

Awareness About Impacts of Heavy Workload on Health: An Empirical Study Among Sanitary Workers

Durairaj Rajan

Department of Business Administration
Faculty of Social and Management Sciences
University of Africa, Toru-Orua (UAT)
Bayelsa State, Nigeria.
drdirajan@gmail.com

Abstract

This survey, quantitative and empirical based descriptive research study has the objective of identifying the perception of the sanitary workers towards the impacts of heavy workload on their health. In order to achieve this objective, the study sampled 80 sanitary workers from the leading private multi-speciality hospitals in Tirunelveli city of Tamil Nadu, India using convenience and judgement sampling techniques. From the chosen respondents the primary data were collected using schedule method of data collection with the help of structured self-made questionnaire. The secondary data were collected from journals and projects to add appropriate significance to the study. The result of the study analysed having administered the percentage method discovered that majority of the respondents reported that: ‘they know somewhat’ that heavy workload causes tiredness, disturbance in sleeping, weight loss and getting the appearance of old age; ‘they know less’ that heavy workload causes generalised body pain and joints pain; and ‘they do not know anything’ that heavy workload causes stress, issues in appetite, respiratory and stomach disorders, diabetes mellitus, hypertension and cardio vascular disorders.

Keywords: Awareness, Impact, Health, Heavy workload, Sanitary worker, Tirunelveli city



Introduction

Background of the study

All business organizations, in the current dynamic and competitive business environment, are striving hard in all ways to survive, grow and remain in a leading position in their business industry. Hence, all business organizations are in the compulsory situation to use all resources (manpower, machineries, money, materials) to the fullest possible extent in order to attain the maximum profit. Among the resources, human resource is the principal resource, and their sound health (both physical and mental) plays a vital role in deciding their abundant productivity, strong commitment and great performance in an organization. Therefore, the continuous development of the human resources in all aspects by training and education remain essential in order to run an organization successfully in this dynamic and technology dominated business world. Trained and developed employees not only deal with the customers in a respectful, professional and decent manner in service organizations, but also perform their work interestingly and perfectly without any mistakes. In addition to reducing both absenteeism and employee turnover rates, training and development activities given to the employees normalize the workload of the employees by inducing them to perform their work scientifically, and reduce the recruitment cost and medical expenses of the employees in an organization. Thus, training and development is paramount to the employees in health care industry because they are dealing with uncertain human being; and the employees of all categories need to know how to do their job perfectly and accurately without flaws because a small mistake would bring negative effects in the patients' health, and the result of which would affect the reputation of the organization.

However, the common question is that if all organizations give great importance and attention in giving training and development to their employees; the answer is that very few organizations give importance to their employees; and most of the organizations do not. Although some organizations allocate sizeable amount to train their employees, the focus does not go towards sanitary workers. Thus, training including education, despite necessary to all category of the employees in the hospital, is tremendously important to sanitary workers. However, in most of the hospitals, sanitary workers are highly ignored from giving training programmes; the hospitals do not consider the hazards and difficulties existing in their job. Sanitary workers, the non-medical category of employees, belong to the housekeeping department. They perform various physical related works: cleaning activities which include cleaning and mopping of all areas, washing the toilets, removing the dusts, cleaning windows and doors, collecting the garbage from all the areas and segregating them according to the biomedical rules, transporting them to the point of disposal; patient care activities which include transporting the patients from one patient care areas to another area, preparing the patients for surgery and for transport after death; and other works which include gardening, washing the clothes used in operation theatre and intensive care units and doing some assistance works to the higher employees. All these tasks are associated with many health related disorders; and when these tasks are done repeatedly and continuously with high intensity without any mechanical support and without enough manpower support, it will bring numerous health related disorders. Thus, since the heavy workload which arise as a result of long working hours, lack of manpower, and discrimination is associated with multiple health disorders, sanitary workers need high awareness about how to safeguard them from exposing to these health disorders and thereby avoid the high risk of health disorders.

The study area has attained remarkable development in all aspects in the recent years. Numbers of health care institutions such as speciality hospitals, clinics, textiles, banks, petrol stations, transports, education institutions (schools, colleges, training centres), hotels and small scale industries have increased tremendously; and abundant growth has occurred in health care institutions exclusively. Besides hospitals, diagnostic centres, pharmacies, small clinics, colleges which offer medical courses such as nursing, medical laboratory, radiography, and other allied medical science programmes have emerged largely. Population, People's education level, income status, employment opportunities, entrepreneurial skills and infrastructures in the city such as road, railways and other government facilities have grown profoundly. Despite much developments in the study area in all aspects, still in most of the hospitals, twelve hours duty with two shift work system; poor welfare facilities; low salary against the government norms; rigid leadership approach from the superiors; discrimination in recruitment, salary, increment and rewards, transfer and promotion based on caste, religion and recommendations of the superiors; lack of concentration on career development of the employees exist highly. All these factors cause different effects to different category of the employees. Among them, absenteeism, employee turnover, low productivity, errors in the work, lack of cooperation among the employees, insubordination and unwilling to take part in team work are few noticeable effects. But, among the sanitary workers, the highly existing impacts are absenteeism and employee turnover.

In the study area, already, in most of the hospitals, the housekeeping departments are running with less manpower which is not adequate in accordance with the patients' volume and numbers of beds and the tasks being allocated. Hence, the workload for the remaining employees is normally increasing, which brings to them numbers of health related issues. Over the time, when it continues constantly, it will get them not to concentrate on their work leading to poor result in their work; and also push them to quit from the job, which will again double the workload of remaining staffs and lessen the satisfaction and quality of care of the patients. Therefore, the employees need to be aware of the various health related issues arising as a result of heavy workload and know how to manage the heavy workload wisely so that it does not harm their health. Hence, there is a need to know how much awareness the sanitary workers have about the impacts of heavy workload on their health and give suitable recommendations to the hospital management to establish appropriate policy to enhance the awareness level among the sanitary workers through appropriate means. Therefore, this study is undertaken with the objective of knowing the awareness level of the sanitary workers towards the impacts of heavy workload.

Need for the study

Adequate knowledge about negative effects of high workload is paramount for employees of all categories and all levels because, taking necessary precautionary steps will assist the employees from undergoing dangers and risks. It is not only important for employees, but also it is necessary to the organizations, because more the awareness about various negative impacts of heavy workload, the lessor the absenteeism and employee turnover rates, which will further reduce heavy workload of the remaining employees and also reduce medical expenses of the organizations. Thus, enough awareness about negative impacts of heavy workload favours both employees and organization.

The work-life of sanitary workers is fully physical oriented; all their work is composed of physical nature of work which are naturally highly associated with physical ailments such as body pain, joints pain, general tiredness, sleeplessness, head ache, digestive problems, respiratory problem and cardiac related disorders. Continuous heavy workload without enough rest and lack of knowledge about how to perform the work in a safe way will further worsen their physical condition badly. Hence, proper intervention of management with regard to facilitating their work with machineries, and regulating rules and regulation such as appointing adequate numbers of employees according to the volume of patients, offering training to get them know how to perform the work both in a simple and easy manner would assist the sanitary workers to further carry out their work in a simple manner without hurting their health.

