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AWARENESS OF THE IMPACTS OF HEAVY WORKLOAD ON HEALTH: AN EMPIRICAL-BASED COMPARATIVE STUDY AMONG SANITARY WORKERS

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ABSTRACT

The objective of this empirical, quantitative, and survey based descriptive research is to identify and compare the awareness of sanitary workers towards the impacts of heavy workload on their health. The study sampled 100 respondents from both multi-speciality and single speciality hospitals in Tirunelveli city of Tamil Nadu, India using both judgement and convenience sampling techniques. The primary data were collected using the schedule method with the help of a questionnaire, which was translated to the respondents in their mother language (Tamil). The secondary data were collected from books, journals, and projects. The percentage method has been applied to analyze the data. The results of the research show that the perception of the respondents of both kinds of organizations towards the effects - 'tiredness; weight loss; and stress, depression, panic, and irritation' is the same - 'I know somewhat'; whereas, the perception of the respondents of both kinds of organizations towards the effects, sleeping problem; Diabetes mellitus; Hypertension; Cardiovascular, Respiratory, and Stomach disorders; and Stress are same - 'I know very less'. At the same time, the perception of the respondents in both kinds of organizations is the same: 'I know very much' towards the factor: Getting the appearance of old age.

KEYWORDS: Awareness, impact, heavy workload, health, private hospitals, Tirunelveli city

INTRODUCTION

Study Background

Private Hospitals

The main aim of all private hospitals is to yield profits; however, the healthcare needs of people are greatly fulfilled by all kinds of private hospitals: multi-speciality, which consists of all speciality services; single speciality hospitals, which have a single service, and clinics. Multi-speciality hospitals cover all speciality services, whereas single speciality hospitals

have a particular speciality service. Government hospitals, merely, cannot fulfill the increasing population's healthcare demands; hence, private hospitals' needs are mandatory. At the same time, due to the increasing number of private hospitals, there is a huge competition among them to offer the best to patients. To achieve this objective, all hospitals are tremendously concentrating on various parameters: infrastructure; advanced technologies in diagnostic areas and information sharing; highly qualified doctors and other paramedical employees; waiting time; highly classy rooms; advanced ambulance care; and so on. Among these parameters, cleanliness is the primary factor that stands first in fulfilling the satisfaction of the patients and other stakeholders. Whoever visits the hospital, the first point to be noticed is how hygienic and clean the hospital is. This hygienic and cleanliness is maintained and ensured by sanitary workers.

Sanitary Workers

Sanitary workers—also called as housekeeping employees—belonging to non-medical discipline not only are responsible for cleanliness of the hospitals but also contribute significantly to the patients care activities. They include transporting the patients from one place to another place by wheelchairs and stretchers; cleaning the stool and urine of the patients who are bedridden for a prolonged period; preparing the patients for surgery (by shaving the hair on the parts of the body to be operated); preparing the dead bodies (patients); washing the clothes used in the operation theatre (in some hospitals); cleaning the lenses in the laboratory department; assisting the patients in the catheterization laboratory, dialysis unit, and endoscopy; preparing the beds for inpatients. All of these are the duties given in their job description. All these duties are connected with medical and para-medical works because their works are the cornerstone for deciding the start of other works. Thus, they play vital roles in hospitals. Besides these routine works, they are doing a lot of work that is not part of their work: buying tea for higher officials, going to higher officials' houses and doing their household work; cleaning the top officials' cars; and other small works assigned by top officials including middle level and para-medical staff. Some hospitals in the study area are assisting sanitary workers with minimum technologies, butmost hospitals are still following traditional cleaning methods.

Workload and Health

There is a strong association between workload and health. An optimal and fair workload is inevitable to determine the sound health of the employees of all categories. And, especially, when employees are doing physical work, they should be allocated with optimum workload in such a way it does not hurt their health. Since sanitary workers' work is completely physical, they must be carefully allocated with workload according to their physical strength, age, and underlying disorders if any. There are variety of studies that have proved that heavy workload distresses employees and causes a variety of diseases: tiredness, weight loss, generalized body pain, sleeping problem; diabetes mellitus, hypertension, cardio vascular, respiratory, and stomach disorders, stress, and getting the appearance of old age. Although there are many factors – shortage of manpower in the department; unexpected sudden new tasks that must be completed on time; absence of co-workers; approved leaves (sick, casual, and maternity) - that enhance the workload of employees. Among them, the shortage of

manpower is the major and extraordinary factor contributing to increasing workload. Among the sanitary workers in the study area, the shortage of manpower, and frequent and unexpected absence of co-workers are the commonest challenges, which are also the serious issues increasing the workload of co-workers several times.

