

Organization Structure and Management Practice Related Factors Causing Heavy Workload: 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 has the objective of analysing perception of sanitary workers working in private multi-speciality hospitals in Tirunelveli city of Tamil Nadu, India towards various organization structure and management practice related factors causing heavy workload. In order to achieve the objective, the study sampled 80 respondents using both convenience and judgement sampling techniques; and from the chosen respondents the primary data were collected using schedule method with the help of questionnaire (translating the questions in respondents' mother language, 'Tamil') along with interview. The secondary data were collected from books, journals and conference proceedings to add appropriate significance to the study. Percentage method was administered to analyse both demographic characteristics of the study and perception of the respondents towards role and compensation related factors causing heavy workload. The result of the analysis has discovered that all the factors discussed in this study: 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. The study has given suitable suggestions as to how to rationalize the organization structure and management practice related factors causing heavy workload.

Keywords: Organization structure, management practice, heavy workload, sanitary worker, multi-speciality hospital, Tirunelveli city.



1. Introduction

Background of the study

Service industries play a major role in deciding economy of developed countries in the present technology based world than any other industries: production and agriculture. In the service industry, hospital and its related sectors such as diagnostics and pharmaceutical sectors have occupied a significant place than any other sectors: banking, transportation, information technology, insurance and so on, because health care sectors not only deal with both certain (preventive care) and uncertain human beings (speciality care) , but also offers huge employment opportunities. The health care sector in developing countries like India, which has high unemployment rate, has grown profoundly that it imparts employment opportunities to lots of people, both literate and illiterate according to their education and skills. Despite rich employment opportunities, the work environment in the hospital sector is uncertain: no one knows what would happen next, i.e. with what conditions new patients would arrive, and how the situations of the patients admitted currently in the hospital for treatment, would turn into. Therefore, employees of all categories: medical, para-medical and non-medical, need to work with full responsibility not only in the hospital but also at their home, because their responsibilities continue even after they go home. Thus, in addition to the work, the hospital workers perform in the work place, they carry their work related thoughts home also.

Workload of the employees in general

Clear and transparent communication, adequate support and recognition of the employees not only enhance their satisfaction, commitment and morale towards both the work and organization; and to get them feel ease about the work which itself reduce their heavy work burden; and maximize their retention with the organization. In the present working environment, satisfaction of both the customers and the employers remain really unreachable points, because the expectation of the customers and employers are increasing day by day, due to many reasons such as growth of technological, cultural, educational and so on; therefore, the employees in all kinds of private organizations work under pressure; and carry multiple work over their head in order to satisfy the employees and the management. Moreover, private organizations which run fully on profit oriented always set high targets and expect huge from the employees, which also push them to perform many tasks, and thereby take heavy workload. Increasing unemployment rate in most of the sectors enhances job insecurity to the employees; and it is being taken as advantage by most of the private organizations to expect huge output from the employees. Thus, it is really difficult to find the employees in any organization who works with normal workload and with full satisfaction about their job and organization. Therefore, it is common to see huge numbers of the employees with huge workload and less satisfaction nor satisfaction.

Workload of the employees in hospital sector

Normal workload remains essential for the hospital employees of all categories to maintain their physical and mental health strongly, which is the deciding factors of not only satisfaction of the patients, but also their safety; because patients' satisfaction is fully relied on how much satisfied and healthy the employees of the hospital are. Employees of the hospital cannot be skipped from their responsibilities, even if they are at home after the duty hours; they have to share their responsibilities by carrying out some tasks. For instance, a nurse or a doctor or a

laboratory technician or any other category of employees may need an information from the opposite shift employees about a particular patient; therefore, normally the assistance of the employees who were in the opposite shift is a vital one to run the hospital smoothly. Thus, it is learnt that the employees are in need of working for the organization even after they go home; and they neither escape from, nor postpone their responsibilities, because they are not dealing with non-living things; they are dealing with living things and treatment cannot be postponed. Thus, since the employees of the hospital work around the clock, they are in need of rich support from the immediate superiors and colleagues in the form of appreciation, assistance, cooperation and coordination; and from the top management in the form of policy and rules and regulations aspects, and adequate salary and welfare facilities so that they should not feel that their additional responsibilities are a burden.

There is a saying: Employees come to the organization first, customers next; therefore, if employees are satisfied and are healthy, then definitely customers will be satisfied. Due to their high level of work related thoughts both in work place and at home, it is not easy to ease the mind and satisfy the employees of all categories. Moreover, since the employees in the hospital sector cannot always function as routine and follow set of rules and regulations as employees of production and other sector employees, because of the unexpected crisis situations, (suddenly accident cases would arrive, stable patients may turn collapsed, arrival of new patients with critical conditions at the time of relieve from the duty), their duty time in the workplace is always full of work and stress; and at any time their workload would increase many fold unexpectedly. Besides to this, in the private hospitals, the sudden and unexpected changes brought about by the management remain huge, because at any point of time the employees may leave from the work especially among the women category employees, because of many reasons: getting government positions; transfer of spouse; marriage; pregnancy; delivery; family situations and son on. In order to tackle these situations, until new employees are recruited, normally the hospital management increases the workload of the current employees, by adding additional works, or transferring them to another departments which are not familiar to them. Thus, most of the time, in the private hospitals, the employees need to work with high workload. Sanitary workers are not exempted from these heavy workload.

Sanitary workers and their role

Sanitary workers, non-medical category of employees, commonly in most of the organizations come under housekeeping department. They are entirely responsible for maintaining and ensuring cleanliness environment of the organization. Their functions are not only limited to maintaining clean and hygienic environment in the hospital by means of performing the functions: sweeping; mopping; cleaning toilets; transporting and disposing garbage; segregating biomedical and other wastes; but also, their functions extend to giving care to the patients: cleaning stool and urine of the prolonged bedridden patients; transporting the patients from one department to another department through wheel chair or stretcher (for instance: transporting the patients to laboratory, operation theatre, diagnostic centers, catheterization lab, dialysis unit); giving bath to the prolonged bed ridden patients; preparing the patients for surgery by shaving the parts to be operated; washing glasses and lenses which are used in blood laboratory; in case of death, preparing the patients for transport after death. Their functions also extend to providing assistance to other employees and departments: supplying water to the nursing station; supplying hot water to the patients; supporting to

nursing assistants for preparing bed for the newly coming patients; assisting to other departments for their daily routine works (most of these work are not part of their work); washing clothes of doctors and other staffs uniforms and clothes of operation theatre. Thus, sanitary workers' work are fully physical oriented.

Workload of the sanitary workers

In all kinds of sectors, not only hospital, workload, job satisfaction level, and health of the sanitary workers are not assessed; and if it is examined it would bring a surprising and highly debating result: workload would be high; their job satisfaction rate would definitely remain less; and their health would be weak. Unlike other sectors such as educational industries such as colleges, Universities, (not nursery schools), banking, fuel stations, textile, and production sectors, grocery shops and super markets, the nature of the work of sanitary workers are entirely different in the hospital sectors, where the sanitary workers, in addition to the routine cleaning work, give care to the patients that include cleaning urine and stool of the patients and giving bath to them which are highly infectious; and these tasks can be performed by the sanitary workers, only if they are able to adopt with the culture of the hospital. And, most of the sanitary workers, despite low salary and dislike the job, perform these tasks and stick to the job due to illiteracy, community background, unemployment and poverty.

Workload of sanitary workers in the study area

The study area has seen numerous development in the recent years in the following areas: healthcare, education, hotel, transport, textile, agriculture, small and medium scale industries, construction, real estate, banking, and so on. The result: the numbers of colleges both government and private, schools, polytechnics; and health care institutions - hospitals, diagnostic centers, pharmaceuticals and clinics have grown largely. Exclusively, the government institutions, which offer medical and medical related courses such as medicine, nursing, radiography, medical laboratory technology, radiology, operation theatre technology, electrocardiography, and so on, have expanded their facilities and thereby enhanced the numbers of admissions; and therefore, the numbers of students availing these courses have increased. Similarly, the private colleges which offer paramedical courses have increased tremendously; and the awareness among the people about the paramedical courses have increased, and the result of which is the outcome of large numbers of paramedical graduates and assistants. Moreover, the numbers of students going for higher education is increasing year by year in Tamil Nadu, India. Similarly, the rate of people moving from sanitation work to small and medium businesses such as small help women groups and hundred day's employment scheme offered by government for daily wages people are also increasing; and hence the scarcity is prevalent for sanitary workers in the hospital. Although, on the one side the supply of medical and paramedical employees are increasing, on the other side severe scarcity is increasing for sanitary workers.