In the study area, despite rich development in terms of technology, infrastructure and transport facilities, still in many private hospitals employee turnover and absenteeism rates remain high among the sanitary workers. Although many factors are responsible for these absenteeism and employee turnover, health related causes stands first among them. In the study area, policy related factors such as long working hours, two shift work system, low salary, autocratic leadership style of the superior, discrimination by the superiors in terms of caste, community and religion, inferior approach towards the sanitary workers by employees of all other departments and inadequate welfare facilities are common in most of the hospitals. All these factors both directly or indirectly are associated with health of the employees, and primarily affect their job satisfaction causing employee turnover. Among these factors, long working hours and two shift work system are highly associated with health of the sanitary workers. With these factors, heavy workload is added, definitely health of the sanitary workers are highly affected. In the study area, lack of manpower remain a major issue in all hospitals because the sanitary workers move to other sector to do the same sanitation work or to involve in small businesses.

Sanitation work in other sectors such as educational institution, textile industries, banking sectors and office related works are simple; and they do not need to perform patient care activities in these organizations. But, in the hospital sectors, in addition to routine cleaning and mopping activities, they also need to perform patient care activities such as cleaning urine and motion, giving bath to the patients, transporting the patients and preparing the patients for surgery and after the death. Thus, the workload for the sanitary workers are huge; and hence most of the sanitary workers started moving away from the hospital related works. Besides, the government has introduced hundred day work scheme, and it is considered as a government job by majority of the people. Moreover, since there is no caste oriented treatment, which is prevalent in all kinds of organizations in India, in this hundred day employment scheme, most of the people who is doing housekeeping work in various sectors move to this employment, and, as a result of which, the manpower shortage in majority of the hospitals is becoming increasingly high. Hence, the existing employees are assigned with huge workloads and it, over the period, affects their health.

Moreover, in the study area, the hospital sectors do not show much interest and pay huge attention in providing training and health education to the sanitary workers about heavy workload, occupational hazards and work and family life balance and so on. And, the managers of the housekeeping departments also, due to their lack of professional and higher education, neither analyse the job, nor simplify the work, nor modify the work in order that

the sanitary workers can perform the work in a simple manner without physical and mental hurt. Due to all these reasons, the sanitary workers perform their work without scientific manner, and instead, they perform all their tasks using their own method of doing the work. Moreover, the sanitary workers actually, do not know how to plan the work, divide the work and share the tasks with co-workers and how to do the work in a simple way. Hence, they do a small work in a complicated way, without assertiveness to claim mechanical support from the management, which itself is the big reason for both physical and mental work burden. And, thus, since the sanitary workers perform all their work in hard manner under the conditions of lack of manpower, long working hours, absence of mechanical support and unsupportive leadership approach, they routinely suffer from heavy workload and are prone to sickness. Hence, it is necessary to know how much they are aware of various impacts of the heavy workload that affect their health, and offer suitable recommendations to the management as to how to reduce the heavy workload of the sanitary workers.

Objective of the study

The objectives of the study are to analyse the perception of awareness of the sanitary workers towards various impacts of heavy workload on their health; and to present suitable recommendations to enhance the awareness of the sanitary workers.

Scope of the study

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

Significance of the study

This study will be useful to hospital administrators, sanitary workers, managers and research scholars. The findings and suggestions of this research will give a deep insight to the hospital top level managers with regard to various health related impacts associated with heavy workload and how it affects the work performance and functions of the hospitals; and thereby the findings and suggestions assists them to make policy changes with regard to manpower strength and workload allocation and training and education for both sanitary workers to know how to carry out the work simply without hurting their health and how to relax them; and for the managers of the housekeeping department to know about healthy leadership style and scientific way of work allocation. 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 analyse the sanitary workers' health and interest and understand them empathetically and thereby the allocate tasks and get work done by them.

Similarly, the health related factors discussed in this study and how it arises as a result of heavy workload would be the new source of knowledge to the sanitary workers and give them a chance of knowing how the heavy works allocated to them and the work they perform without taking enough rest and balanced diet endanger their health and their family life; and

thereby to prepare them by themselves to tackle the heavy workload and develop assertiveness to claim the management their rights of fair salary, additional manpower, adequate rest and welfare facilities. 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 work 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).

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 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 moreover, 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 was shoulder and neck pain followed by head ache and sleep disturbances while sleep disturbances, while sleep disturbances, low back pain, shoulder and neck pain were the most prevalent and seer symptoms among the men. 30% of women and 15% of the 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, 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 demand, 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 main predictors of fatigue in descending order. Workload, motivating potential score, task cycle time and rate set by process and line speed sere identified as 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 service function is concerned most of the time is devoted to presentation of conferences and communications followed by participation to the preparation of a congress and participation to 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 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 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 effects of workload on burnout and turnover intention of medical staff and found that workload had significant effects on emotional exhaustion where 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 workplace presented remarkable positive effect on depersonalization in burnout. The analysis also observed that significant standard that workload showed notable effects on personal accomplishment where time load, spirit investment and mental stress in workload appeared significantly positive effects on personal accomplishment on burnout. Similarly, the study also observed that workload presented remarkable effects on turnover intention where time load, spirit investment and mental stress in workload revealed notably positive effects on turnover intention. Besides, burnout showed notable effects on turnover intention where

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 level appeared higher and autonomy component was higher in rural hospitals. The variability of 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 in relation to the professional status followed by interaction and autonomy components, whereas the lowest levels were in relation to 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 round a clock or the night shift.

Omar MK *et al.* (2015) studied workload, role conflict and work life balance among employees of an enforcement agency in Malaysia aiming to identify the effects of workload and role conflict towards employees' work life balance. The study found that the respondents' workload, role conflict and work life balance were at moderate level. The result showed that 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. The study also found that there was a positive significant and strong association between both variables. The findings confirmed that increasing workload and role conflict will decrease the employees' work life balance. Therefore the study found that 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. The findings of the study also observed that workload was the most dominant factor affecting work life balance followed by role conflict.

Tancinco NP (2016) analyzed workload of 120 faculty members from six State Universities in Philippines. Majority of the respondents agreed that 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) their study examined the effects of daily workload on employee affective states, work-to-family conflict, and home social behaviours over a representative two weeks

period. Results of the study were largely supportive of hypotheses. The study found that daily workload is an important predictor of affective states and work-to family conflict. As part of this finding the study suggested that managers must recognize that even if their employees do not have high chronic workload, high workload and any specific day negatively impacts their mood and increases work family conflict on that day. The study observed that even employees are not working additional hours when they are under heavy workloads, the strain or psychological distress caused by heavy workloads may still leads to higher work-family conflict. The study also found that work negative affect mediated the relationship between workload and home negative effect, indicating that negative moods induced by heavy workloads are carried home at the end of the day. Finally, the study observed that employees who reported 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 level of work-family conflict.

Rajan D (2018) analysed perception of the sanitary workers towards various risk factors associated with 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 heavy workload and its impact on health and work and behaviour of the sanitary workers.

Rajan D (2019a) analysed 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) analysed perception of the sanitary workers towards lack of resources related factors causing heavy workload from the sample of 80 sanitary workers working in leading private multi-speciality hospitals, Tirunelveli city of Tamil Nadu, India and found that majority of the respondents strongly agreed that resources related factors such as inadequate manpower, sudden absent of co-worker, sick of co-worker during the work, lack of cooperation and coordination of co-workers and other category of employees, not filling vacancy in the department, lack of equipment and not introducing machineries, repair of machines and management not taking 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.