Awareness and Health

In this rapidly advancing technology-based business world, the lifestyle changes towards technology, and the influence of western culture in our daily life are tremendous. For instance, most people spend a huge amount of time on social media, and have shifted to the fast-food items without knowing how they harm their health, and causes multiple diseases. Diabetes mellitus and hypertension—can be said as examples—have been becoming common diseases above the age of forty years. Cancer also is rapidly increasing due to increasingly changing food habits. Even youngsters are suffered with diabetes mellitus in a great number presently. Those who have a greater or a minimum knowledge about the risk factors of the health disorders—especially the disorders related to their occupation—can safeguard by themselves significantly. Those who do not, undergo too much risk. Management plays an utmost important role in creating and fostering necessary awareness among their employees about the various health related issues, which both generally and specifically occur due to heavy workload. The illiteracy level of the sanitary workers, in the study area, remains very low, and as a result of which they do not know how to cope with the heavy workload and how to do the tasks in the simplest and easiest ways, which also harm their physical health. Moreover, due to their low level of education, they also do not know how to manage with emotional strain taking place both in the workplace and in the family life, which also hurt them drastically.

Study Area

Numerous developments have taken place in the study area: a number of hospitals, education institutions, hotels, infrastructure development from the government side, literacy level of the people, women education and their employment ratio have increased many times higher. However, the life of sanitary workers—most of them are economically and socially downtrodden—in the study area remain very low. They travel too far distances to reach the work spot because they live outside of the city and use public transport which is very limited, time-bound, and overcrowded. Thus, they spend so much energy every day to commute to the work, and at hospitals also, they work for twelve hours, all of which sucks a greater amount of energy. Besides, they face: unjustifiable discrimination in terms of caste; exploitation by extracting more work besides their job description; verbal abuse; getting autocratic and very strict leadership authority exercised on them; not giving any technological support; isolation; denying their common rights in terms of leave, increment and incentives. When all these inhumane practices are administered on them besides long working hours and two shift work system, they will not only have excessive physical workload but also, they will mentally suffer by developing so much mental strain and other negative emotion. Lack of interest and involvement of the organizations to impart them education and training on how to handle their work in simple and easier ways, and how to take care of them when excessive workload is given, what health effects would occur if too

much work is assigned. Hence, it is inevitable to study how far the sanitary workers working for both multi-speciality and single-speciality hospitals are aware of the impacts of heavy workload on their health, and provide suggestions to hospitals as to what steps need to be taken next to enhance their awareness level.

Need for the Study

Physical health of employees is decided by both quantity and quality of workload, whereas the mental health of employees is decided by the approach (respect, value, approach, and motivation) shown towards them. Of course, more the manpower than required, more the employees lazy, at the same time, lesser manpower than required higher the workload of employees, which, eventually, causes a variety of health issues. The works of housekeeping employees are chiefly physical; and hence, they are more prone to health issues. In the study area, housekeeping departments—not only in hospital sectors, but also all sectors—consist of majority of the illiterate and less educated employees; most notably, majority of them are from downtrodden community; and, their financial strength also is very low. Three fourth of the housekeeping employees in each hospital are above forty-five years of age, and they are already prone to and have many health disorders, which generally occur as a result of age. With those health conditions, when they continuously involve in physical works, their health conditions get deteriorated radically. Moreover, in the study area, there is a huge shortage of manpower in the housekeeping department in maximum number of the hospitals; hence, the existing employees are assigned so much work: sometimes, their duty—into either morning or evening shift—is extended when their opposite shift duty worker is absent, which not only increases their workload many times higher, but also harmfully affect their health conditions.

Furthermore, the hospitals, in the study area, which show the concern in the development of other departments (paramedical, medical, and other non-medical), do not show the same interest to the housekeeping department; hence, in sizeable number of hospitals, still, housekeeping employees are doing all works physically without any technologically advanced equipment. Besides, the existence of the twelve-hour duty and two shifts work system, in many hospitals, worsen both their physical and mental health massively, and due to which majority of the housekeeping employees, in the study area, have malnourished health. Apart from these, the managers of the housekeeping departments are not professionally qualified; and hence, they exercise a very autocratic leadership approach towards them, which hurts their mental health badly. Despite of all these negative and unfavourable situations, sanitary workers are continuing their jobs due to the reasons: huge unemployment and financial needs. Over the period, the accumulated anger, depression, and mental pain cause diabetes mellitus and hypertension, which are very common among the employees after forty years of age. Moreover, due to their illiteracy, they do not know how to plan their works systematically and perform them in a simple and easy ways; hence, they spend plentiful energy in their work, which massively harms their physical health. Their submissiveness and community background get others to assign their personal work very easily and treat them disrespectfully and in an unfair manner, which not only maximizes their workload abundantly but also hurts their mental health vigorously. Thus, in all ways, their physical and psychological health are imperfect causing a variety of health disorders.

Research Objective

To identify and differentiate the awareness of the sanitary workers working in multi-speciality and single-speciality hospitals towards the impacts of heavy workload on their health.