In addition, the human resource management practice in the study area remain under developed: still in most of the hospitals, two shift work system with twelve hours duty; inadequate welfare facilities; rigid and autocratic way of leadership style; low salary; no additional compensation for the additional work done; high discrimination in recruitment, increment and leadership exercises; and lack of attention on employees' career growth are highly seen. All these practices are highly exercised to the sanitary workers in all hospitals; and they are not given any technological devices to carry out their sanitation work; there are

no defined organization structure to report to and receive instruction from; and rigid leadership approach with high level discrimination are shown to the sanitary workers. And, due to these reasons there is a high level of work burden among them; and they are both physically suffered and mentally dissatisfied and depressed; the result of which is the employee turnover of the sanitary workers which increases the workload of the remaining employees. Hence, this study has been undertaken with the objective of identifying how the organization structure and practice related factors are associated with their heavy workload.

Statement of the problem

Well-defined organization structure and healthy management practice

Clear organization structure explaining as to who the employees should be reporting to; what the goals of the organization, department and individual employee respectively are; and how their work contribute to the attainment of individual, departmental and organizational goals are really important factors to be explained to all employees in the organization from the organization side. The knowledge about the goals of both organization and department and individual employee, not only clearly direct the employees to work towards the common goals; but also show them clear way as to how their performance and contribution should be towards the department and organization. Similarly, knowing about organization structure, not only give the employees clear picture about whom they have to contact for their needs and issues arising out of work and personal issues.

Great leadership approach of the superiors, equality in the workplace in terms of salary, increment, required welfare facilities and appropriate communication with employees whenever new policy is introduced or changes are made in the existing policies, and valuing the employees by allowing them to give their opinion and feedback remains essential factors of deciding motivation, happiness and satisfaction of the employees which are directly associated with workload of the employees. When employees feel that they are well informed, respected and valued properly, and treated fairly without discrimination, they will feel motivated and render their contribution towards work and organization unconditionally, and they would neither feel that they are overtasked, nor take the work as a burden. Besides, they will voluntarily and happily come forward to do additional tasks assigned to them that will definitely contribute to the enhancement of customer satisfaction, organization growth and a healthy environment in the workplace.

Ill-defined organization structure and poor management practice

But, on the contrary, complex organization structure that does not reveal to the employees: who their superior is, who they need to report to and take order from; not clearly communicating goals of the organization, work processes, way of doing the work, and precautions to be followed in the work do not make the comfortable working environment for the employees to work easily, simply and safely. Instead, it will create an uncomfortable situation where employees remain confused without knowing the personnel to be contacted, and do the work in a complex manner because of lack of training and instruction about how to do the work and scared to do the work due to lack of knowledge about safety procedures to be followed.

Similarly, inadequate welfare facilities; ignorance of the employees to express their opinion and feedback about the difficulties being faced with regard to work processes; wilfully not

allowing them to give their suggestions when the department and organization take any policy decisions with regard to technology, work processes and other factors; exercising rigid leadership approaches; inadequate respect to the employees; and showing discrimination in the areas of salary, work allocation, transfer, shift and leave schedule, will not only cause the employees to feel dissatisfied and demotivated, but also develop a thought of hardship and mental burden to do the work which itself will be the cause of heavy workload among them.

Effects of organization structure and management practice on sanitary workers

Sanitary workers need to know clearly about organization structure, and objectives of both organization and department as same as all other category of employees in the hospital, because they directly involve in patient care activities and contribute to maintain hygienic and cleanliness environment, which are associated with satisfaction of patients and other employees in the hospital; prognosis of the patients; and reputation of the organization. Besides, since conflict and misunderstanding occurs commonly among the sanitary workers because of their illiteracy and lack of coordination and cooperation, they must know who their superior and reporting officers to directly communicate and report their complaints and grievances. Moreover, sanitary workers are denied to carry their complaints to any higher officials beyond their supervisors and managers. In most of the hospitals, supervisors and managers in housekeeping department are not highly educated; and hence conflicts and other personal issues of the sanitary workers such as loan, long leave due to sick or any other reason (which are given to other employees without any issues and denied to sanitary workers) are not appropriately and completely figured out. And hence, the sanitary workers are in need of job description that clearly indicates who their reporting officers are and what are their rights and facilities in the work place, in order to avail their facilities which they deserve and solve the issues which they confront with in the work place.

Effects of organization structure and management practice on sanitary workers in the study area

In the study area, organization structure and practice of the management towards sanitary workers is very complex. There is no sound organization structure that control sanitary workers. Although there is established organization hierarchy, it is not being followed to deal with sanitary workers. Beside supervisors and manager of housekeeping department, employees and managers of all other departments exercise their control over sanitary workers. Thus, organization hierarchy is not followed strictly, and due to this, sanitary workers are allocated work by employees and managers of all departments. Unhealthy leadership style of the housekeeping managers and illiteracy level of sanitary workers break the strict organization structure and give pathway to other category of employees, who are not supposed to control the sanitary workers, to exercise their control. Thus, workload of sanitary workers are progressively increasing when work is assigned by all others besides housekeeping managers.

In the study area, majority of the sanitary workers come from downtrodden, oppressed community and especially from village areas who are mostly illiterate; and hence, managers and supervisors of housekeeping department do not allow them to participate in any discussion and decision making activities related to departmental plan, change of work pattern, technology to be introduced and shift schedule of the employees. Moreover, they are not allowed to give their feedback and their opinion with regard to the challenges they

confront with their work processes, workload and shift schedule. All decisions are taken at departmental and organizational level by the managers and supervisors autocratically, and are strongly imposed to sanitary workers. Since all decisions related to work processes without getting the feedback of sanitary workers who are in the field, sometimes the processes become complex, and it makes their work again complicated. Moreover, mentally they are depressed because when they feel that they are not valued, generally they become weak psychologically which in further push them to do the work with depression and half minded without relaxed and happy mood. Thus, their work again become complicated which will increase their mental work burden.

Furthermore, in the study area, sanitary workers are not given any respect by not only supervisors and managers, but also by all other category of employees because of their community and illiteracy. Huge discrimination is shown towards salary, increment, and other benefits. Similarly they are not given any proper welfare facilities such as rest room, concession food and hostel facilities. All these factors cause dissatisfaction to them. Since they all do physical work, if they are not mentally free and happy, it would be the stress and mental burden to them. All these would reflect on their work, and they would feel harder to do the work. Since in the study area, all hospitals are running without adequate number of sanitary workers, when existing sanitary workers perform their duties with mental depression, dissatisfaction with multiple work instructions from multiple ends, definitely, they will not only feel their work as mental burden, but also over the period, they will absent from the duty and quit from the job. Hence, the employee turnover taking place in the housekeeping department again increase the workload of the remaining employees. Therefore, it is necessary to find out how various organization structure and practice related factors are associated with heavy workload of the sanitary workers.

Objective of the study

The present study aims to identify perception of the sanitary workers towards organization structure and management practice related factors and their association with heavy workload.

Scope of the study

The study has focused on sanitary workers working with private multi-speciality hospitals in Tirunelveli city, which is the capital of Tirunelveli District, located in south end of Tamil Nadu State, India. The study has analyzed various variables associated with organization structure and management practice related factors causing heavy workload.

Significance of the study

The result of this study will be helpful to three category of people: hospital administrators, sanitary workers and future research scholars in the following way. The hospital administrators can use the results of this research as a tool to relook into the policies, rules and regulations of the organization; and do necessary changes wherever needed, and introduce new policies to ensure if the sanitary workers: have right job description, clear organization structure and knowledge about it; and are treated fairly in all aspects including pay, increment, incentives without discrimination.

To the housekeeping managers, this study assists to get deep insight into how disparity in complexity in organization structure and unhealthy management practice related factors are associated with heavy workload, and help them to sort out or modify those factors, so that it

does not cause them heavy workload, and paralyze their satisfaction, health, commitment and morale, and also assists them how to create simple and clear organization structure; appropriate job description, and treat the employees without discrimination. Moreover, the results of this study will help the managers to relook into their leadership style, and how to train their supervisors as to how to deal with the sanitary workers professionally without discrimination.

The results of this study will give knowledge to the sanitary workers as to how organization structure and management practice related factors are associated with their heavy workload, and also give them awareness as to how to assertively deny the work which are assigned by people who are not supposed to assign work to them; and also question the management about the disparity shown in the tasks allocated to them, and salary and other benefits provided to them. The variables, population, sample size, sampling technique, data collection method, tools of analysis and study area and so on, used in this study give strong base to the future research scholars.

2. Review of literature

Workload is a combination between the available resources of an operating system, task demand, and people's capability (Wickens CD, 2008). Workload influences and decreases the capacity of an individual. A rise in the task demand level may prompt errors and an increment in accordance to response time (Cox-Fuenzalida LE, 2007). In addition, high-task workload and complexity are thought to be two of the most critical factors in the reduction of performance quality Both F et al., (2009).