Rajan D (2019c) in his study identified and described the perception of the sanitary workers private multi-speciality hospitals in Tirunelveli city of Tamil Nadu, India toward various shift work related factors causing heavy workload. The result of the study revealed that majority of the respondents strongly agreed that the factors such as two shift work system with 12 hours duty, sudden extension of duty, continuous day or night shift, fixing schedule without consent of the employees, rigid approach in implementing shift schedule, lack of cooperation of co-workers to switch over shift work during emergency situations, no adequate off between two shifts, compulsorily forcing employees to come for duty during their off period,

autocratic approach of the managers in preparing and executing shift schedule and managers not permitting to swap shift schedule with co-worker with mutual consent were the factors associated with shift work causing heavy workload among sanitary workers.

Rajan D (2019d) investigated how various leadership related factors associated with workload of the sanitary workers and the result found that the factors, bias in workload allocation, not observing and enquiring about health condition, 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 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 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 with regard to 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 influence job satisfaction, and also that the influential role of social support in the work generate favourable job attitudes. The study also observed that employee 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, person's interest remain contradict with the job role, salary is not adequate in accordance with the work performed, discrimination and bias in fixing salary and inadequate non-monetary rewards for effective contribution at work were strongly agreed by majority of the respondents.

Rajan D (2021b) analysed how organization structure and management practice related factors cause heavy workload and indicated that complex organization structure; not communicating the objectives of the task and its importance towards 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, the researcher of this current study has undertaken few studies related to the awareness: awareness level of medical laboratory technicians about occupational hazards and awareness of nursing employees about impacts of work stress; and awareness level of the sanitary workers about causes of occupational hazards. In the same way, the researcher of this current study has studied causes of heavy workload from the perspectives of long working hours, leadership, shift work, lack of resources, organization structure and management practice, and role and compensation related factors. Since the studies undertaken in the study area about heavy workload have discussed only from both causes and impacts point views, and no study, not only by the current study researcher, but also by other researchers, has yet been undertaken about awareness of the employees of any kind about the impacts of heavy workload on health, there is a vast scope for studying about how much awareness the sanitary workers have about the impacts of heavy workload on their health. Hence, this present study fills that gap and shows way for future studies in many ways.

Research methodology

This quantitative and survey based empirical research has adopted descriptive research design because it describes the perception of awareness of the sanitary workers towards the impacts of heavy workload on their health. The element of this study is sanitary worker working for the private multi-speciality hospitals in Tirunelveli city (study area) of Tamil Nadu, India. The study has sampled 80 respondents from the selected leading private multi-speciality hospitals in the study area using both convenience and judgement sampling techniques. From the sampled respondents, the primary data were collected using schedule method of data collection with the help of questionnaire. The questions in the questionnaire, (constructed by the researcher based on the knowledge gained in the field of hospital administration by personal observation, personal discussion and going through the records) were translated to the respondents in their mother language (Tamil) and their respondents were recorded. 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 these responses carried the weightage of 5, 4, 3, 2 and 1 respectively. The secondary data were collected from the journals and projects to add significant support to the study. The percentage method has been administered to describe demographic characteristics of the respondents and to analyse the perception of the respondents towards impacts of heavy workload on their health.

Analysis and interpretation

Table 1: Demographic characteristics

Variable	Description	Frequency	Percentage
Sex	Male	16	20.00
	Female	64	80.00
Age	Below 30 years	07	08.75
	Between 30 and 35 years	22	27.50
	Between 35 and 40 years	33	41.25
	Above 40 years	18	22.50
Marital Status	Married	72	90.00
	Unmarried	08	10.00
Year of working experience	Below 2 year	12	15.00
	Between 2 and 4 years	32	40.00
	Between 4 and 6 years	26	32.50
	Above 6 years	10	12.50
Salary (Rs)	Below 5000	12	15.00
	Between 5000 and 7000	41	51.25
	Between 7000 and 9000	21	26.25
	Above 9000	06	07.50

Source: Primary Data, 2021

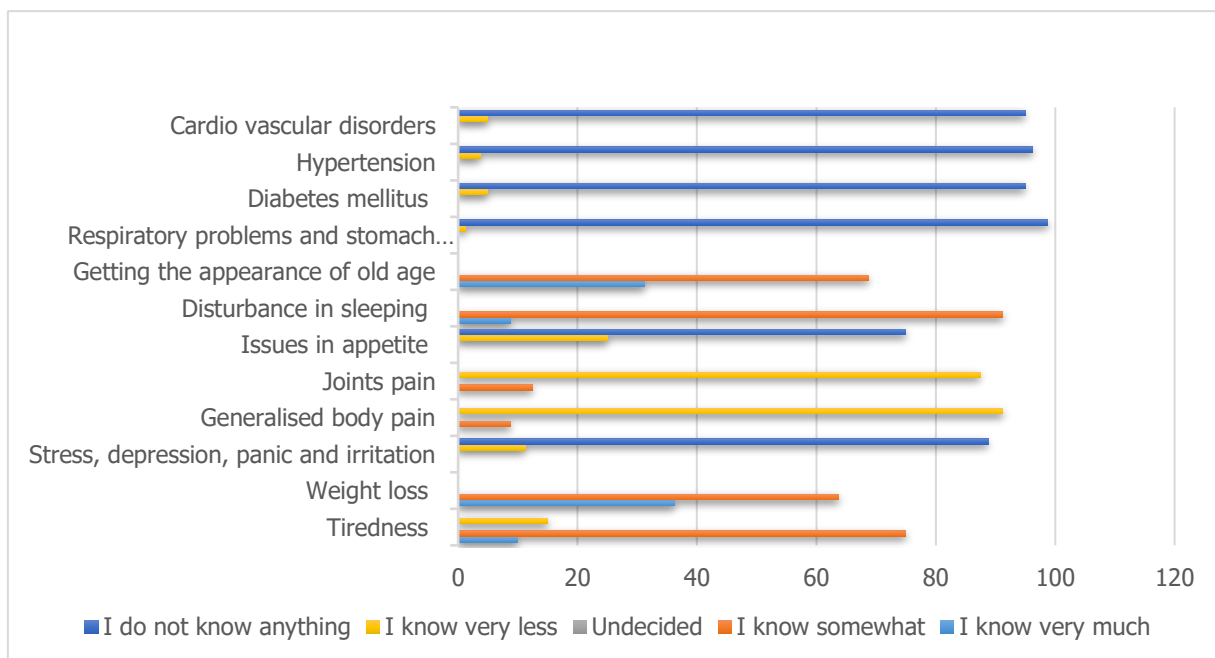
It can be understood from Table 1 that among the respondents, 20.00% were male and 80.00% were female. Of them, 8.75% were below 30years of age, 27.50% between 30 and 35 years, 41.25% between 35 and 40 years and 22.50% were above 40 years of age. Furthermore, among them, 90.00% were married and 10.00% were unmarried. In all, 15.00% had below 2 years of work experience, 40.00% between 2 and 4 years, 32.50% between 4 and 6 years and 12.50% had above 6 years of work experience. Among them, 15% were drawing below Rs. 5000 of salary, 51.25% between Rs. 5000 and 7000, 26.25% between Rs. 7000 and 9000 and 07.50% of them were drawing above Rs. 9000.