Scope of the Study

This research has focused on the sanitary workers working for private multi-speciality and private single-speciality hospitals at Tirunelveli city - the capital of Tirunelveli District - of Tamil Nadu, India. The study has covered the following variables: tiredness, weight loss, stress, depression, panic and irritation, generalized body pain, joint pains, stomach disorders, disturbance in sleeping, diabetes mellitus, respiratory problems, the appearance of old age, hypertension, and cardiovascular disorders.

Significance of the Study

The findings of this study will give a deep understanding to the hospitals' top-level managers to discover how much knowledge sanitary workers have about the various impacts of heavy workload, and take suitable actions—either policy decisions or appointing additional manpower, or optimizing their workload or imparting training—to reduce their workload and maximize their awareness. In the same way, the findings and interpretations of this study would be an eye opener to the housekeeping departments' managers and assists them to question them by themselves about their managerial and leadership approaches and bring about necessary changes in their leadership approach and work allocation pattern to their subordinates; and how to analyze the sanitary workers' health conditions and interests, and understand them empathetically and thereby the allocate tasks.

Similarly, the health-related issues discussed in this study will impart a deep knowledge to the sanitary workers to know about the health effects occurring as a result of heavy workload and how it will hurt them in future, and what precautionary steps they ought to take to both prevent them and deal with them. The topic of this study, variables used, study area and population chosen, sampling technique administered and tools of analysis applied would give a deep knowledge to the future research scholars to extend this research in a new dimension; and also, this study will serve as a big source of secondary data for the future research scholars.

REVIEW OF LITERATURE

Workload tends to happen when employee receives several works demands that are beyond their capabilities. This includes quantitative and qualitative overload. Qualitative overload is a situation where the workload is too challenging to be completed while quantitative overload occurs when there are too many tasks to be completed (Elloy DF and Smith SR, 2003). It is an indicator of the total level of mental and / or physical effort required to carry out one or more tasks at a specific performance level Stramler (1993). According to the World Health Organization 1948, "Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity" (Park K 2000). Disease is a physiological or psychological dysfunction. Mental health has been defined as "a state of balance between the

individual and the surrounding world, a state of harmony between oneself and others, a coexistence between the realities of the self and that of other people and that of the environment” (Park K 2000). The state of physical health implies the notion of ‘perfect functioning’ of the body. The signs of physical health in an individual are: a good complexion, clean skin, bright eyes, lustrous hair with a body well clothed with firm flesh, not too fat, sweet breath, a good appetite, sound sleep, regular activity of bowels and bladder and smooth, easy, coordinated bodily movements (Park K 2000)

Krantz G Berntsson L and Lundberg U (2003) analyzed how paid work, unpaid household tasks, child care, work-child care interactions, and perceived work stress are associated with the reported symptoms in male and female white-collar employees in Sweden. The result proved that symptom frequency was higher in women than in men for all symptoms, and more women than men rated their symptoms as moderate or severe. The study also found that suffering from a particular symptom every week or every second week of moderate or severe character was more common in the women than among the men and gender differences were statistically significant for five of the seven symptoms. The most prevalent and severe symptoms in women were shoulder and neck pain followed by headache and sleep disturbances while sleep disturbances, low back pain, and shoulder and neck pain were the most prevalent and severe symptoms among the men. 30% of women and 15% of men suffered from two or more symptoms appearing every week or every second week of moderate or severe character.

MacDonald W (2003) analyzed the impact of job demand and workload on stress and fatigue using the following scales: perceptual demands, mental demands, the importance of avoiding errors, physical demands, time pressure, effort required and frustration experienced. The result of the study revealed that getting things right, mental demands, effort, physical demands, time pressure, and frustration were rated as associated with stress and fatigue. Multiple regression analysis proved that workload, general satisfaction, work rate too fast, and orders and deadlines are the main predictors of fatigue in descending order. Workload, motivating potential score, task cycle time, and rate set by process and line speed were identified as the main predictors of stress score. Multiple regression analysis also observed that total demand score, orders, and deadlines, motivating potential score were predictors of arousal score.

Kyndt E *et al.* (2010) investigated the perception of workload and task complexity and its influence on students’ approaches to learning to determine whether perceived workload and task complexity are discouraging or encouraging factors. Those relationships were investigated under different induced conditions which offer the potential to deepen our understanding of the nature of the investigated relationship from the sample of 128 second year Bachelor level students in the educational sectors. The result showed that no significant relationship between perceived workload and students’ approaches to learning. It was also identified that a perceived lack of information is a discouraging factor for inducing a deep learning approach. A lack of information consistently increases students’ approaches to learning regardless of the induced workload and task complexity.