In this present study, the researcher has defined workload as: the tasks performed by the sanitary workers that are not part of their job description; the work that are done beyond the prescribed routine working hours; the additional works that are done due to the absence of other employees; and their physical and mental burden occurring as a result of discrimination in the work allocation and other facilities provided to them.

Besides, in the present study the researcher has used the term 'organization structure' to refer to the chain of structure through which to who the sanitary workers report to and receive instruction from; and the researcher has used the term, 'management practice' to refer to the practice and approach of the management in the areas: reporting authorities; chain of organization structure; communication with the sanitary workers; leadership approach; welfare facilities and salary management.

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 showed that more men than women were in top level positions, while more women than men lived without a partner. Of these women had a higher total workload than men and spent more time on household work and child care but fewer hours in paid work than men did. The study analyzed the symptoms: stomach pain, head ache, sleep disturbances, dizziness, low back pain, loss of appetite, shoulder and neck pain. 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 severe 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. Being in paid work more than 50 hours a week was associated with the risk of high level of symptoms among men, not women. Strongest association was found for stress from paid work for both women and men. The work-child care interplay was not associated with an increased risk of a high level of symptoms among women, while an increased risk was noted among men. However, in the case of those men spending more than fifty hours per week in paid work, who also devoted a restricted amount of time to child care a reduced risk of a high level of symptoms was noted.

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 were 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.

Bahadori M, et al., (2014) determined the factors affecting the workload of nurses working in the ICUs of hospitals affiliated to Tehran University of medical sciences from the sample of 400 nurses using census method. The study analyzed the factors affecting workload under three components: structure, process and activity. Among the factors of process component, the mismatch between the capacity of wards and number of patient; and among the factors of activity component, helping the students and newly employed staff had the greatest effects on the nurses' workload. Among the structures factors, lack of clear responsibilities and authorities and performing unnecessary tasks; large number of variety of tasks assigned to the nurses; lack of proper system to help those units which are suffering from a shortage of personnel; troublesome clinical principles and rules in the wards; shortage of secretaries, logistics staffs and supervisors; lack of social and technical support for nurses; lack of trained teams and staff to transport the patients in the hospital; heterogeneous skills of staff in a nursing team; poor personal work; limited number of single rooms in the wards; excessive CPRs in the wards compared to their facilities and capacities; excessive research and quality improvement activities in the hospital and lack of trained team for transferring patients to other hospitals had effect on the nurses' workload.

Dechavez SB (2016) assessed the impact of quality of nursing care when staff is reduced and to identify the factors which lead to nursing workload from the sample 60 staff nurses of Shalamar hospital, Lahore. The result found that majority of the respondents said that the reduced staff, increased number of patients and outbreak of a disease are the major causes of workload. All the participants stated that error occur due to psychomotor skills,

documentation and medicine administration to the patients. Majority of the respondents also reported that workload affect the nurses both physically and mentally. The also said that patients' safety problems occur frequently due to workload and it has impacted their professional life also. 70% of the nurses reported that nursing assistants may be helpful in lessening the workload; rest of them said they are not helpful. 63% of nurses were satisfied with their job but the rest of them were not satisfied. All nursing employees agreed that increased workload affect the patients' satisfaction. All the respondents suggested that the problem can be overcome by maintaining the nurse-patient ration in a standardized manner. The study recommended that hospital nursing management must arrange enough staff when patient ratio exceed from nurses ration and maintain nurse patient ration in balance and the hospital should make policy to manage the workload when there is an outbreak.

Rahim MSA et al., (2016) analyzed the relationship between academic workload and stress level among biomedical science students in Kuala Lumpur with the aim of exploring the relationship between stress level and academic workload among undergraduates in according to gender and year of study. The results of the study revealed that year one students had significantly longer hours than year two and three students, while year two students' study hours did not differ significantly from year three students. There was positive correlation between credit hours, study hours, assignment with stress level. However, for year two students there was negative relationship between study hours, assignments with stress level. Moreover, there was a positive relationship between stress level and academic workload which is cred hours among year two students. There was no significant difference discovered in the number of assignments per week between the years of study. The study discovered that more than 80% of students in this study has stress and the stress level was among third year students was high. These results reassured that when there is increase credit hours, the stress level also tend to increase. Stress level among biomedical science students may be controlled by other factors such as personal problems, family problems and others.

CooperGipson Research (2019) explored teachers' workload in England by gathering evidence of the factors that were associated with longer working hours, how teachers perceive their workload and how teachers address these issues. The study included 21 senior lecturer, 28 full time teachers up to 5 years' experience, 14 full time teachers with over 11 years' experience and 12 part time teachers. The study discovered that senior lecturers and teachers observed the following are the reasons for workload: data tracking, marking and assessment; planning and meetings and safeguarding issues were also the unexpected and time-consuming tasks to workload levels. Those who are in senior leadership positions felt that they invest time and effort into reviewing policies and procedures in schools and this in itself added to workload. Whilst workload was reported to be high and schools were taking steps to try to manage and reduce it. They include: reducing time spent on planning and marking; reducing or spreading assessment data process, managing administrative burdens and emails in particular; sharing work including planning, the creation of resources and more efficient communications and collaboration. All of the part-time teachers interviewed said that they want to remain on part time hours or reduced their working hours so that they could manage their workload during the week. They also said that like full time senior lecturers, heavy workload was a part of teaching. The study discovered the following as the barriers to implementing strategies to decrease workload: lower number of teaching assistants, technical

and support staffs, resistance to change among the workforce; resistance to change from parents; budgetary constraints.

Rajan D (2019a) investigated how various leadership related factors associated with workload of the sanitary workers and 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 (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.

Susiarity A et al., (2019) examined the effect of workload and work environment on job stress and its impact on the performance of nurse inpatient rooms at Mataram city general hospital. The objective of the study: to test and analyze effect: workload on job stress; work environment on inpatient room nurses; workload on the performance of nurse patient room; influence of workload on the performance of nurse patient room; work stress on performance inpatient room. The complexity of the job, job volume, type of work, the level of difficulty of the job, job responsibilities, time to work and delegation of tasks and responsibilities were used as workload indicators. The result of the study indicated that workload has a positive and significant impact on nurses' job stress; and workload increase stress sat work; workload

environment had a positive significant impact on nurses' job stress. The study observed that the smaller workload assigned to the nurse, the lower level of job stress. The work stress perceived by the nurses was moderate in level but it greatly affected their performance in the hospital. The heavy workload perceived by nurses degraded the performance of their work and they said most of the time they perceive moderate level of workload. Although the hospital was very attentive to the workload of the nurses and workload was assigned in accordance with the physical capacity, knowledge and expertise, there are still some tasks that are not in accordance with the job desk nurses.

Svedahl ER et al., (2019) explored how General practitioners and the coworkers in Norway perceive and tackle their workload and their experiences and reflections regarding explanations for and consequences of increased workload in general practice. Seven focus group interview and four individual interview with general practitioners and their coworkers in seven general practitioners offices in Mid-Norway: 3 in rural locations and 4 in urban locations. Study population consisted of 23 general practitioners and 10 coworkers. The respondents reported that epidemics such as influenza cause a higher inflow of patients resulting in increased workload. Busy period often occur for general practitioners when they or their colleagues had a leave of absence. The coworkers experienced higher workload when all the doctors at the office were present and thus there was a higher turnover of patients. Besides, unplanned absence among the doctors was listed as a source of stress and increased workload for the coworkers because they could not offer any appointments to the patients. General practitioners pointed that local challenges such as having many patients with complex issues, collaborating with the local hospitals, and handling administrative and management duties are the reasons for their workload. The participants experienced increasing transfer of medical tasks from secondary to primary care. Following up for the patients with cancer and chronic conditions were challenging and time consuming. Many participants expressed vexation towards the transferal of more administrative tasks such as writing sick leave certificates or transport requisitions related to the patients' hospital visits. They also said that it was more demanding to handle employer responsibilities such as dealing with pensions and sick leave for their staff. They also reported that participating in meetings, forums and other arrangements at the municipal level and preventive care were given less priority due to lack of time.

