat of burnout.

**Table 3:** Illustrative Implementation Timeline

Timeline	Activity
Month 1–3	Policy approval, FWC formation, baseline survey
Month 4–6	Needs assessment and resource mapping
Month 7–12	Launch of wellness programs and workshops
Year 2	First annual wellness audit and faculty satisfaction survey
Year 3	Policy review and expansion to include new initiatives

**Example:** The “Faculty Buddy System” pairs new or junior faculty with experienced colleagues who offer informal support in navigating academic, administrative, and personal issues. Peer mentoring meetings and small group reflections can be a means of building collegial ties and fighting isolation.

#### 4. Digital Well-being Policies

The universities and colleges should establish policies that will prevent the staff from experiencing digital exhaustion and having their personal and professional lives mixed up. The aim is to promote the use of technology that is conscious of the users and also privacy of their time.

Example: There could be a “No Email After 7 PM” policy in departments or “Tech-Free Weekends” when the communication is only about urgent matters. Workshops on managing screen time and digital detox techniques can be another way of promoting this culture.

#### 5. Inclusive Wellness Practices

Faculty wellness programs should be broad-based, just, and considerate of different needs, that is, covering gender, and physical abilities and providing support for family caregivers.

**Example:** Institutions can make sure that gender-sensitive restrooms are available, as well as lactation rooms for nursing mothers and ergonomic workstations for the staff with different abilities. Furthermore, they may present faculty with family or health constraints remote work or flexible scheduling as an option.

#### LIMITATIONS

The framework is grounded on scientific evidence; however, the data are based on secondary sources. Future work should include longitudinal studies comparing faculty performance and well-being before and after policy implementation in Indian contexts.

#### CONCLUSION

A structured Wellness Policy for Faculty Members is essential to nurture a sustainable and compassionate academic environment. Institutions that invest in wellness reap dividends in faculty productivity, retention, and student outcomes. Moving from reactive to proactive wellness approaches will redefine the culture of education from one of survival to one of flourishing.

Faculty wellness is, therefore, not an optional initiative but a moral and strategic imperative for every educational institution.

#### ANNEXURE I

#### FACULTY WELLNESS COMMITTEE (FWC) – TERMS OF REFERENCE

#### Composition:

- Chairperson – Dean (Faculty Affairs)
- Member Secretary – Faculty Development Coordinator
- Members:
  - Two senior faculty (one male, one female)
  - One representative from Human Resources Cell
  - One counselor/psychologist
  - One representative from the health center
  - One representative from junior faculty
  - One student observer (optional)

#### Functions:

1. Develop and oversee wellness programs for faculty.
2. Ensure equitable access to physical and mental health resources.
3. Organize awareness, training, and capacity-building activities.
4. Review feedback and evaluate program outcomes.
5. Submit half-yearly reports to the Director/Principal.

#### Meeting Frequency:

- Minimum once every quarter; emergency meetings as needed.

#### Reporting Mechanism:

- Reports to Institutional Academic Council and Internal Quality Assurance Cell (IQAC).

#### ANNEXURE II

#### FACULTY WELLNESS NEEDS ASSESSMENT QUESTIONNAIRE (SAMPLE)

#### Purpose:

The primary goal is to know the stressors, needs, and expectations of the faculty related to wellness.

#### Section A – Demographics

- Department:
- Designation:
- Years of Service:
- Age:
- Gender:

#### Section B – Workload and Environment

1. How frequently do you consider your workload as a major cause of stress?

Rarely  Sometimes  Often  Always

2. Is your administrative support network sufficient to meet your needs?

Yes  No

3. Is your department considerate when it comes to work-life balance?

Extremely supportive  Somewhat supportive  Not supportive at all

**Section C – Mental and Physical Well-being**

4. Have you ever gone through burnout (exhaustion, disconnection, negativity) symptoms?

Yes  No

5. Do you participate in physical exercise on a regular basis (≥3 days/week)?

Yes  No

6. Is there a mental health counseling service available on your campus?

Yes  No

**Section D – Suggestions**

7. What kind of wellness programs would you prefer the most?

- Fitness and yoga programs
- Stress management workshops

- Professional mentoring

- Flexible scheduling

- Recognition and motivation schemes

8. Additional comments: \_\_\_\_\_

**ANNEXURE III**

**SAMPLE FACULTY WELLNESS CHARTER**

**Institutional Faculty Wellness Charter**

The institution where you work is determined to create a healthy, inclusive, and supportive academic environment that allows each faculty member to grow physically, mentally, socially, and professionally.