Crespo M and Bertrand D (2013) assessed the amount of time invested by faculty to accomplish the different components of its workload, the relative importance of these components and the workload profiles along academic rank, gender and disciplinary lines and analyzed the transformation of academic work in the last decade. The analysis observed that faculty allocate 44.1% time for teaching, 35.2% for research, 5.8% for administration and 14.8% for service function. In view of teaching function, highest allocation of time is for preparation of courses and seminars followed by students' supervision and students' follow up. As for research function, most of the time is devoted for collaboration of research projects for funding followed by product of articles and books and data collecting, treatment and analysis. As far function of organization, most of the time is allocated for programme coordinator followed by member of faculty and departmental instances and graduate studies coordinator. As far as service function is concerned most of the time is devoted to the presentation of conferences and communications followed by participation in the preparation of a congress and involvement in relevant forms of artistic manifestation.

Rajan D (2013) analyzed the level of awareness about safety measures of occupational hazards of medical laboratory technicians and discovered that variables such as the use of hand gloves and face masks when collecting fluids from patients, washing hands with bactericidal soap, use of footwear to cope with chillness of the floor and vaccination occupied a high total score, and safety measures such as breathing exercises, cleaning eyes with cold water at frequent intervals, regular breaks and physical exercises occupied a lesser total score.

Rajan D (2014) compared the level of awareness of female nursing employees about the impact of work stress on health-related problems and found that majority of the nurses qualified with B.Sc (Bachelor of Science in Nursing degree) Nursing and DGNM (Diploma in General Nursing and Midwifery) courses have known very much about the impact of work stress on health-related problems, whereas majority of the nursing employees qualified with DNA (Diploma in Nursing Assistant) and FNA (Female Nursing Assistant) courses have known less about the same.

Xiaoming Y *et al.* (2014) analyzed the effects of workload on burnout and turnover intention of medical staff and found that workload had significant effects on emotional exhaustion whereas time load, spirit investment, and mental stress in workload showed remarkably positive effects on emotional exhaustion in burnout with significance. The study also found that workload appeared notable effects on depersonalization where time load, spirit investment, and mental stress in the workplace presented remarkable positive effects on depersonalization in burnout. The analysis also observed that significant standard that workload showed notable effects on personal accomplishment. Time load, spirit investment, and mental stress in workload appeared significantly positive effects on personal accomplishment and burnout. Similarly, the study also observed that workload presented remarkable effects on turnover intention, whereas time load, spirit investment, and mental stress in workload revealed notably positive effects on turnover intention. Besides, burnout showed notable effects on turnover intention whereas emotional exhaustion, depersonalization, and personal accomplishment in burnout presented notably negative effects on turnover intention.

Gouzou M et al., (2015) in their study measured professional satisfaction and nursing workload among nursing staff at a Greek Coronary Care Unit using the variables called pay, task requirements, interaction, professional status, organizational policies, and autonomy. The result of the study found that the level of professional satisfaction varied by hospital location. Job satisfaction levels appeared higher and the autonomy component was higher in rural hospitals. The variability of the actual level of job satisfaction appeared related to shift work and work position. Autonomy levels were lower for assistant nurses and for respondents working the night shift. Significant associations were detected between professional satisfaction components and nursing workload. The highest levels of work satisfaction components were observed concerning the professional status followed by interaction and autonomy components, whereas the lowest levels were concerning pay and task requirements. Additionally, pay and task requirements received high ranking in terms of importance while autonomy received the lowest perceived importance of work satisfaction components. Nurses working in rural tertiary hospital reported higher autonomy than those employed in Athens hospital. Furthermore, Greek CCU nurses working in day shift reported higher level of job satisfaction as well as autonomy tasks and organizational satisfaction than nurses working around a clock or the night shift.

Omar MK *et al.* (2015) found that the respondents' workload, role conflict and work life balance were at moderate level. There was a negative significant and strong association between workload and work life balance. Similarly, there was negative strong relationship between role conflict and work life balance. There was a positive significant and strong association between both variables. Increasing workload and role conflict will decrease the employees' work life balance. Both variables of workload and role conflict have significant negative effects towards employees' work life balance. Hence, if the workload among the employees were to increased, their work life balance will reduce. In addition, any increasing in role conflict among employees will reduce their work life balance. Workload was the most dominant factor affecting work life balance followed by role conflict.

Tancinco NP (2016) analyzed overload increases income, makes the employees ineffective, inefficiency, hampers from meeting deadlines of passing or finishing requirements, makes tensed, fatigued and burned out, diminishes the time to supervise and advise, lessen the time to participate teaching aids, makes anger easily, makes the work haphazardly, diminishes the time for professional growth and spiritual growth, diminishes time for cultivating deep relations with colleagues, interferes some of family duties and affairs, does not allow for relaxation. At the same time, majority of the respondents have not undecided about the effect of workload on job performance of the faculties.

Ilies R *et al.* (2017) examined the effects of daily workload on employee affective states, work-to-family conflict, and home social behaviours over a representative two weeks period. Daily workload is an important predictor of affective states and work-to-family conflict. Managers must recognize that even if their employees do not have a high chronic workload, a high workload and any specific day negatively impacts their mood and increases work-family conflict on that day. Employees are not working additional hours when they are under heavy workloads, the strain or psychological distress caused by heavy workloads may still lead to

higher work-family conflict. Employees who reported a high amount of work-to-family conflict on particular days were less likely to interact socially with their families suggesting that employees withdraw from their families on days that they experience high levels of work-family conflict.