Table 2: Awareness about impacts of heavy workload on health

Impacts of heavy workload on health	I know very much	I know somewhat	Undecided	I know very less	I do not know anything
Tiredness	10.00	75.00	0	15.00	0
Weight loss	36.25	63.75	0	0	0
Stress, depression, panic and irritation	0	0	0	11.25	88.75
Generalised body pain	0	08.75	0	91.25	0
Joints pain	0	12.50	0	87.50	0
Issues in appetite	0	0	0	25.00	75.00
Disturbance in sleeping	08.75	91.25	0	0	0
Getting the appearance of old age	31.25	68.75	0	0	0
Respiratory problems and stomach disorder	0	0	0	01.25	98.75
Diabetes mellitus	0	0	0	05.00	95.00
Hypertension	0	0	0	03.75	96.25
Cardio vascular disorders	0	0	0	05.00	95.00

Source: Primary data, 2021

Figure 1: Awareness about impacts of heavy workload on health



The researcher presents below the interpretation to the analysed data. The researcher has also incorporated his knowledge obtained from the hospital administration field (by way of observation, personal discussion and daily operations management) in the interpretation to add appropriate significance to it.

Tiredness

Heavy workload is the primary and major reason of huge tiredness, which not only affect the employees in the workplace but also disturb them even after they reach home finishing their work. Since sanitary workers do all their work physically, it is common that they undergo physical tiredness. When the employees get tiredness and it does not allow them to continue their work, they need to take enough rest (if not possible at least a little rest) and continue their work, so that it does not effectuate their health negatively. But, the question is, in the study area, if the sanitary workers are allowed to take rest during the working hours.

Majority of the respondents have responded that 'they know somewhat' that heavy workload is the reason for their tiredness. But when they were interviewed to know how they cope up with tiredness and what steps they take to relax themselves to enable them to continue their work, majority of them said that they do not have enough time to relax and after the lunch break they just sit a little time here and there especially on the steps or outside the rest room which other category of the employees use. Even though they have the right to use the common rest room, due to their nature of work and their community background they are not allowed to use the rest room completely; and even if they are allowed they need to sit on the floor and lie down on the floor without utilising any other facilities such as chair in the rest room. And, they are not allowed to sit on the chair. Thus, their break period does not give them any fruitful benefit. Moreover, they have to continue their work immediately without adequate break; and they have to do all the work manually without adequate mechanical supports.

Leadership style of the superior also is the factor for the cause of their tiredness. In the study area, the managers and supervisors are not highly professionally educated, and hence their way of leadership is not healthy and democratic. And hence, they do not know how to get the work in a simple and easy ways. They do not know how to analyse the employees' skills, interests, health status and their previous experience; and they allocate the work areas and assign them work autocratically without discussing with them and knowing their interest. Therefore, the sanitary workers need to work in the area in which they are not interested and their health does not suit. The continuation of work without having the health suitable to the work and without interest itself give them mental dissatisfaction. And, huge tasks assigned to the sanitary workers, their position to perform those tasks without adequate co-workers' support and machinery supports, and mental dissatisfaction increase their tiredness both physically and mentally.

Besides, the transport issue is another challenge that worsens their tiredness. Most of the sanitary workers travel long distance for job and they have to travel through two to three transports and in order to reach the workplace they have to wake up earlier and they normally reach home late. Therefore, they spend significant amount of energy in travel, and inside the hospitals, in most of the hospitals, the sanitary workers need to use the steps to climb instead of lift facilities (some hospitals do not have lift facilities and in some hospitals lift is not allowed to the employees). Thus, all these together cause them huge tiredness which persist even after they go home finishing their work. Hence, in order to get the sanitary workers to undergo huge tiredness in the workplace, it is needed to assign the work according to their interest and health status; and provide them with needed machinery support to enable them facilitate their work; and changing their shift policy and working hours; and being caring and

supportive in terms of exercising leadership approach towards them; and assisting them with transport facilities and allowing them to use lift facilities in the hospital as same as how it is allowed to other employees; and also, they should be treated equally in utilising rest room to enable them to use their rest hours usefully and enable them to prepare them to continue their work comfortably.

Weight loss

Appropriate body weight according to the age and height is mandatory to lead healthy life, but when weight loss occurs continuously, over time, it will bring serious complications to their health. Hence, maintaining adequate weight in accordance with the age and height is principally important. Rich knowledge about the food, rest and other factors that are associated with maintenance and retention of weight is enormously needed to the employee; and the knowledge about the work and the specific tasks and methods of doing those tasks and its association in hurting and affecting the health is also necessary for the employees. Either absence or lack of knowledge about these, will not only cause weight loss, but also over time it will seriously paralyse the health leading to permanent disability.

Awareness of majority of the sanitary workers towards weight loss due to heavy workload comes under the scale of 'I know somewhat'. When they were interviewed, majority of them said that heavy workload, long working hours and continuous unhealthy shift work are the causes of their weight loss, but when they were asked what steps they take not to lose their weight, they could not answer. From these responses it could be known that although majority of them have remarkable knowledge about weight loss, they do not have sufficient knowledge as to how to take care of their health not losing their weight.

Although, in the study area, the sanitary workers are assigned high workload due to lack of manpower in the department, since the housekeeping manager do not know how to allocate the work after analysing the health condition, experience of the employees in the field, interest of the employees, naturally, sanitary workers find their work hard, and undergo challenges to perform the work. Besides, lack of education of the sanitary workers is another reason that gets them not to plan the work appropriately and do their tasks in a systematic way. Family history and economic condition of the sanitary workers do not allow them to take well balanced diet, and hence their body do not support them to carry out high workloads assigned to them. Sanitary workers, although their body do not support to do the works assigned, cannot deny their work assertively because of their submissive nature and caste background. They would normally be threatened by the managers telling their job security as a reason. Thus, sanitary workers always do the work assigned to them by their chiefs although they cannot do those tasks, and hence, their body lose weight. In addition to the heavy workload, the nature of job they do such as continuous sweeping, mopping, transporting the patients in the stretcher from one place to another place, transporting the wastages from one place to another place, cleaning urine and faeces of the patients, inhaling chemicals during sweeping and mopping, continuously climbing steps many times, and prolonged standing and walking are some of the other reasons for their weight loss. In most of the hospitals, all works are done by sanitary workers physically, and they do not have any machinery supports to carry out their work.

Although these are the reasons associated with heavy workload causing weight loss to the sanitary workers from their side, hospital management also equally be responsible for their

weight loss. Long working hours in practice, lack of adequate manpower in the department, improper ergonomics training to the employees, not providing balanced diet, inadequate rest in between the continuous work, and autocratic leadership styles of the manager also are equally responsible for weight loss of the sanitary workers. Therefore, both sanitary workers and hospital management should show concern towards maintaining health of the sanitary workers in terms of body weight. Sanitary workers should learn how to perform their duties in a wise and logical way that it does not effectuate their body negatively; and similarly, hospital management should take responsibility to transform leadership style of the housekeeping manager, and make changes in the diet and working hours and shift to enable the employees to lead healthy life.

Stress, depression, panic and irritation

Heavy workload is highly associated with stress, and it, in the workplace, is expressed in many forms such as depression; panic; and showing irritation to the co-workers, and other department employees; not completing the work fully; purposefully delaying and postponing the work; and sometimes it extends up to quarrelling with co-workers and superiors. Majority of the sanitary workers have reported: 'they do not know anything' that stress is the outcome of heavy workload. When they were asked in interview, how they cope up with the high stress and burnout, they could not give any fruitful answer; some of them said they worry, get depression and sometimes stay alone. From these responses, it could be understood that, although majority of the sanitary workers have known that stress is the outcome of heavy workload, they do not know how to overcome and cope up with the stress arising at the workplace as a result of heavy workload. Hence, it is essential that they are in need of education about coping strategies about work stress and modification in the work and work procedures.