Havaei F and MacPhee M (2020) examined the relationship between workload factors at different systems level (unit level/job level and task level), patients/family complaints and nurse reports of patient violence towards them using a human factors framework by analyzing the data of 528 nurses working in medical-surgical settings in British Columbia and Canada. At unit level: patient-Registered nurse ration, patient acuity and dependency; at the job level: perception of heavy workload, undone nursing tasks and compromised professional standards; at the task level: interruptions to workflow were analyzed. The result of the study discovered that nurses reported an average of 7 patients per Registered Nurses; and more than three quarters of them classified their patients as moderately or very acute; and very or somewhat dependent. At the job level, on average, nurses experienced heavy workload once a week; left five necessary nursing tasks undone; and compromised professional standards a few times a month. At the task level, nurse were interrupted a few times a week. Nurses were exposed to physical and emotional violence an average of once a month. Unit level patient – Registered nurses rations and patient acuity were significantly related to physical violence. Employment

status, workload factors including unit level patient-Registered nurses ratios, job-level undone tasks, compromised standards and task level interruptions were significantly related to physical violence. Patient or family complaints mediated the relationship between all workload factors and both types of workplace violence. The relationship between all workload factors and physical violence was partially mediated by patient or family complaints. Patient or family complaints fully mediated the relationship between patient acuity and physical violence. Patient or family complaints partially mediated the relationship between all but one of the workplace factors and emotional violence.

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.

Abracero AD et al., (2021) studied students' workload and its effects on their mental health during COVID-19 pandemic. The main objective of the study was to evaluate the students' workload and how it affects their mental health from the sample of 100 students. The students' workload was assessed using the tasks: online quizzes, paper works, modules and visual design. The result of the study found that online quizzes and visual design caused workload moderately, while paper works and modules caused severe workload. The study observed that the workload does not really affect the students' mental health. The study, based on analysis, suggested that teachers should limit the students' academic workloads, school should reduce the number of school days, and school should have the programs discussing mental health.

Rajan D (2021) 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.

From the literatures reviewed, it can be learnt that the study undertaken in the study area concerning heavy workload of sanitary workers have been discussed from leadership, resources, shift work, long working hours and role and compensation point of view, i.e., how leadership, resources, shift work, long working hours and role and compensation related factors are associated with heavy workload of the sanitary workers in the study area. So, there is a scope to research as to how organization structure and management practice related factors are associated with heavy workload of the sanitary workers. Hence, this present research has been undertaken in the study area with the objective of how organization structure and management practice related factors are associated with heavy workload of the sanitary workers which has not been discussed so far.

3. Research methodology

This survey and empirical based quantitative research has adopted descriptive research design since it describes various role and compensation related factors and their association with heavy workload quantitatively. The element of this research is sanitary worker working in private multi-speciality hospitals in Tirunelveli city. A sample of 80 sanitary workers was chosen from the leading private multi-speciality hospitals in Tirunelveli city of Tamil Nadu using both convenience and purposive sampling techniques. Primary data for this study were collected directly from the sampled sanitary workers using schedule method of data collection. The structured questionnaire which had been constructed based on knowledge of personal experience and observation of the researcher in the field of hospital administration was administered to collect the primary data. The questionnaire consisted of two sections namely 'Section A' which described demographic characteristics of the respondents and 'Section B' which explained various organization structure and management practice related factors and their association with heavy workload. The questionnaire was constructed based on Likert's five point scale which carried five responses for each question namely Strongly agree, Agree, No opinion, Disagree and Strongly Disagree that had the values of 5, 4, 3, 2 and 1 respectively. Each question in the questionnaire was translated to the respondents in their mother language, 'Tamil', and their choice of response was recorded. The secondary data were collected from books, journals and conference proceedings to add appropriate significance to the study. Percentage method has been administered to analyze both demographic characteristics of the respondents and perception of the respondents towards role and compensation related factors associated with heavy workload.

4. Analysis and interpretation

Table 1: Profile of the respondents

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, 2019

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 30 years 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: Organization structure and practice related factors causing heavy workload

Organization structure and practice related factors	SA (%)	A (%)	NO (%)	DA (%)	SDA (%)
Complex organization structure	98.75	01.25	0	0	0
Not communicating the objectives of the task and its importance towards organization	97.50	02.50	0	0	0
Inadequate orientation and unclear communication about work processes and safety instructions (how to do the work, precautions to be followed and so on)	88.75	11.25	0	0	0
Lack of participation at departmental and organizational level decision making	95.00	05.00	0	0	0
Frequent changes made in the organization and inadequate information about them	96.25	03.75	0	0	0
Inadequate welfare facilities	96.25	03.75	0	0	0
Autocratic leadership style with lack of motivation	97.50	02.50	0	0	0
Inadequate respect for sanitary workers and huge discrimination	100.00	0	0	0	0
Low and unfair salary system; discrimination in salary and other benefits	98.75	01.25	0	0	0

Source: Computed from primary data, 2019. (In Table 2, SA – Strongly Agree, A – Agree, NO – No opinion, DA – Disagree, SDA – Strongly Disagree)

The researcher presents below the detailed interpretation to the findings of the analyzed data. In the interpretation of each variable discussed in this study, with the analyzed data, the researcher has also added the information collected from the respondents by discussion and observation. Besides to these, the researcher has shared his experience and rich practical knowledge obtained in the field of hospital administration to add appropriate significance to the interpretation.

Complex organization structure

Majority of the respondents have strongly agreed that complex organization structure is the factor associated with heavy workload. When interviewed, most of them said that they report to more than two supervisors, and they also receive work assignments and instructions from many heads. They also said they do not know who they should report to. There should be one boss to any employee; and work assignments and instructions should be received from one head in order to avoid work ambiguity. But, in most of the hospitals in the study area,

since sanitary workers are not given proper job description, they are normally assigned works from many heads and employees of various departments. Generally, if a sanitary worker need to be assigned a work apart from their routine work such as cleaning and mopping, the works should be assigned through head of sanitary workers, i.e., housekeeping department. But, it is not happening in this way; and instead, the heads of various departments call sanitary workers themselves without the knowledge of manager of housekeeping department and assign them work including their personal work such as bringing tea or coffee from food and sending them to outside work.

In multi-speciality hospitals, generally there are more than one supervisor besides manager in housekeeping department. It is necessarily important to allocate number of employees to each supervisor and work areas to be supervised by them in order to avoid confusion and conflict among the supervisors and sanitary workers. Very few hospitals follow this practice and in most of the hospitals it is not. Instead, any supervisor can both allocate work to any sanitary worker, and question all sanitary workers irrespective of work areas. Although top managements know that this is not a healthy practice of leadership, they neither interfere in it, nor instruct the managers to prepare proper work schedule and allocate employees to be supervised by each supervisor in an appropriate manner. Due to these reasons, and lack of leadership skills of heads of housekeeping department, in most of the hospitals, sanitary workers do not know from which supervisor orders should be taken from and reported to. So, most of the time sanitary workers receive work assignment from two or more supervisors and carry out all work because of their illiteracy. Their submissiveness and illiteracy are used by other employees who are not in the hierarchy to exercise their authority on them. Due to these reasons, the sanitary workers perform huge tasks, and they eventually become a heavy workload to them. In order to avoid this, the manager should clearly define work description to the sanitary workers and explain to them; and also instruct the supervisors not to allocate works to the sanitary workers coming under other supervisors, and not to interfere in their work. In addition, the managers and the supervisors of the housekeeping department should intervene when other employees, who are not supposed to assign work to the sanitary workers, assign work to the sanitary workers and stop them from assigning work to the sanitary workers.

Not communicating the objectives of the tasks and its importance towards organization

Majority of the respondents have strongly agreed that lack of communication about the objective of the tasks and how they are related to the goals of organization is associated with heavy workload of sanitary workers. In the discussion, majority of them said that they are not given any information or instruction about the work they are assigned. Communicating about the tasks going to be carried out, and machineries and equipment to be used, in advance, will assist the employees to prepare them mentally and equip them to plan how to do it as simple and easy as possible. But, as far as housekeeping department is concerned, sanitary workers are not given any communication with regard to what tasks they have to carry out in advance; and instead they are always assigned work at the spot and at the neck of moment without even giving little time to plan how to do it. When it is a routine work, it may be easy for them to carry out the work easily. But, when the assignment is new, they should be explained what are the objective of new assignment and what are the various tasks involved in it, and how it should be carried out and who should do what work and who should report to whom. Also, it

is needed how this new assignment is associated with and contribute to achieving goals of the organization.