Rajan D (2018) analyzed the perception of the sanitary workers towards various risk factors associated with the heavy workload and its impacts on health, work, and behaviour of the sanitary workers working in both private multi-speciality and single-speciality hospitals in Tirunelveli City of Tamil Nadu, India and discovered that perception of sanitary workers working with both kinds of organization is same towards risk factors associated with the heavy workload and its impact on health and work and behaviour of the sanitary workers.

Rajan D (2019a) analyzed awareness level of the sanitary workers working in private multi-speciality hospitals towards causes of various hazards associated with their occupation and discovered that majority of the sanitary workers had not known anything about various hazards arising as a result of lack of protective devices, weight lifting, improper personal hygiene, imbalanced diet, body bending, long standing, stress, absence of immunization, inadequate rest, long working hours, heavy workload, autocratic leadership style of the superior and work life imbalance.

Rajan D (2019b) found that the majority of the respondents strongly agreed that resource-related factors such as inadequate manpower, the sudden absence of co-workers, sickness of co-workers during work, lack of cooperation and coordination of co-workers and other categories of employees, not filling vacancies in the department, lack of equipment and not introducing types of machinery, repair of machines and management not taking the effort to repair it, lack of protective devices to protect from the hazards and inadequate or absence of information about work and work processes and protection from hazards were associated with their heavy workload of sanitary workers working in leading private multi-speciality hospitals, Tirunelveli city of Tamil Nadu, India.

Rajan D (2019c) revealed that the majority of the respondents strongly agreed that factors such as a two-shift work system with 12 hours of duty, the sudden extension of duty, continuous day or night shift, fixing schedules without consent of the employees, rigid approach in implementing shift schedule, lack of cooperation of co-workers to switch over shift work during emergencies, no adequate off between two shifts, compulsorily forcing employees to come for duty during their off period, the autocratic approach of the managers in preparing and executing shift schedule and managers not permitting to swap shift schedule with a co-worker with mutual consent were the factors associated with shift work causing heavy workload among sanitary workers in private multi-speciality hospitals in Tirunelveli city of Tamil Nadu, India.

Rajan D (2019d) investigated how various leadership-related factors associated with the workload of sanitary workers and the result found that the factors, bias in workload allocation, not observing and enquiring about health conditions, bias in work area allocation, taking revenge and purposefully assigning work, not allowing employees to rest in the course of work during tired, treating employees based on caste, community and religion, allocating work area without consent of the employees, preparing work schedule in bias, not introducing

any advanced technology to replace manual work, not stopping or questioning other department employees when they assign work, behaving rudely and disrespectfully and not supplying adequate manpower have been strongly agreed by the majority of the respondents. The factors, not listening to personal and health issues, not controlling seniors when they pass their work over shoulder of the juniors and not communicating properly about the tasks and how to perform it have been agreed by majority of the respondents.

Rajan D (2020) studied the perception of the sanitary workers towards various long working hour related factors and its association with their heavy workload in Tirunelveli city of Tamil Nadu State, India. The study found that, majority of the respondents strongly agreed that, long working hours related factors causing heavy workload to sanitary workers were long and unsocial working hours, rigid rules of the hospital concerning working hours, inability to relieve from the duty on time, arrival and admission of the patients at the time of relieving from the duty, irregular shift work, inadequate rest in duty and challenges in travelling.

Srimarut T and Mekhum W (2020) studied the influence of workload and co-worker attitude on job satisfaction among employees of pharmaceuticals industry in Bangkok, Thailand with the objective of identifying the mediating effects of training between workload, co-worker attitude and job satisfaction from the sample of 360 respondents by convenient sampling method. The result of the study found that workload did not have significant influence on job satisfaction, however higher workload is perceived as negative job satisfaction. And, the result also found that training becomes the important mediator between the workload, co-worker attitude and job satisfaction. The study also found that co-worker attitude positively influences job satisfaction, and also that the influential role of social support in the work generate favourable job attitudes. The study also observed that employees perceived the training facilities play a significant mediator between workload and job satisfaction.

Rajan D (2021a) analysed the perception of the sanitary workers working in private multi-speciality hospitals in Tirunelveli city of Tamil Nadu, India towards various role and compensation related factors causing heavy workload. The result of the analysis has found that factors: ill-defined roles and responsibilities, receiving conflicting messages from two or more heads at the same time, a person's interest remains to contradict with the job role, salary is not adequate as per the work performed, discrimination and bias in fixing salary and inadequate non-monetary rewards for effective contribution at work were strongly agreed by the majority of the respondents.