Stress among the sanitary workers is unavoidable in the workplace because of not only heavy workload, but also of rigid rules and regulations and practice existing in most of the organization in the study area, such as two shift work system with twelve hours duty, and rigid leadership style of the housekeeping managers. All hospitals in the study area are strictly enforcing these long working hours, two work shift system and rigid and autocratic leadership style over sanitary workers than any other category of the employees in the hospitals. All these factors are commonly being a source of stress to sanitary workers. Besides these, in the study area, most of the hospitals have lack of manpower in the housekeeping department due to emerging of other business sectors; and nature of work of sanitary workers in the hospitals which is the main cause of heavy workload; and due to this lack of manpower too many tasks are assigned to the existing sanitary workers. In the same way, absenteeism which is commonly occurring among the sanitary workers push the sanitary workers in the duty to extend their duty either in day or night shift. All these factors are highly associated with heavy workload and eventually they cause extreme stress among sanitary workers.

In addition to these, punishment exercised vigorously to the sanitary workers in the form of deduction of salary and denial of leave and other welfare facilities due to their illiteracy and community background are also the causative factors of stress, depression and panic among sanitary workers along with heavy workload. When the sanitary workers undergo stress, they do not know how to manage stress wisely without disturbing others; instead some of the

employees exhibit their stress, depression and panic in the workplace in the form of shouting, quarrelling with co-workers, superiors and other department employees, and some employees go silently without causing disturbance to others. The way of expressing the outcome of stress in both way hurt their health, and disturb both work and workplace; and hence it remains important that the housekeeping manager should analyse the factors which cause stress among sanitary workers, and do necessary steps as to how to rectify those factors. The housekeeping manager can do the following management to reduce stress of sanitary workers: Normal workload as per norms, supportive and motivating nature of leadership from superior, flexibility in working hours and work shift, consent from the sanitary workers to extend shift work, appointing adequate manpower according to the number of the patients and volume of work, necessary welfare facilities, and stress management programme at the frequent intervals.

Generalised body pain and pain in joints

All kinds of physical work is typically associated with pain in joints and muscles and general body pain. Since sanitary workers' nature of job is fully physical oriented, it is common that they are affected with body pain and joints pain. Majority of the respondents have reported that they 'know very less' that heavy workload would cause generalised body pain and pain in joints. When they were interviewed, all of them said they have severe joint pains, and very often they are suffered with pains all over the body, and it lasts for sometimes up to a week period. But, when they were asked how they are coping up with body pain and joints pain, they said they intake pain medications, and continue their work.

Since in the study area, due to lack of introduction of technology in the housekeeping department, all works are done manually by the sanitary workers. Sweeping and mopping activities are associated with movements of shoulder, elbow, wrist, knee, hip and spinal cord. Continuous bending, sweeping and mopping activities, not only cause pains in these joints, but also cause severe muscle and general body pain leading to severe tiredness. Continuous climbing up and down steps carrying luggage of heavy weight will cause severe pain in their knee joint, hip joint and ankle joints. Sanitary workers working in intensive care units need to stand for long hours, besides routine sweeping, and mopping activities, and it not only causes tiredness, but also general body pain. Exposure to continuous chillness will worsen their pain and tiredness.

Continuously having joint pains, over the period, will cause arthritis especially for aged employees. In the study area, sanitary workers, mostly, are above 40 or 45 years of age, and fully uneducated. Hence, they do not have awareness about the ill effects of prolonged joint pains. Most of them, due to financial needs and strict hospital rules, without taking rest and proper medical treatment, continue their work just with the help of self-medication. Sanitary workers, due to poverty, instead of going to hospitals and undergo proper diagnosis and treatment for body and joints pain, they intake medications just from medical (pharmacy) shops that are cheap and affordable for them; and they have not known what sort of side effects it causes to them.

Since nature of work of sanitary workers are completely associated with body and joints pain, the housekeeping manager should show special attention on health conditions of the employees. According to the age and condition of health, workload should be assigned. Adequate rest and fair shift interval should be provided; and they should be allowed to avail

their medical leave to enable them to prepare to the next work without hurting their body too much. Similarly, housekeeping managers should be highly innovative in nature, and they should continuously persuade the top management to replace manual work as much as possible with machineries, and thereby reduce the heavy works done physically. In the same way, the hospital management should provide balanced diet and medical examination at free of cost or at concession rate at regular interval, and if found they are ill and need medical treatment, the hospital management should come forward to give them free treatment. Moreover, since they are completely doing physical work, the management should offer free food with vegetables or proteins one time per day either at free of cost or at concession rate to enable them to maintain their health soundly, which in turn, will give positive result to the organization. Similarly, health education such as ergonomics and dietary advice should be given to them at the regular intervals understanding their illiteracy level and level of understanding to manage their health themselves.

Issues in appetite

Appetite issue is a gastro intestinal condition that is largely associated with diabetes mellitus, ulcer and weight loss which, over time, create many complications including death. Appetite issues are largely associated with heavy workload because due to heavy workload, the employees miss taking their food on time, and when it happens continuously, over time, it will cause diabetes mellitus, ulcer, appendicitis and heavy weight loss which lead to severe health complications. As far as sanitary workers are concerned, due to their nature of job; lack of importance given to them by the management; their poverty; illiteracy; and rigid rules of the organizations, they normally do not take their food on time. Majority of the respondents have reported that 'they do not know anything' that heavy workload is associated with their appetite issues. When interviewed, majority of them reported that they do not take food on time because of continuous work and irregular lunch schedule. When they were asked if they know what the complications of not taking food on time, and not having appetite are, majority of them could not give any answer, which shows they are not aware of its complications.

In the study area, all the sanitary workers leave very earlier in the morning from their house for job; and after they reach the work place, they immediately start the work because most of the time they reach the workplace sharply on time or lately; and hence, they do not have time to take their breakfast. Mostly, they bring both their breakfast and lunch together with them to the hospital, and when they have free time in work interval they take their food. Thus, they miss taking their breakfast on time which is vital to support to their work; and those who work in the intensive care units, the morning breakfast is inevitable because they would be highly vulnerable if they do the work with empty stomach because of the nature of work (highly possible to undergo infections) in the intensive care units. Most of the time, once they start their work without taking breakfast, they cannot return to take their food, because they cannot leave from the work, which they are doing currently, in the middle. Thus, they take the morning food after 10.30 am or 11.00 am which is almost close to the noon; and after they take their breakfast they immediately start their duty without taking a bit of rest. Sometimes, the supervisors even do not allow them to take their food (the supervisors normally scold them why they have not taken their breakfast at home before arriving to the job; but it is not possible to take breakfast very early in the morning because they leave for job very early in the morning) and even if they permit to take their breakfast they do not give even a little time

to take rest. The same situation occur in the lunch also. Since they take their breakfast very lately, they do not have appetite for lunch, and due to this they take their lunch also very lately. In those kinds of cases, they take both breakfast and lunch together during lunch time. Thus, although it is said that they take food, both lunch and breakfast, the time they take their food is not right and they miss the food taking on right and fixed time. When the same situation continuous, their body system will get collapsed; and thereby they lose the appetite which does not allow their body to take enough food; and thereby lead to health related complications: diabetes mellitus, ulcer, appendicitis, constipation and diarrhoea.