In the study area, in most of the hospitals, to all the departments where assistance of other employees are required, sanitary workers are posted without any proper prior communication and without any training. For instance: the sanitary workers would normally be transferred to canteen department, where if there is any absent of the employee, in order to look after canteen works and to assist to chefs. Canteen works which sanitary workers can normally be doing: cutting vegetables, blending and grinding works, washing utensils, cleaning tables and filling waters and preparing take away. Among these, washing vessels and cleaning tables are the works that can be done by sanitary workers working inside the hospital. All other works which are allocated to sanitary workers in canteen department are not familiar to the sanitary workers. In order to do all these tasks in a large quantity, definitely there is a need of practice in it. But, when sanitary workers are compelled and pushed to perform the tasks in canteen department without giving proper training and instruction as to how to do the work safely without hurting them, and without giving adequate time for them to prepare mentally, they cannot do the work in a proper way; and it will be the burden to them both physically and mentally. Thus, this new work carried out by sanitary workers without previous experience definitely will be the hardship for them, and definitely be a heavy workload for them. Thus, the hospitals suddenly increase their workload by adding additional works which are not part of their routine work. Similarly, in some hospitals, the male sanitary workers would be forcefully sent to the superiors' house to look after their security guard work; and female sanitary workers would be sent to do household works. Sometimes, they are sent after they complete their full routine work in the hospital, instead of asking them to go to those jobs directly from their houses without going to the hospital work; thus, in these cases, they do double work. All these roles do not have any association with their routine work and job description. They are not given any prior communication about the new works to be assigned and explained how this new jobs are associated with their regular job, what additional income it will give to them. Although these tasks are not their regular and routine work, their illiteracy and submissiveness get them to accept these tasks; and due to these reasons they do multiple tasks which will become heavy workload for them. Thus, since inadequate communication about the work and its outcome cause burden to the employees psychologically, the managers or supervisors can communicate clearly about objectives of work to be assigned in order to keep them prepared for the work.

Orientation and clear communication about work processes

Clear and detailed information about the rules and regulations of the hospital and department; reporting officers, leave policy, incentives, working hours, weekly offs, equipment to be used, rest hours during the work, allowed permission, and so on should be communicated, which assists to them to know about the organization and work thoroughly. Similarly, what is expected from the sanitary workers; how perfectly they should do their work; how their work is associated with the customer satisfaction and prognosis of the patients should be clearly instructed. Besides, they should be explained how they should reconcile their work and leave or off with their colleagues; how respectfully, if needed, they should be interacting with other departmental employees and the patients; and how cooperatively they should work with other sanitary workers without quarrels and conflict (because quarrel and conflict are common among the sanitary workers). When the sanitary workers know all these details clearly, they

can work peacefully without any mental pressure. Since in many hospitals the sanitary workers are not aware of all these information, they skip their basic rights and do a lot of work in a hard manner instead of performing it as easy and simple as possible. For instance, swapping the work with coworkers when the employees are weak and not feeling fine physically is a common practice being followed in all organizations. But, in many hospitals this privilege is not given to the sanitary workers; instead they are forced to do their work themselves by the supervisors because the supervisors and managers are not, in most of the hospitals, professionally qualified. In some hospitals, despite technologies such as vacuum cleaner and other equipment which assist the sanitary workers to do their work, the sanitary workers do not use them because they do not know how to use them; and the hospital management also do not care about it. Purposefully, in some hospitals, they do not concern if the equipments are used or not; and they do not show interest to repair them if they get either damaged or not working because for top and middle level management, investing to the housekeeping department is unnecessary expenses and they do not really like it. Instead, they with the sanitary workers do their work manually and most of the hospitals do not know and concern in what way the sanitary workers do their work either manually or with the help of machineries. When the sanitary workers need to do all works manually without the assistance of technologies, definitely it will be burdensome to them.

Moreover, the managers or supervisors of housekeeping department are neither ready, nor show interest to analyze the tasks performed by the sanitary workers: how hard the sanitary workers' work is; how many walking steps they take to complete a particular task; what ergonomics they use to do the work; how much time they spend to walk, stair climb, lift the heavy weight, bend their body; and raise their head and shoulder to perform their routine daily work. Thus, the managers or supervisors of the housekeeping department neither have much knowledge about the work pattern of the sanitary workers, nor show an interest to learn about the way the sanitary workers perform their work. As a result of this, they neither know to restructure their work in such a way that the sanitary workers can do their work in a simple way; nor teach them how to perform their work by reducing their motion and reducing the time they take to walk, climb and bend. And hence, the sanitary workers keep on doing the work in the hardest way; and they cause heavy workload and burden to them. Thus, since each task and work performed by the employees is complex in nature, they would become the heavy work for the employees and when they are repeatedly doing it, it causes health disorders. Therefore, the managers should analyze each task carried out by the sanitary workers, and give them orientation with regard to bending, climbing stairs, swapping work with their coworkers when they are weak, tired and sick with mutual understanding in such a way it does not affect the routine work of the hospital. These sorts of instruction should be given repeatedly as to how to perform the work simply and easily without hurting their health.

Lack of participation at departmental and organizational level decision making

It is common that employees may have wide knowledge about difficulties and challenges in various tasks in their field; hence, it is necessary to have conversation with them by creating meeting at departmental level and organizational level. In the meeting the manager should allow the employees to talk about the various difficulties they are undergoing while performing their works and get their view as to how to simplify the tasks and overcome the challenges in their work.

In this current study, majority of the respondents have strongly agreed that lack of participation at departmental and organizational level decision making is the factor associated with their heavy workload. When they were asked in the interview how it is associated with their heavy workload, majority of them said that they have been doing the work in the complicated manner, and are posted in the workplace in which they neither had any previous experience, nor interested and nor suitable to their health. As far as housekeeping department in hospital sector in the study area is concerned, there is only one way communication from the housekeeping managers as to which department they have to work and what works they have to do. The sanitary workers are not allowed to give their feedback and convey their view and opinion regarding their work. It can be seen in most of the hospitals that if sanitary workers convey their views and opinions, they are said that they talk overly and are taken disciplinary action against them. Their illiteracy and community aspects are taken as a point of controlling them and not allowing them to talk. Hence, whatever tough work they are assigned, which can be simplified, but not, they continue doing the same; and it extracts so much energy from them unnecessarily and cause them tired.

Face to face discussion is really important, and it should be conducted by manager or supervisor before allocating work station and works to sanitary workers in order to ensure if they are healthy enough to perform tasks being assigned. The nature of work of sanitary workers in hospital differ from department to department. For instance, intensive care unit, operation theatre, laboratory, catheterization laboratory and blood bank are fully air-conditioned, and to work in these areas the sanitary workers need to be very healthy and susceptible to cold environment. Similarly, in other areas, such as pharmacy, general wards, office and other clinical areas, despite not air-conditioned, they are more prone to dusts because there are more people movement. So, to work in these areas, the sanitary workers need to be strong enough to adapt to dusts and physically strong to transfer the patients from one place to another through wheelchair and stretcher. Therefore, it is needed that managers of housekeeping department should allow sanitary workers to express their interest to choose work station and colleagues if needed, when managers prepare duty schedule. This will help them to work in the place they are interested and their health accepts, and it will eventually enhance their job satisfaction. In the same way, frequently departmental meeting should be conducted and receive feedback about the complexity in their work and challenges in their work processes and also seek their opinion as to how to overcome them because they are practically in those work processes. If it is found that their opinion is meaningful and acceptable, it should be considered and do the necessary changes in order to ease the complex work. In the meeting, besides allowing sanitary workers to give their opinion, they should be instructed through videos or chats or other medias as to how to carry out the complex work easily without burden, and they should also be trained as to how to plan in such a way it does not cause them heavy workload when additional workload is assigned.

On the contrary, if they are repeatedly doing the same workload and in the same work station without assessing their health and receiving their feedback, over the period the work itself will become the heavy workload because of boring and monotonous work. So, in order to ease their work, managers should often conduct meeting allowing the employees participating in it, and give their opinion freely instead of forcing them to do the same work and in the same place forcefully.

Frequent changes made in the organization and inadequate information about them

In hospitals, changes that takes place suddenly is common. Reducing manpower, expansion of work stations, and sudden increase of patients' ratios and shifting of work stations from one place to another, arrangement of materials and machineries during inspection and new policies in work processes are some of the changes that takes place often in hospital sectors. All these changes involves work and energy of sanitary workers lot. There is direct association between manpower reduction and expansion of work stations. When hospitals build new operation theatre, wards, intensive care units, additional diagnostic departments, or bring any additional services such as catheterization lab, dialysis unit and blood bank and so on, they will need the service of sanitary workers exclusively.

Majority of the respondents have strongly agreed that frequent changes made in the organization and inadequate information about those changes cause heavy workload to them. When they were interviewed, majority of them said that during festival and seasonal time, huge number of patients are admitted by increasing bed numbers; and during that time, the workload of sanitary workers become double, but they are not given any additional compensation or week off. They also said that this sort of sudden increase of workloads hurts their health. In the study area, it is, now a day, hard to get sanitary workers because of emerging of new business sectors such as educational institutions, petrol banks, textiles and hotels where there is a need of huge sanitary workers. Besides, sanitary workers like working with these non-health sectors because of nature of work and absence of round a clock services. Hence, in the study area, generally there is a huge demand for sanitary workers. In order to meet up the demand of sanitary workers, hospitals reduce volume of employees from the already existing departments and deploy them to the newly established departments. Thus, instead of hiring new sanitary workers to the new department being established, when sanitary workers are transferred from the existing departments to newly established departments, definitely there would be a scarcity in both departments, and both departments will start functioning with less manpower which will eventually cause heavy workload to the sanitary workers in both departments.