Rajan D (2021b) analyzed how organization structure and management practice-related factors cause heavy workload and indicated that complex organizational structure; not communicating the objectives of the task and its importance towards the organization to the sanitary workers; orientation and clear communication about work processes; lack of participation at departmental and organizational level decision making; frequent changes made in the organization and inadequate information about them; inadequate welfare facilities for sanitary workers; autocratic leadership style with lack of motivation; inadequate respect for sanitary workers and huge discrimination; and low and unfair salary system; discrimination in salary and other benefits were strongly agreed by majority of the respondents.

In the study area, a study about awareness of the sanitary workers working in the multi-speciality hospitals towards the impacts of heavy workload on their health has been already undertaken by the researcher; however, that study did not cover the sanitary workers of the single-speciality hospitals in the study area. Hence, this present study fills that gap and shows the ways for future studies in many ways.

RESEARCH METHODOLOGY

This quantitative and survey-based empirical research has adopted descriptive research design. The study sampled 100 respondents from the selected leading private multi-speciality and single-speciality hospitals (50 respondents from each kind of hospitals respectively) using both convenience and judgement sampling techniques. From the chosen respondents, the primary data were collected using the schedule method of data collection with the help of a questionnaire. All the questions in the questionnaire were translated to the respondents in their mother language (Tamil) and their responses were recorded. The interview method was also applied to collect additional information. The questionnaire was composed using five responses: 'I know very much, I know somewhat, Undecided, I know very less and I do not know anything', and those responses were assigned the weightage of 5, 4, 3, 2, and 1 respectively. The secondary data were collected from the books, journals and projects. The percentage method has been administered to describe the demographic characteristics of the respondents, and to analyze and differentiate the perception of the respondents towards the impacts of heavy workload on their health.

ANALYSIS AND INTERPRETATION

Table 1: Demographic Characteristics

Variable	Description	Frequency	Percentage
Sex	Male	26	26
	Female	74	74
Age	Below 30 years	07	07
	Between 30 and 35 years	28	28
	Between 35 and 40 years	38	38
	Above 40 years	27	27
Marital Status	Married	82	82
	Unmarried	18	18
Year of working experience	Below 2 year	17	17
	Between 2 and 4 years	37	37
	Between 4 and 6 years	31	31
	Above 6 years	15	15
Salary (Rs)	Below 10000	17	17
	Between 10000 and 12000	46	46
	Between 12000 and 14000	26	26
	Above 14000	11	11

Source: Primary Data

It can be understood from Table 1 that among the respondents, 26.00% were male and 74.00% were female. Of them, 7% were below 30 years of age, 28% were between 30 and 35

years, 38% were between 35 and 40 years, and 27% were above 40 years of age. Furthermore, among them, 82% were married and 18% were unmarried. In all, 17% had below 2 years of work experience, 37% between 2 and 4 years, 31% between 4 and 6 years, and 15% had above 6 years of work experience. Among them, 17% were drawing below Rs. 10000 of salary, 46% between Rs. 10000 and 12000, 26% between Rs. 12000 and 14000 and 11% of them were drawing above Rs. 9000.

Table 2: Perception of the Respondents Towards Impacts of Heavy Workload on Health

Impacts of heavy workload on health	Multi-speciality hospitals					Single speciality hospitals				
	I know very much	I know somewhat	Undecided	I know very less	I do not know anything	I know very much	I know somewhat	Undecided	I know very less	I do not know anything
Tiredness	15	75	0	10	0	13	75	0	12	0
Weight loss	30	60	0	10	0	33	58	0	9	0
Stress, depression, panic and irritation	10	20	0	60	10	8	18	0	62	12
Generalized body pain	35	65	0	10	0	30	70	0	10	0
Joints pain	30	70	0	0	0	33	55	0	12	0
Stomach disorders (issues in appetite, ulcer)	2	8	0	80	10	3	10	0	77	10
Disturbance in sleeping	10	30	0	60	0	10	18	0	72	0
Getting the appearance of old age	60	30	0	10	0	62	28	0	10	0
Respiratory problems and stomach disorder	5	20	0	70	5	5	18	0	72	5
Diabetes mellitus	10	20	0	70	0	8	20	0	72	0
Hypertension	5	20	0	75	0	5	17	0	78	0
Cardiovascular disorders	10	20	0	60	10	7	20	0	63	10

Source: Primary data

The interpretation of the data is presented below. The data collected during the interview has also been presented.

Tiredness, Weight loss, and Generalized body pain

The perception towards the effects - ‘tiredness; weight loss; and stress, depression, panic, and irritation’ - are the same among the respondents of both kinds of organizations: ‘they know somewhat’ about these respondents. In the discussion, when they were asked what are the reasons for their weight loss, the majority of them clearly said: ‘We work for a long time in a day, and a shortage of employees in the department exists, which increases our workload massively; and, we do all work physically, the assistance of technological equipment is less. These are the reasons for our weight loss and body pain’. They also indicated: ‘the distance between the hospitals and their residents, and the travelling challenges are the further reasons for their tiredness’. One of the respondents said: ‘I have to walk around fifteen to twenty minutes to reach the hospital from the bus station, and the same amount of time I have to spend to reach the bus station from my house. Thus, both in the morning and evening, I walk around for one and a half hours besides travel time on the bus, which makes us very tired. Before we start our work, we spend a substantial amount of energy on walking and traveling, after work in the workplace—where we already spend too much energy again we spend huge

energy on walking and travelling, all of which not only makes us tired but also causes weight loss. The majority of the respondents' answers were the same.