Since there is no dedicated time interval for the sanitary workers, which other category of employees have in the workplace, in most of the hospitals the sanitary workers do not take food with a regular schedule; instead they take food at different times in different days which itself is the major reason for appetite. Moreover, their submissiveness and illiteracy do not get them to talk with their superiors assertively to give them a break if they are starving; instead, they wait till the work complete and the supervisors allow them to take their lunch. Still, in many hospitals, the supervisors fix time for lunch for the sanitary workers, and it is not regular in nature. The privileges which other category of employees enjoy in the hospitals: taking rest for a significant time by relaxing in the rest room or reading in the library is not given to the sanitary workers. Very few hospitals allow their sanitary workers to take a bit of rest after the food, and it also depends on the emergency of work. If any emergency need arise, the supervisors immediately call the sanitary workers for the work; the illiteracy and submissiveness of the sanitary workers also push them to obey to the order of the supervisors even though it is not allowed as per the labour law. Thus, the sanitary workers in the study area neither take food on time, nor take enough rest after the food which other category of the employees enjoy. Moreover, a significant numbers of the sanitary workers have low body weight with anaemic conditions; and mostly the common health conditions the sanitary workers undergo are appendicitis, anaemia and weight loss. The poor leadership qualities of the manager also is one of the reasons for the gastro intestinal conditions of the sanitary workers; because of the lack of professional education of the managers and dominant caste state of the housekeeping department managers, they do not know how to handle the sanitary workers considering their health status such as permitting them to avail the food on time and take a bit of rest to prepare them for the next level work. Therefore, the hospital management should pay attention in giving a fixed time interval, and allow the sanitary workers to take their food on time as same as how other category of the employees take their food; similarly, the housekeeping managers should be given training about the occupational hazards arising out of not only machineries but also all other diet related and how to take care of their departmental employees; and also education should be given to the managers with regard to treating the employees in accordance with their health status.

Disturbance in sleeping

Both adequate and deep sleep is necessary to carry out the next day work in the workplace in a productive and healthy manner. Inadequate and superficial sleep not only disturb the health of the employees, but also paralyse their work in the workplace. Similarly, enough knowledge about rest and deep sleep, and also how to induce sleep sufficiently is equally important to lead a healthy life. The answer of majority of the respondents fell under the category of 'I know somewhat' towards the question about how heavy workload impacts sleeping negatively; and when they were interviewed, majority of them answered that when

the heavy workload associate with long working hours, irregular shift work system, rigid rules and regulations of the hospital and poor welfare facilities, it disturbs their deep sleeping and sometimes it causes sleeplessness, which in the long run affect their health also. They also said: they do not sleep sufficiently and the heavy workload and long travel are the reasons.

In the study area, due to long working hours and two shift work system which are in practice, the sanitary workers are highly suffering that they cannot reach home earlier and need to leave for duty in the following day earlier. Both these factors are hugely associated with disturbance of the sleep, and they cannot get deep sleep with sufficient amount of rest which a person normally need. Besides this, suddenly and unexpectedly extended shift work would disturb their normal and routine sleep pattern, which trouble their health system. Moreover, the regular sleeping time is inevitable to induce the sleep and get deep sleeping; and it happens when the body adopt to the regular and routine system. When the shift system goes in a routine and proper way without too much deviation, the body adopts to that system. For instance, usually shift system is scheduled: the sanitary workers should take day shift for one week, and night shift another week, and again day shift for one week, and thus, the cycle continues in the same way. But, when this regular shift is changed abnormally in such a way that too long night shift or too long day shift and then allow the employees to go to the opposite shift cause big abnormality to the body which make the body to adopt to the system and thus affect the sleeping. In the study area, the housekeeping managers, in order to satisfy higher officials or to do favour to some employees whom they like, normally prepare the duty schedule in an unfair manner which disturb the routine shift work of the particular employees; and thus, the sleeping of the few employees are highly disturbed and affected. The routine rotation shift work is necessary to maintain the normal workload and sound health, because in the morning shift the workload of the sanitary workers is very high; and their workload in the night shift is comparatively less because the tasks which are associated with patient care activities are less in the night shift, and hence they can take some rest to compensate and normalise the heavy works they did in the previous week's day shift. However, when the sanitary workers are not given opportunities to avail night shift and instead allocated continuous day shift would enhance their workload very high, and their body will accustom to the night sleep; and when they are suddenly moved to night shift, their sleep get disturbed. Similarly, when the sanitary workers are continuously given night shift, their body will adopt to the morning sleep; and when they are moved to the day shift, their body would not adjust to the night sleep. Thus, since there is challenges in both shift when it is continuously allocated without rotation manner, the housekeeping manager should prepare the schedule cautiously that both day and night shifts come in a rotation way as per the policy of the hospital unless it is highly necessary to change the shift; and even it happens to change the shift, it should be on temporary and short term basis and not on long term.

Getting the appearance of old age

Adequate rest and enough sleep, happiness, stress free life, balanced diet, intake of food on time and work and family life balance are the factors largely associated with appearance of the physique of the employees. When these factors are negative or when the employees have not got adequately, the employees get the look of older age in their young age. Most of the sanitary workers appear very older than how they should appear in their age; and most of the sanitary workers very soon after they start their sanitary work profession they get their physique collapsed. As same as family issues (such as finance crisis, worriedness, and other

family issues) issues arising in the workplace also are equally playing a role in maintaining their physical appearance. Majority of the respondents, to the question how much they are aware that heavy workload impacts their physical appearance and cause them getting older age appearance in young age, reported that 'they know somewhat'. When interviewed, they said they just go to the work and do the tasks what are assigned to them, and they do not bother about or care about how the work they do influence their physical appearance. Too much physical work assigned to them continuously without enough rest, rough and tough way treatment by the superiors which brings them too much stress, too long travel every day make their body tired and get them lose their weight. When they undergo into these situations continuously they get their physique collapsed little by little and get the appearance of older age.

Moreover, due to lack of education and illiteracy, sanitary workers do not maintain their health goodly; they neither carry out any types of physical exercises nor have knowledge of it, nor take balanced diet, nor have the knowledge of balanced diet. And due to these, they mostly lose weight and lose their appearance which they should have in accordance with their age. In the work place in the study area, in addition to too much workload and missing of intake of food on time and rough and disrespectful approach and treatment from the superiors and discrimination in the work in terms of work area allocation, work shift allocation and co-workers allocation which they are not able to cope cause huge stress; and because of their submissiveness and illiteracy, they normally do not assertively deny the work which they cannot do and they do not know how to cope up with the stress and thereby they load all stresses within them, which over time, affects their health. In addition to these, the effect of heavy work load that extend up to their family life such as sleeplessness, lack of deep sleep and long travel also affect their health and bring old age appearance in their early age. Therefore, considering the nature of work and their illiteracy, they should be given normal workload, adequate salary, health education about rest, being happiness and balanced diet.