Similarly, during emergency situations such as multiple accidents, festival times and unfavorable climate conditions, normally patients' admissions would be higher than normal. At this time, generally, hospital management will increase the beds to accommodate extra patients. This, will not only increase the workload of all other category of employees such as nurses, radiographers, medical laboratory technicians, pharmacy personnel and medical personnel, but also it will equally increase workload of sanitary workers unless hospital management increase manpower in order to deal with additional patients. No one hospital pay additional pay when more than prescribed patients are admitted in the hospital, medical personnel are getting additional when they treat additional patients, and sometimes, paramedical employees are benefited with little allowances or incentives, but sanitary workers are very rarely benefited with additional income or sometimes not at all.

Sometimes, hospitals will make change in shift schedule of the employees in order to manage both additional patients admitted and extension of the departments. Instead of hiring new employees, when tremendous changes are made in shift schedule, it will definitely disturb daily routine of the sanitary workers and shake their sleeping and family life also because, due to tremendous changes made in shift schedule sometime push some employees to go for long

day shift or long night shift. When an employee undergo prolonged day or night shift instead of rotation, it will definitely be the factor affecting the employee both mentally and physically because in the study area most of the hospitals hold twelve hours duty with two shift work system. When the work is done for longer time either in day shift or night shift, definitely it will be the heavy work burden to the employees. Therefore, when the hospitals make new changes structurally and functionally, in order to manage the extra workload, new manpower should be appointed; and if there is any delay in it, the existing sanitary workers doing additional work should be compensated reasonably for the additional work they perform.

Inadequate welfare facilities

Inadequate welfare facilities are directly or indirectly associated with heavy workload. Welfare facilities include the provision of drinking water, clothing, accommodation, resting and eating facilities, lavatory and washing facilities, housing, health insurance, transportation and provision of food. All these facilities are essentially required for both physical and mental health of the employees and thereby they contribute for the development of healthy working environment. Majority of the respondents have strongly agreed that they are not given adequate welfare facilities; and when they were interviewed, they said stressed the same points highlighting the point transport and food facilities available in the hospital.

In the study area, in most of the hospitals where twelve hours duty is followed, sanitary workers are not given enough welfare facilities which are given richly to other category of employees. It can be noticed in most of the hospitals that sanitary workers are sharing common restrooms with patients; and even to change their dress from normal dress to hospital uniform they share rest room of other category of employees and for that they need to stand in queue for longer time. In night shift, the condition of sanitary workers are very worse due to absence of separate rest room. In night shift, normally employees sleep 3 to 4 hours after their work and continue their work in the morning. Due to absence of separate rest room they sleep under the steps or along the walk ways or verandas. This is absolutely not safety for them, and sometimes, they may get disturbance from relatives of patients and male employees sexually; and they are more vulnerable to infection. Due to these reasons, sometimes they do not get deep sleep during the short time they take for rest; and eventually it would reflect on their work in the following day: They find hard to continue their work due to tiredness and lack of sleep.

Generally, no hospitals are providing sanitary workers accommodation facilities, as if how accommodation facilities are given to other category of female employees. Since most of sanitary workers are married and belong to poor category economically, they prefer to go to the duty from home daily; and they do not prefer to stay in hospital accommodation.

Although the sanitary workers come to the job from long distance, hospitals do not provide accommodation facilities; and this lead them to travel everyday day to the duty either by public transport or any other transport mode such as share auto. Although in the study area, they live in the same city, the residence of sanitary workers remains far from cities, because all sanitary workers are poor in economic aspects, and they cannot afford to live within the city limit. Hence, there is no other options are left but coming either through public transport or by walk; and no hospital in the study area is providing travel allowances. Since they spare considerable energy in travelling to reach the work spot, and they do the work in hospital for twelve hours and more, definitely they will undergo heavy workload both physically and

mentally. Besides, in the study area no one hospital is running cafeteria in a rich manner; and few hospitals have their own cafeteria, however, still they do not give food to their employees in concession rate. Those employees staying in hostels of hospitals are given little bit concession for their food, but since sanitary workers are not staying in hostel, they are not given any food in discounted rate. Their physical nature of work and sudden allocation of new tasks will enhance their need for food; however, due to their low income level, they cannot afford to the food served in their hospital canteen. Hence, most of the time they buy tea or snacks outside and fill their hunger; and thus they are managing their hunger need which arise out of sudden loading of additional workload and extension of working hours. Thus, welfare facilities such as transport, food in concession rate, accommodation have as association with workload, the hospital management should look into the welfare facilities being provided to the sanitary facilities; and if there is any deficiencies, it should be sorted out so that they can work both physically and mentally freely.

Autocratic leadership style with lack of motivation

Majority of the respondents have strongly agreed that the practice of autocratic leadership approach by the immediate superiors is highly associated with heavy workload of the sanitary workers. When they were questioned how leadership style of superiors is associated with their heavy workload, majority of them explained that their superiors intentionally show discrimination in allocation of tasks in such a way that some employees are given higher workload and some are less. They also reported that the supervisors and managers purposefully show discrimination in work area allotment and shift allotment which are highly associated with heavy workload. In the study area, managers and supervisors to housekeeping department are not recruited based on professional qualification; instead, they are recruited based on caste system, and behavior pattern, because it is the common mindset of the entrepreneurs and top level management that lower level employees especially sanitary workers cannot be controlled by highly educated and professionally qualified personnel. Since all hospitals are run by upper caste people; and top management personnel in majority of the hospitals are from upper class community, it is commonly believed by them that in order to control the sanitary workers and extract the work from them, the supervisors and managers must be rigid and rough and tough. Hence, they prefer the employees who are less qualified and rough and tough in nature to manage housekeeping department. Besides, no one hospitals concern about the manner in which sanitary workers are dealt with by their superiors; and satisfaction level of the sanitary workers. Top level management personnel do not monitor the way housekeeping department is functioning in terms of human resource management. Instead, they concern about cleanliness of the hospital and presence of sanitary workers in the duty. Due to this lack of concern by top management about sanitary workers, the supervisors and managers of the housekeeping department are behaving roughly and expressing autocratic way of leadership qualities without following management principles properly. Hence, without analyzing health conditions, skills, capabilities, gender suitability to the tasks and experience of the employees, the supervisors and managers are allocating tasks, which most of the employees feel hard to carry out, because of the mismatch between tasks and their health conditions and areas of interests. Comfort and level of interest of the employees are vitally important to enable them to complete the allocated tasks in a simple and easiest manner. But, when the tasks are assigned against their interest, health conditions and gender suitability, at first, mentally they would take it as a big burden. When they continue

carrying out the work in which they have not had any previous experience; and carry out the assigned tasks with lack of good health, definitely they will feel it as a big burden to them. For instance, in order to work in intensive care unit, operation theatre and diagnostic laboratories the sanitary workers need strong health because of the nature of work environment, i.e., these areas are fully air-conditioned, and workload to the sanitary workers would generally be very higher than any other areas. Especially those who work in intensive care unit and operation theatre need to be in standing position for longer duration because of the nature of work environment. Hence, to work in these areas, if sanitary workers do not possess strong health and work experience in those departments, it would be tough for them to carry out the work simply and easily; and thus, it will be the heavy workload for them.

Moreover, as part of autocratic leadership approach, supervisors and managers of housekeeping department exercise vigorous discrimination in both shift schedule and workload allocation. In most of the hospitals, few employees are very close to the supervisors and managers; and in some hospitals some sanitary workers work with higher officials' house as housemaids, security personnel. These kind of employees are given high privileges in workload allocation and shift schedule. They are assigned either continuous and too long day shift or night shift instead of rotating weekly shift; and in the same manner they are assigned to the particular work area where there is lighter workload instead of rotating to all areas, or they are purposefully assigned very few tasks which are light in nature. When few employees are given too long day or night shift, to balance the shift, few other employees need to come long day or night shift. When this kind of imbalance is created by the housekeeping managers in order to satisfy the employees who are close to them and higher officials, definitely the physical and mental health of sanitary workers will get affected, because the work shift should go in a rotation manner such as one week day shift, one week night shift or two weeks day shift and two weeks night shift in order to set their physiology properly and cope up with the condition of the body. When regular system is broken, the physiology of the body will get disturbed, which in turn disturb their sleep and weaken their health. For instance, generally workload would be very high in day shift comparatively night shift because huge numbers of patients would come to the outpatient department and marked number of patients would be admitted as inpatients, and also doctors' visits, diagnostic works, discharging of the patients and the like, all employees in the morning shift remain very busy. So, in each task, the role of sanitary workers is vital. But, in the night shift very rarely admission of the patients would takes place, and mostly there is only cleaning and mopping work for sanitary workers. So, after working for day shift for one week, when they come to night shift, they can take some rest. It is really the normal work pattern in all hospitals. When this system is broken, and when the sanitary workers are compelled to do continuous day or continues night shift for more than a month, it will disturb their normal work pattern and also it will enhance their workload.