Sleeping problem; Diabetes mellitus; Hypertension; Cardio vascular, Respiratory, and Stomach disorders; Stress

Towards these effects, the perception of the respondents in both kinds of organizations is the same: 'I know very less'. When interviewed about diabetes mellitus and hypertension conditions, a substantial number of the respondents said: 'We have diabetes, and some of them said: We take medicines. When asked whether they know lifestyle modifications have positive impacts on Diabetes mellitus and Hypertension, they said: we know a little bit that regular walking and physical exercises control diabetes, but we do not have time for physical exercises, and have rice as a regular food three times per day. Some of them said they regularly take medications and some said they take them occasionally. These answers show that they do not have sufficient awareness about the seriousness of these conditions. When asked about stomach disorders, the majority of them said they have ulcers and they mentioned the reason: they leave the house very early in the morning and once arrive at the hospital they immediately start their work; in the same way, they get home very late (they live out of the city and limited buses are available and they have to wait for bus long); thus, they cannot have both their breakfast and dinner in time, due to which they lose their appetite and are prone to stomach ulcers. When they were asked how they cope with stress, the majority of their responses were that they worry about their life and sometimes cry or sometimes quarrel with their spouse. When they were further asked whether they know any stress relieving techniques, going out for trips or picnics with their family, they said 'no' and said they do not have money for that and they pointed out their low salary as a reason. Besides, the majority of them said: 'unhealthy shift-work system and the partiality of the managers in scheduling the shift system sometimes forces us to look after a continuous day or night shift for prolonged time, which disturbs our sleeping rhythm; hence, we, sometimes, get our sleeping affected desperately. They also continued: concerning the biased shift schedule, we can't give our suggestions to the managers, and they won't listen to us. We have to follow the schedule whatever we are assigned. To that extent, authoritative leadership is exercised on us.

Getting the Appearance of Old Age

A significant number of respondents have a high awareness that a heavy workload will give them an old-age appearance. When interviewed, they said: 'We know how we look like now and how we were physically when we began our work at this hospital as sanitary workers'. They also said: 'We are doing massive work without enough breaks, and we do not sleep sufficiently, and a substantial amount of time goes into travel, which also extracts our energy besides the routine works'. They also added: 'We worry a lot' – which is mainly due to the low salary, inability to meet financial needs, family commitments, job insecurity, and poor health are some of the reasons for our worries - is the main reason for old age appearance.

RECOMMENDATION AND CONCLUSION

Recommendations

The following recommendations are presented based on the result of the data to reduce the heavy workload of the sanitary workers and enhance the awareness of the impacts of heavy workload on their health:

- Since, according to the findings, heavy workload is the result of long working hours and two two-shift work systems, the top management should come forward to make necessary changes in them: three three-shift work systems can be introduced with eight-hour duty. Besides, top management should ensure that a sufficient number of employees are available as per the volume of work at the hospital and whether new employees are recruited as soon as existing employees quit the job.
- The findings, discovered through the discussion with the respondents, showed that inadequate assistance of mechanical devices (technology) is the reason for their health problems. Therefore, the management should extend the technical support by offering mechanical devices - such as vacuum cleaners - to facilitate their work. The sanitary workers must be provided with sufficient protective materials such as hand gloves, face masks, shoes, and overcoats at the expense of the hospitals along with vigorous health education on how to use them, and the managers should ensure whether they use the protective devices compulsorily during the work.
- Moreover, the managers of the housekeeping department should act fairly in exercising their leadership in terms of preparing shift schedules, allocating work and work areas, transferring employees to other departments, and providing weeks off and break time. Similarly, the managers should analyze the employees' health thoroughly and according to their physical condition, they should allocate the work and work areas to prevent the employees' health from deteriorating further.
- Since stomach disorders and weight loss are the impacts of heavy workload and the sanitary workers have low awareness about them, considering the physical nature of work and long working hours, the management should provide free lunches with a balanced diet for all the sanitary workers in their working days, if not, at least lunch can be provided at a concession rate. Similarly, the managers should set a fixed time interval for lunch breaks and tea breaks for the sanitary workers to prevent the employees not to get affected by stomach ulcers.
- Health education should be a crucial and strong part of the management to educate the employees on how to perform their work as easily and simply as possible so that it does not affect their health. As part of health education and training, employees should be taught how to relax by themselves - such as how to lie down and carry out small stretching exercises and breathing exercises - since their work is physically oriented. Similarly, health education should also include ergonomics training as to how to climb steps while carrying weight, and how to bend the body, and seating arrangements can be provided to them while they perform the tasks that are bending in nature such as segregating the biomedical wastes and washing.
- At frequent intervals, medical check-ups including respiratory and cardiac tests, at the expense of the hospital, should be performed for the sanitary workers to know whether their health remains fit to continue their work, and if their health is not too strong to continue their work, the managers should make needed adjustments and

changes in the work areas and work assignments. Besides, if the sanitary workers need enough rest to get their health ready to continue their work, the hospital management should provide them medical leave with a salary in the same way that medical leave is provided to the radiographers once a year with a salary to regain their health.