Respiratory problems and stomach disorders

Some activities carried out by sanitary workers as part of their work is hugely associated with respiratory problem such as breathlessness and difficulty in breathing, and stomach disorders such as vomiting, diarrhoea, and constipation. Majority of the respondents have confessed that 'they do not know anything' that heavy workload cause respiratory and stomach related disorders. When they were interviewed, majority of them said that very often they are assigned with tasks which cause respiratory and stomach related disorders.

The routine tasks of the sanitary workers are sweeping, mopping and cleaning of dusts and cobwebs from windows, doors, desks, chairs and all other materials in the hospital. Sweeping and mopping are fully associated with inhalation of chemicals because chemicals and tiles polishers are used to clean floor, and when they are continuously inhaled, it reaches respiratory system and affect it. Similarly, sanitary workers need to give care such as cleaning the urine and faeces to the patients who remain in the bed for prolonged period. When they continuously perform these works without proper masks and they do not have enough knowledge about it, definitely they will suffer with health disorders. When the sanitary workers are assigned more work area due to lack of manpower, the intensity of inhalation of chemicals, and cleaning of dusts endanger them severely, pushing them to suffer with respiratory disorders. It is the duty of the sanitary workers giving care to the bed ridden

patients especially prolonged bed ridden patients in the intensive care units, who are affected with respiratory disorders which are infectious in nature such as tuberculosis. The care to be given by them consist of rotating the patients very often in order to prevent the bed sores, assisting to give bath to them and disposing their sputum which they very often emit. Although the sanitary workers working in the normal wards (departments) look after these functions with patients of respiratory diseases as their routine work, the intensity of giving care to the patients is high in intensive care units. Therefore, if the sanitary workers do not follow necessary precautionary measures, they would be highly vulnerable to undergo infections. Many of the hospitals do not offer them face mask and education about how to use it to protect them from respiratory infections. The sanitary workers who have little knowledge about the respiratory disorders safeguard them by themselves by following some precautionary steps: bringing face masks on their own expenses; and maintaining distance from the patients while giving care if they have little knowledge or literate. But, due to the hectic workload and work schedule, and illiteracy, most of the time, they forget of using safety devices and following safety procedures.

Continuous work sometimes get the sanitary workers skip their lunch; and majority of the sanitary workers comes from villages which are far from the hospital. Due to this distance, they have to start very early in the morning to reach the hospital on time, and hence they skip most of the time their breakfast; and sometimes after they come to the duty, they take their breakfast, and sometimes they cannot take it; they need to rush to their duty with empty stomach. Thus, missing of food intake on time cause serious stomach disorders such as ulcer, appendicitis and sometimes diarrhoea due to late intake of food. In the interview, majority of them said, most of the time they take their lunch in the evening due to continuous workload and newly and suddenly assigned tasks. More specially, those who work in the intensive care units and operation theatres cannot take their food on time at all, because it cannot be predicted that at what time emergency patients arrive to the hospitals and at what time the patients need service. The condition becomes more critical and worse when the sanitary workers work in single digit in the place where two or three sanitary workers need to work. In the same way, they cannot take their food in the night also on time, because they reach home very late in the night; and majority of the sanitary workers, after they go home, they cook their food and take it. Thus, since all the three times, they are not able to take their food on time, it is common that they get ulcer and constipation and sometimes appendicitis. Some sanitary workers said, due to physical tiredness, they, sometimes, do not cook in the night, and instead they buy food from outside hotel and manage the dinner. Thus, they develop appendicitis and ulcer.

When they were asked what the complications they are suffered with due to not taking their food on time, they could not reasonably give any answer. Thus, their awareness level about missing food which arise as a result of heavy workload and continuous workload is very less, and it shows clearly that they need education about diet management. Therefore, the housekeeping manager should arrange health education programme and educate them continuously about the various respiratory disorders and stomach disorder occurring due to missing of food intake and inhalation of chemicals; and also the sanitary works should be provided with masks and instruct them to use it strictly while sweeping, mopping and cleaning the floor and toilets; and also the house keeping manager should plan properly and prepare the time schedule in such a way that the sanitary workers avail their rest time properly

and in order to execute it the housekeeping manager should have either reliever or fix different lunch intervals for the sanitary workers working in different departments. Moreover, the educator should consider the illiteracy level and understanding capacity of the sanitary workers while giving health education to them to make the education programme more effective.

Diabetes mellitus

Diabetes mellitus, a largely prevalent disease in the present time, mainly arise as a result of inadequate rest, sedentary life style, sleeplessness, stress and unhealthy and abnormal food intake and food pattern. Sanitary workers are very prone to diabetes mellitus, because their work life consists of complete restless physical work, intake of lack of nutritious food, imbalanced work and family life, and illiteracy. Majority of the respondents have reported that 'they do not know anything' that heavy workload and their work life is associated with diabetes mellitus. When interviewed, it could be noticed that a significant numbers of employees above fifty years of age had diabetes mellitus and they were under medications; and majority of them reported that they did not know the heavy workload and its relevant sequences are associated with diabetes mellitus. It is clearly known that their work style and family life style are closely associated with diabetes mellitus.

In the study area, poor salary, discrimination shown on them based on their caste, community and social status, and autocratic leadership approaches exercised to them push them to undergo to mental stress. Similarly, in the family life, their income inadequacy, large family structure, (each sanitary worker has many children because of their illiteracy) and sleeplessness are some of the reasons for their stress. When all these join together, definitely, it causes diabetes mellitus to them. Besides, long travel to the work, inadequate sleeping, lack of awareness about the balanced food intake and not taking food on time are also the major causes of diabetes mellitus. When interviewed, majority of them did not have enough knowledge about the causes and impacts of diabetes mellitus. Those who were under medication said that beside medicines, they do not know how to control diabetes mellitus by using life style changes such as physical exercise and diet control.

In the study area, in majority of the hospitals, continuous workload is assigned to the sanitary workers and they are not given proper fixed lunch break to take their food, and the time offered to them to take their food is not enough. Due to these reasons, all of them are not able to take their lunch on time. Similarly, due to their poverty and illiteracy, they do not know what kind of balanced food they should take. Instead, all the three times (break-fast, lunch and dinner), they take rice in large quantity; and although they do physical work both in the work place and house, which burn their calories, the lack of nutritious food, not taking food on time and mental stress make them prone to diabetes mellitus. Majority of the sanitary workers have poor health and with it they continue doing their physical work, which, over time, will effectuate their health both badly and negatively. Not taking food on time, and irregular and unbalanced diet are the primary reasons for the diabetes mellitus. Normally, sanitary workers do not take balanced and nutritious diet due to their economic conditions because their salary is too low to manage their family life. Under this condition, they find challenges to take balanced diet. Therefore, considering the health situation, importance of food intake on time and illiteracy level of the sanitary workers, the hospitals should fix fixed time for lunch and convert the two shift work system into three shift; and also provide them

balanced diet either at free of cost one time per day or at concession rate understanding their long travel to the work which causes them not to take both breakfast and dinner also on time.

Hypertension and cardiac diseases

Heavy workload, inadequate sleep, continuous stress, depression and worriedness are highly associated with hypertension and cardiac diseases. In the current fast moving life, hypertension and cardiac diseases affect many people especially those who are after the age of forty irrespective of gender, income status and place of living (rural or urban). Although the fast life style and food pattern are the reasons for hypertension and cardiac diseases, among the lower income level people like sanitary workers, restless work, inadequate rest and lack of sleep, family challenges and finance problem are some of the main reasons for hypertension.