Another important point with regard to leadership is continuous monitoring and strengthening interpersonal relationship among the employees of the same department and different departments. When a manager lack in it, definitely, there will not be a fair and good relationship between senior and junior employees, instead senior employees will be suppressing and dominating junior employees and also newly joined employees. Besides, senior employees shift their work on the shoulder of both the junior employees and newly joined employees, which will double their workload and thereby be responsible for their

heavy workload. In addition, most of the hospitals in the study area are functioning with lack of manpower in housekeeping department and long working hours. So, under these circumstances, when the workload is pushed over the head of junior employees and extending the work shift unreasonably for longer period will definitely increase their workload resorting to weakening their health conditions and work performance. Hence, supervisors and managers of housekeeping department should always exercise right and healthy leadership styles which are characterized by motivation in nature, right assessment about skills and health conditions of the employees and continuous monitoring and fulfilling the needs whenever the employees need. Moreover, the manager should learn as to how to treat the employees equally without discrimination in terms of shift schedule preparation, and work load assignment.

Inadequate respect for sanitary workers and huge discrimination

Adequate respect for age, experience, gender and self-esteem, and fair treatment of the employees without the bias of gender, community and caste are essentially important for all kinds of employees, because it boosts up satisfaction and commitment of the employees. But, when there is absent or lack in these factor, definitely the employees will feel dissatisfied; and it will further lead them not able to concentrate on their work in a full pledged manner; and thus they will start taking the work as a serious work burden.

Majority of the respondents have strongly agreed that there is no proper respect for them; and their hospital exercises huge discrimination. When they were interviewed, majority of them said there is no minimum humanity based approach towards the sanitary workers by the superiors; and huge discrimination in salary, appointment of employees, increment, incentives, work place allocation, work schedule, shift allocation and change, week off and leave provision and welfare facilities are seen. All these discrimination will make the employees suffered mentally and cause depression. The sanitary workers who have really been working hard and contributing richly, when face discrimination from the managers, they will begin to avail leave purposefully and over the time, they will quit from the job, which will again enhance lack of manpower in the department. In order to compensate the lack of manpower, generally the housekeeping managers again increase the workload for the existing employees.

In the study area, it is commonly seen that the sanitary workers are not treated appropriately with adequate respect in most of the hospitals. They are treated without proper respect without considering age, previous experience and gender. Disrespectful and abusive words are commonly used to refer and call sanitary workers in most of the hospitals. The main reason for this ill treatment is that most of the sanitary workers are coming from downtrodden community in India; and that give them privilege to treat them inferiorly without due respect. Due to their submissiveness and job insecurity, some of sanitary workers tolerate and continue their work; but some sanitary workers do not take it easily, and sometimes they either show their dissatisfaction by way of doing the work incompletely or decide to quit from the job.

Since the city is growing very rapidly and new business enterprises are arising largely, demand for sanitary workers is increasingly increasing in the study area. Normally, sanitary workers working in the hospitals do lot of work which are hazardous in nature such as cleaning more number of latrines using chemicals and giving care to the patients who are

infected with infectious diseases like Tuberculosis, and other respiratory infections. So, basically few sanitary workers prefer to work with hospitals and sustain over there having adapted the nature of the job; however, most of the sanitary workers quit from the job after a short period of time, especially adults do not sustain with the job for longer duration due to hazardous and monotonous natures of work. In the present situation, women employees prefer to go to hundred days works which is considered partly as government job; and some employees prefer to work for other sectors such as textile showrooms, banks, educational institutions and offices where night shift is not followed; the nature of job in those sectors does not include cleaning stool and urine of the customers. Since the sanitary workers give care to the patients: cleaning tools and urine, and giving bath to the patients they feel are seen inferiorly, and the side effect of these affect their health tremendously. Due to all these reasons they not only feel their workload is higher than others, but also mentally dissatisfied. Hence, the managers of the housekeeping department should treat them with proper respect and try to find where they are handled in a discriminated way and sort it out.

Low and unfair salary system; discrimination in salary and other benefits

Fair and equal salary, and other benefits are necessary factors to keep the employees satisfied, committed and retained with the organization for long duration. When there is disparity in salary, increment, incentives and promotion, it will bring negative effects: job dissatisfaction, lack of commitment and employee turnover among the employees. But, it is needed to know how these factors are associated with heavy workload. Majority of the respondents have strongly agreed that the variable, 'low and unfair salary system; and discrimination in salary and other benefits' is the factor associated with their heavy workload. When they were interviewed, they said their salary is very less when compared to the work they perform; and there is a huge discrimination in the increment and incentives given to the sanitary workers.

Discrimination in terms of salary, incentives and increment is normally common and highly shown to sanitary workers in the all kinds of organizations; very few organizations have standard policy in terms of fixing the salary, and increment aspects; however, majority of the organizations do not have; hence huge discrimination is widely seen. In the study area also, most of the hospitals do not have standard policy with regard to salary management of the sanitary workers. Based on the source of recommendation, community background and personal bias, salary is fixed to the sanitary workers. The same is followed in deciding increment and incentives to the sanitary workers. Due to these discrimination, it is common that dissatisfaction to occur among the sanitary workers; and hence the sanitary workers in the study area perform the work half mindedly without satisfaction, which itself get them taking the work as big work burden. And, they exhibit their dissatisfaction in their work by not completing their work properly; purposefully delaying the work; and wasting the resources unnecessarily.

Moreover, most of the hospitals do not follow the government policy with regard to fixing the salary to the sanitary workers in the hospital sectors. The government has established the policy with regard to the salary of various categories of employees: medical, paramedical and non-medical in the hospital sectors. But, very few hospitals follow the policy of the government in providing salary to the employees; however, most of the hospitals do not follow it. Instead, they follow their own salary policy which, in most of the hospitals, is against the government policy; and according to their policy some category of employees are

given high salary; and some category is given low salary. As far as sanitary workers are concerned, in the study area, many hospitals provide less salary and some hospitals provide it once in fifteen days by dividing the monthly salary into two halves. Besides, there are a lot of politics in the salary management in many hospitals. The managers maintain attendance for sanitary workers in many hospitals at departmental level; and they do not maintain it genuinely, and collect commission from the employees by manipulating the attendance. In some hospitals, the managers provide to the sanitary workers some privileges, such as continuous day shift or night shift and get some benefit either in the form of money or any other way (such as cleaning their house and doing some other assistance. Due to the illiteracy and fear of job lose, they also accept their demand. Still, it is highly seen in many hospitals that determining salary on the basis of caste, which is the big factor in India. Despite the same work, the sanitary workers belonging to higher caste is fixed different salary and the respect and work allocation provided to them are different than the lower community people. It can also be seen in majority of the hospital that the sanitary worker of upper community control co-sanitary worker by assigning them works and directing them to do the work. These can be seen in many hospitals implicitly, and the sanitary workers of the lower community obey to their order without either assertively denying it or complaining it to the higher official.

The sanitary workers in the study area are, most of the time, assigned additional works which are not part of their work and they also perform those tasks without denying it. For the additional work, they are neither remunerated nor given any benefits in the form of leave or permission to leave earlier or to come to the duty late. The sanitary workers also do not claim any benefits for the additional work they perform because of their submissiveness and illiteracy. Moreover, the basic salary and increment are very low for the sanitary workers than other category of workers; and in these low salary and increment, discrimination is shown based on caste and community without considering their real contribution, hard work and commitment. Hence, the sanitary workers, although accept initially, over the period they would not tolerate and they will quit from the job which will increase the workload of the other remaining workers. Therefore, the managers should treat all employees equally in terms of salary and increment aspects; and recognize the employees in accordance with their hard work, real contribution and commitment in order to enhance their happiness and thereby retain them with the organization for longer duration.

5. Recommendation and Conclusion

Recommendation

Based on the results of the study, the researcher presents the following recommendations to reduce the heavy workload arising as a result of organization structure and management practice related factors:

- Organization structure should be clearly established and communicated to the sanitary workers. When new tasks are assigned, they should be explained clearly what are the objectives of new tasks; and how they are associated with both their work, and goals of both department and organization. Similarly, adequate orientation and clear instruction should be given about the work processes and safety aspects frequently and regularly realizing their illiteracy level.