Limitations of the Study

The study has the following limitations: The first limitation of this study is its study area and its population: the study has focused on the sanitary workers working for private multi-speciality hospitals and single-speciality hospitals in Tirunelveli city of Tamil Nadu, and has not covered the entire District; and similarly, the study has focused on the sanitary workers working for private multi-speciality and single speciality hospitals and has not covered government hospitals and diagnostic centres. The second limitation of this study is the population size and sampling techniques: the study has sampled 100 respondents using both convenience and judgement sampling techniques; it has not applied probability sampling techniques. The third limitation of this research is the target respondents: the study has covered the sanitary workers working and has not focused on any other categories of employees in the hospitals such as paramedical employees: nurses, pharmacists, radiographers; other nonmedical categories of employees such as administrative workers, receptionists, security guards, maintenance employees; and medical personnel. The fourth limitation of this study is variable: the study has analyzed the awareness of the respondents towards impacts of heavy workload on health; however, it has not analyzed how much awareness the sanitary workers have towards the impacts of heavy workloads on job performance, productivity, job satisfaction and morale, family life, and social life. As a result of these limitations, the generalization of the result of this study into other hospitals in the study area, hospitals in other districts, and other categories of employees in the hospital sectors or other sectors need high-level caution, because the practice of the organizations differ from one organization to other organization; and one category of employees to another category of employees; and education level of employees.

Direction for Future Research Studies

This present study provides multiple directions for future research studies. Future research studies can be undertaken as a large study with the same topic covering the all hospitals in the study area using probability sampling techniques with large sample size. The future research can also be undertaken applying the same topic into the other category of employees: paramedical, non-medical and other category of non-medical employees. In the same way, the present study topic can be extended to the employees of other business organizations besides hospitals such as schools, colleges, banks, textile industries, super markets, hotels and so on. The same study can be undertaken as a comparative study adding the sanitary workers working for government hospitals and diagnostic centres as the population to be compared with. The future research studies can be carried out that how much awareness sanitary

workers or other category of employees in the hospitals or other sectors have about the impacts of heavy workload on family life, social life, job performance, productivity, commitment and morale. Similarly, a study can be undertaken from employer point of view: How far the heavy workload of the employees affects the productivity, performance and reputation of the organization.

CONCLUSION

The objective of this study is to know and compare the awareness of sanitary workers towards the impacts of heavy workload on their health. The study sampled 100 respondents from both multi-speciality and single speciality hospitals in Tirunelveli city of Tamil Nadu, India using both judgement and convenience sampling techniques. The primary data were collected using the schedule method with the help of a questionnaire, which was translated to the respondents in their mother language (Tamil). The secondary data were collected from books, journals, and projects. The percentage method has been applied to analyze the data. The results of the research show that the perception of the respondents of both kinds of organizations towards the effects - 'tiredness; weight loss; and stress, depression, panic, and irritation' is the same - 'I know somewhat'; the perception of the respondents of both kinds of organizations towards the effects, sleeping problem; Diabetes mellitus; Hypertension; Cardiovascular, Respiratory, and Stomach disorders; and Stress are same - 'I know very less'. The perception of the respondents in both kinds of organizations is the same: 'I know very much' towards the factor: Getting the appearance of old age. Sound health is vital for the productive work of employees, and it is determined by the optimal workload, which is neither too high nor too low. Since the heavy workload is largely associated with various health related conditions, which impair their productivity, performance; and enhances the absenteeism, lack of cooperation and conflict among the co-workers, and employee turnover over the period of time, the hospital management should take enough steps to educate their employees about the various negative effects of the heavy workload and how to tackle intelligently with proper planning and without hurting their health. And, the education program should include ergonomics, relaxation techniques, balanced diet and scientific ways of doing the work which extracts less energy from them. Thus, hospital management should take a crucial role in educating sanitary workers to know about the impacts of heavy workload; and at the same time, sanitary workers also should take equal responsibility to enhance their awareness about the impacts of heavy workload on health. Thus, through equal responsibilities of both hospital management and the sanitary workers in reducing the heavy workload, the sanitary workers can be made productive and committed resources, which in turn enhances the quality of cleanliness, patient care activities, customer satisfaction, and reputation of the organization.

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