As far as awareness is concerned, majority of the respondents have reported that they 'do not know anything' that heavy workload is associated with hypertension. When interviewed, it could be discovered that they did not have any knowledge about the work related causes of hypertension and cardiac diseases and how to manage the hypertension by work life balance and work life modification. In the interview, few of them said they had hypertension and few of them had mild cardiac disorder and they were under continuous medication. In the study area, the main reason for hypertension and cardiac disorders of the sanitary workers, although employees of other departments are suffering from hypertension and cardiac disorders, is that they do not take enough rest, worriedness, stress and their family financial conditions. All the sanitary workers come from below poverty conditions and they have more than four kids; and most of the woman sanitary worker's husband is alcohol addicted and male sanitary workers also alcoholic addicted. Hence, in order to manage the family's financial condition, the female sanitary workers do not avail their week off and casual leave; instead they go to the work all day in a month in order to get bonus salary which they believe is supportive to run the family. Due to their financial need and fear of job lose, they are exploited by their superiors in most of the hospitals by sending them to the higher officials' house to look after their household work and extending their shift work without their consent and transferring them to different departments such as canteen in which they do not have any role as per their job description. Thus, they perform multiple tasks and perform more work without able to deny the work, which are not part of them, assertively and undergo high stress which is the main cause of hypertension and cardiac disorders.

Moreover, majority of the sanitary workers are above the age of 45 or 50 years old, and their family responsibilities and financial needs are huge; and therefore, in order to manage the family responsibilities and financial demands, they load all stresses voluntarily without worrying how it affects their health and is associated with hypertension. Moreover, rigid and unsupportive leadership style of the superiors, inadequate and poor facilities given to the sanitary workers in the workplace, long working hours and complete physical nature of work and inadequate rest are the factors that put the employees more risk in terms of hypertension. From the hospital side, the sanitary workers do not get any medical facilities for their hypertension and diabetes mellitus; and although they work in the leading private hospitals, most of the hospitals buy medicines outside the hospitals where they price of the medicines is less or from the government hospitals where the medicines are given at free of cost. Since the sanitary workers, because of their illiteracy, do not have any sound knowledge about the causes, impacts and management of hypertension and diabetes mellitus, the housekeeping

managers continuously monitor their health and according to their work should be assigned; and also, at frequent intervals they should be given basic medical examinations such as blood test and basic vital tests, and if their health is not up to the standard, the way the workload is assigned to them should be modified. Moreover, they should be compulsorily given weekly off and casual leave and sick leave, even though if they deny it showing their financial conditions as a reason, in order to maintain their health. In addition to these, the hospital management should implement some stress and relaxation management methods: taking them tour once in a while and arranging relaxation and entertaining programmes in order to boost up their relaxation and burst their stress. They should also be given health education about how to balance both work and family life and manage the hypertension indicating importance of medication and rest.

Recommendation and conclusion

Recommendation

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

- Since, according to the findings, heavy workload is the result of long working hours and two shift work system, the top management should come forward to make necessary changes in them: three shift work system can be introduced with eight hours duty. Besides, top management should ensure that if sufficient numbers of employees are available in accordance with the volume of work at the hospital and if new employees are recruited as soon as existing employees quit from the job.
- The findings, discovered through the discussion with the respondents, showed that inadequate assistance of mechanical devices (technology) are the reason for their heavy workload. Therefore, the management should offer technical support by offering mechanical devices such as vacuum cleaner and so on to facilitate their work. The sanitary workers must be provided with sufficient protective materials such as hand gloves, face masks, shoes and over coat at the expenses of hospital along with the vigorous health education about how to use them and the managers should ensure if 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 schedule, allocating work and work areas, transferring employees to other departments and providing week off and break time. Similarly, the managers should analyze the employees' health thoroughly and according to their physical condition, they should allocate the works and work areas in order to prevent the employees' health from deteriorating further. If management discover that the managers are not fair and show discrimination in their duties and responsibilities, the management should take action against them and also give them leadership training.
- 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 lunch with 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 break and tea break to the sanitary workers in order to get the employees not to get affected from the stomach ulcer.

- Health education should be the crucial and vigorous part of the management to educate the employees how to perform their work as easy and simple as possible so that it does not affect their health. As part of health education and training, employees should be taught how to relax them by themselves such as how to lie down and carry out small stretching exercises and breathing exercises since their work is physical oriented. Similarly, health education should also include ergonomics training as to how to climb steps while carrying weight, how to bend the body, and seating arrangements can be provided to them while they perform the tasks which are bending in nature such as segregating the biomedical wastes and washing.

- At the frequent interval, medical check-up including respiratory and cardiac tests, at the expense of the hospital, should be performed for the sanitary workers to know if their health is perfect to continue their work, and if their health is not too strong to continue their work, the managers should make adjustments and changes in the work areas and work assignment. 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 salary as how medical leave is provided to the radiographers once in a year with a salary to regain their health.

Limitation 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 in Tirunelveli city of Tamil Nadu, and has not covered entire District; and similarly, the study has focused on the sanitary workers working for private multi-speciality hospitals and has not focused on single speciality hospitals, government hospitals and diagnostic centres. The second limitation of this study is population size and sampling techniques: the study has sampled 80 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 for leading private multi-speciality hospitals in the study area, and has not focused any other category of employees in the hospitals such as paramedical employees: nurses, pharmacists, radiographers; other nonmedical category 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 analysed the awareness of the respondents towards impacts of heavy workload on health, however, it has not analysed 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, other category 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. The 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 simple speciality hospitals, 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 affect the productivity, performance and reputation of the organization.

Conclusion

This survey, quantitative and empirical based descriptive research study undertaken in the study area with the objective of identifying the perception of the sanitary workers towards the impacts of heavy workload on their health sampled 80 sanitary workers from the leading private multi-speciality hospitals in Tirunelveli city of Tamil Nadu, India using convenience and judgement sampling techniques. The primary data were collected using schedule method of data collection with the help of structured self-made questionnaire; and the secondary data were collected from journals and projects to add appropriate significance to the study. The result of the study analysed having administered the percentage method discovered that majority of the respondents reported that: ‘they know somewhat’ that heavy workload causes tiredness, disturbance in sleeping, weight loss and getting the appearance of old age; ‘they know less’ that heavy workload causes generalised body pain and joints pain; and ‘they do not know anything’ that heavy workload causes stress, issues in appetite, respiratory and stomach disorders, diabetes mellitus, hypertension and cardio vascular disorders. Sound health is paramount to contribute to a productive work to an organization; and sound health is determined by the normal 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 reduce the heavy workload having identified what are the causes of heavy workload; and also should educate and train the employees about: ergonomics, relaxation techniques, balanced diet and scientific ways of doing the work which extracts less energy from them. In the same way, the employees also must have the sound knowledge about various health related disorders and how to adjust the works when many assignments are assigned to them in such a way: dividing the work among the co-workers and performing the work in a scientific way without spending much energy and harming their health; how to relax themselves during the rest period; and how to develop assertiveness to deny the works which are not really theirs according to their job description when their superiors and other departmental workers forcefully assign to them. Therefore, hospital

management should take the crucial role of reducing the heavy workload of the sanitary workers; and at the same time, the 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 a productive and committed resources, which in turn enhance the quality of cleanliness, patient care activities, customer satisfaction and reputation of the organization.

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