The institution's management firmly believes that teacher's well-being is the key to student's success.

By implementing effective policies, and using respect for diversity and evidence-based interventions, the institution promises to be a place where empathy, balance, and excellence prevail."

**Signed by:**

Director / Principal / Dean – Faculty Affairs

Date: \_\_\_\_\_

**ANNEXURE IV: FACULTY WELLNESS PROGRAM CALENDAR (EXAMPLE)**

Month	Activity	Organizing Unit	Expected Outcome
January	Annual Medical Check-up	Health Centre	Baseline health data collected
February	Stress Management Workshop	Counseling Unit	Increased awareness of coping strategies
March	Faculty Family Picnic	HR and FWC	Strengthened social bonds
April	Research Mentoring Week	Faculty Development Cell	Enhanced research output
July	Yoga and Mindfulness Camp	Health Centre	Improved mental relaxation
September	"Thank a Teacher" Recognition Week	HR Cell	Boosted morale and appreciation
November	Work-Life Balance Roundtable	IQAC	Policy feedback and review
December	Annual Wellness Report & Awards	FWC	Transparency and motivation

**ANNEXURE V**

**ANNUAL FACULTY WELLNESS REPORT TEMPLATE**

Institution Name: \_\_\_\_\_

Academic Year: \_\_\_\_\_

1. Overview

Provide a summary of all wellness activities conducted during the year.

2. Participation Data

Activity	Number of Participants	Department Coverage	Feedback (Average Rating/5)

**3. Outcomes and Observations**

- Reduction in absenteeism: \_\_\_\_\_%
- Satisfaction Index Improvement: \_\_\_\_\_%
- Notable Success Stories:  
Example: "Weekly yoga led to a 30% drop in fatigue reported by preclinical faculty."

**4. Challenges**

- Limited time for participation
- Insufficient awareness in new faculty

- Resource constraints

**5. Recommendations**

- Institutionalize wellness day in academic calendar
- Establish a dedicated faculty lounge and relaxation space
- Conduct peer-support mentoring workshops

**Submitted by:**

Faculty Wellness Committee

Date: \_\_\_\_\_

**ANNEXURE VI  
SAMPLE EVALUATION METRICS**

Parameter	Baseline (Year 1)	Target (Year 3)	Indicator Type
Faculty Burnout Index	65%	<40%	Quantitative
Faculty Satisfaction	3.2/5	4.2/5	Quantitative
Retention Rate	80%	95%	Quantitative
Reported Work-life Balance Satisfaction	45%	75%	Qualitative
Participation in Wellness Programs	30%	70%	Quantitative

**ANNEXURE VIII  
INSTITUTIONAL / SYSTEMIC INTERVENTIONS (ORGANIZATIONAL RESILIENCE)**

Workload and Organizational Support Strategies

Strategy	Key Actions	Expected Impact
<b>Workload Rationalization</b>	Review teaching hours, ensure equal work distribution (override Pareto 80/20 rule), assign adequate clerical staff.	Prevents chronic exhaustion and emotional fatigue.
<b>Protected Time for Teaching &amp; Research</b>	Provide dedicated, interruption-free hours for academic and research work.	Enhances autonomy, job satisfaction, and creativity.
<b>Mentoring and Peer Support Networks</b>	Develop senior-junior mentoring pairs, peer "buddy" systems, and faculty well-being circles.	Strengthens sense of belonging and shared coping.
<b>Supportive Leadership Training</b>	Train leaders in empathy, feedback, and recognizing burnout signs.	Improves departmental trust and cohesion.

Wellness and Recognition Interventions

Strategy	Key Actions	Expected Impact
<b>Wellness Policies</b>	Form faculty wellness committees, allow mental-health days, ensure counseling access, organize faculty retreats, and conduct annual wellness audits.	Normalizes help-seeking behavior and reduces stigma.
<b>Recognition and Growth Opportunities</b>	Appreciate teaching excellence, mentorship, and innovation—not just research output.	Boosts motivation and intrinsic value alignment.
<b>Leave and Vacation Policies</b>	Provide balanced and flexible leave policies.	Promotes rest, family time, and rejuvenation.
<b>Mandatory Tasks and Achievements</b>	Balance reward/incentive and punishment systems.	Maintains healthy motivation and engagement.

## Implementation Insight

These institutional-level approaches, in concert, not only help to reinforce the resilience of the organization by mitigating burnout, promoting equity, and uplifting faculty spirits and retention but also through the wellness policy framework they help to create a stress-free, compassionate, and high-performance academic setting.

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