- Sanitary workers should be given enough opportunities to take part in the departmental and organizational decision making processes; and they should be encouraged to express their challenges in the work; and their view about the modification of work processes; and estimation about the leadership approach and other aspects in their work.
- Similarly, whenever the organizations make new changes in the rules, regulations and policies related to the sanitary workers, they should be communicated to the sanitary workers properly so that they should enable and equip them themselves to cope up with the new situations.
- Adequate welfare facilities should be provided to the sanitary workers to facilitate them to work comfortably. Appropriate leadership approaches should be exercised according to the nature, age, gender and personality of the employees; sanitary workers should be motivated adequately. Similarly, they should be treated respectfully without any discrimination on the basis of caste, community, religion and other aspects.
- Adequate salary in accordance with the experiences, skills, contribution, commitment and initiative attempts should be provided; and there should be no any discrimination in salary, increment and incentive aspects of the sanitary workers.

Limitation of the study

The study has the following limitations. The first limitation is the study area; number of hospitals and type of hospital: The study has focused on only Tirunelveli city, and not entire District. Besides, it has included limited leading private multi-speciality hospitals, and not all hospitals in the study area. And, it has not focused on single speciality hospitals, government hospitals, diagnostic centers and clinics. The second limitation of this study is sample size and sampling technique: The study has sampled only 80 respondents using both convenient and judgement sampling techniques which are non-probability sampling techniques. It has not used any probability sampling techniques. The third limitation of this study is the target respondents: The study has researched about sanitary worker (the non-medical category of employees); and it has not covered any other type of medical employees such as junior medical officers, medical consultants and surgeons; other non-medical category of employees such as cafeteria department employees, security guards, maintenance department employees, front office employees and other administrative employees; and paramedical category of employees such as nurses, pharmacists, laboratory technicians and radiographers. The fourth limitation of this study is variables analyzed in this study: The study has analyzed two variables namely organization structure related factors and management practice related factors, and their association with heavy workload, but it has not focused on any other factors which are associated with heavy workload such as shift, working hours, professionalism, leadership, resources, role, compensation, and motivation. As a result of these limitations, caution is required to generalize the results of this study to other category of employees, type of hospitals, and study area, because organization structure related factors may or may not be well defined; and similarly management practice may be strong or weak in other hospitals in the study area, and hospitals in other areas in the same District, other Districts, States, and countries.

Direction for future study

This present study will serve as a strong base for future research studies in multiple ways. Firstly, future research can be undertaken with the same topic covering sanitary workers in all hospitals in the study area with large sample size and using probability sampling techniques; and also be extended to the entire District, other Districts, and entire State. Secondly, future research can be undertaken applying the same concept to different professionals in other sectors such as banking, insurance, hotel, education, transport and so on. Thirdly, comparative study can be undertaken as to how far the organization structure and management practice related factors causing heavy workload among sanitary workers in private multi-speciality hospitals differ from, and similar with sanitary workers of other type of hospitals such as single speciality hospitals, diagnostic centers, and government hospitals. Fourthly, Similarly, besides extending the same concept to other category of employees in the health care field such as other non-medical, medical and paramedical disciplines to know how for organization structure and management practice related factors have influenced their workload; the same concepts can be analyzed as a comparative study between disciplines, (between paramedical and medical, or paramedical and nonmedical category employees), district wise and state wise. Fifthly, future research can be undertaken administering other variables such as shift, working hours, professionalism, leadership, work-life imbalance, resources and, motivation as independent variables; and how far they are associated with heavy workload of not only sanitary workers, but also other category of employees in not only health care industry, but also other industries.

Conclusion

This survey, quantitative and empirical based descriptive research undertaken in Tirunelveli city of Tamil Nadu, India had the objective of analysing perception of sanitary workers working in private multi-speciality hospitals towards various organization structure and management practice related factors causing heavy workload. In order to achieve the objective, the study sampled 80 respondents using both convenience and judgement sampling techniques; and from the chosen respondents the primary data were collected using schedule method with the help of questionnaire (translating the questions in respondents' mother language, 'Tamil') along with interview. The secondary data were collected from books, journals and conference proceedings to add appropriate significance to the study. Percentage method was administered to analyse both demographic characteristics of the study and perception of the respondents towards role and compensation related factors causing heavy workload. The result of the analysis proved that all the factors discussed in this study: 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. Giving clear instruction to the employees about who they have to report to, and take order from; and following transparent communication practices without ignoring any sort of employee are vital factors making the employees work productively without any confusion and conflict. Similarly, healthy practice in the organization with

regard to equality and fair treatment in terms of leadership, welfare facilities and salary management decide satisfaction and commitment of the employees which are essential factors deciding reputation of the organization. The hospital management should follow these to all category of employees irrespective of level of employees and type of work they perform. The hospital management should not ignore sanitary workers from giving clear organizational structure and job description to them; and exercising healthy management approaches, considering that they are just sanitary workers and they are not much important, because although they are non-medical employees and doing cleaning job, their contribution have significant role in promoting health of the patients and other employees and preventing the diseases in the hospital.

Reference

- Abracero AD, Alejandro TL, Balderrama EJM, Beltran UGR, Junbest, Gastillom MG, Mago MT, Sambile KG and Fransisco CDC (2021). Optimizing students' workload and its effects on their mental health during COVID-19 pandemic. *International journal of academic multi-disciplinary research*, 5(1), 118-122.
- Bahadori M, Ravangard R, Raadabadi M, Mosair SM, Fesharaki MG and Mehrabian F (2014). Factors affecting Intensive Care Units nursing workload. *Iran Red Crescent Med Journal*, 16(8), 1-7.
- Both, F., Hoogendoorn, M., Lambalgen, R. V., Oorburg, R., & Vos, M. D. (2009). Relating personality and physiological measurements to task performance quality. In Proc. of the 31th Annual Conference of the Cognitive Science Society, CogSci. Vol. 9, pp. 2819-2825.
- CooperGipson Research (2019). Exploring teachers' workload: qualitative research (survey report, March 2018) held by Department of Education, England. www.gov.uk/government/publications.
- Dechavez SB (2016). The increased nursing workload and its impact on nursing care. *Texila international journal of nursing*, 2(2), 1-2.
- Havaei F and MacPhee M (2020). The impact of heavy nurse workload and patient/family complaints on workplace violence: an application of human factors framework. *Nursing open*, 7(1), 731-741,
- Krantz G Berntsson L and Lundberg U (2003). Total workload, work stress and perceived symptoms in Swedish male and female white collar employees. *European journal of public health*, 15(2), 209-214.
- MacDonald W (2003). The impact of job demand and workload on stress and fatigue. *Australian psychologist*, 38(2), 1-16.
- Rahim MSA, Saat NZM, Aishah HS, Arshad SA, Aziz NAA, Zakaria NN, Kaur K, Kamaruddin MM and Suhaimi NHF (2016). The relationship between academic workload and stress level among biomedical science students in Kuala Lumpur. *Journal of applied science*, 16(3), 108-112.
- Rajan D (2019a). Leadership related factors causing heavy workload: An empirical study among sanitary workers. *Training and Development Journal*, 10(1), 11-32.
- Rajan D (2019b). Lack of resources related factors causing heavy workload: An empirical study of sanitary workers. *QUEST: Journal of management and research*, VIX (2), 1-26.
- Rajan D (2019c). Perception of work shift and workload among sanitary workers: An empirical study. *PRERANA: Journal of management thought and practice*, 19(2), 1-22.
- Rajan D (2020). Long working hours related factors causing heavy workload: An empirical study among sanitary workers. *Indian journal of applied economics and business*, 2(2), 143-169.

- Rajan D (2021). Role and compensation related factors causing heavy workload: An empirical study of sanitary workers. *Eurasian journal of higher education*, 2(2), 16-38.
- Susiarity A, Suparman L and Suryatni M (2019). The effect of workload and work environment on job stress and its impact on the performance of nurse inpatient rooms at Mataram city general hospital. *Scientific research journal*, 7(6), 32-40.
- Svedahl ER, Pape K, Toch-Marquardt M, Skarshaug LJ, Lille Kaspersen S, Bjorngaard JK, Austad B (2019). Increasing workload in Norwegian general practice-a qualitative study. *BNC family practice*, 20(68), 1-10.
- Wickens, C. D., 2008. Multiple resources and mental workload. *Human Factors*, 50, pp.449-455.
- Cox-Fuenzalida, L.E., 2007. Effect of workload history on task performance. *Human Factors*, 49, pp.277-291.