

Role and Compensation 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 role and compensation 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 found that all the factors discussed in this study such as 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. The study has given suitable suggestions as to how to rationalize the role and compensation related factors causing heavy workload.

Keywords: Role, compensation, workload, sanitary worker, private hospital, Tirunelveli city



1. Introduction

Background of the study

The main objectives of all organizations are both to maximize their profit and to maintain good reputation among the stakeholders, because without minimum profit and good name in the society, it is not possible to run any organization successfully. In this current rapidly and dynamically changing technical and knowledge based society, it is not easy for a business organization to sustain in the industry with continuous profit and good reputation. Little defect in the service or product being offered will push the customer out of one's business. So, it is highly important to keep the customers and other stakeholders satisfied by fulfilling their needs and expectations continuously. It is possible only by strengthening manpower, introducing and updating technology, and paying high concentration on research. Now a day, although many organizations are service oriented, in practice, they move largely towards profit maximization, because of the highly changing customer's taste, preferences and expectations which has occurred due to huge development in education, social media and environment. As other category of organization in service sectors such as bank, hotel, transport, insurance and education, presently, health care sectors also are highly changing towards profit oriented, and to achieve it, most of the organizations in health care industry (such as hospitals, diagnostic centres, pharmacies and health insurance) have begun to offer service in corporate style, and take all steps to attract the patients towards their organizations, and it can apparently be seen in all organizations. Most of the hospitals have become to the state that it can be only accessed by elite and upper middle class people, not by lower middle and lower income people, because there is no variation in the fees of doctors, laboratory, pharmacy and other services except bed charges.

Thus, high satisfaction of the customers, profit maximization and retention of goodwill is not only in the hands of top level management, but also contribution, job involvement, job engagement and organizational commitment of middle and lower level managers, and non-managerial employees of all categories in the organization are equally important and highly essential. Health care industry consists of medical, paramedical and nonmedical disciplines, and functions of all these disciplines are both inter-related and inter-dependent. Without the support of one department, other department cannot function. Although many factors such as clear organization structure, professionalism, sufficient manpower, welfare facilities, and career development opportunities, clarity of the roles of the employees and sufficient salary given to them play a significant part. Once the employee knows what he or she need to do and what are expected from them, they can do that task in accordance with the expectation, and more especially if those clarification is put in writing it will be more simple and helpful for the employees to understand and practice it in their daily routine work perfectly. Among the various categories of employees working in hospital industry, role of sanitary workers is highly and equally contributing to the achievement of organizational goals.

Sanitary workers, the non-medical category of employees, highly undervalued employees belong to housekeeping department in healthcare sectors. Their main objectives are both to ensure cleanliness in the hospital and contribute to patient care activities. In order to achieve these objectives, they carry out huge activities which are mainly physical in nature. They maintain cleanliness environment by cleaning and mopping all departments, rooms, floors, steps, walls and toilets. They collect the cabbages from all places, transport them from

collected areas to disposal point where they segregate them according to the rules of biomedical waste management and at last they assist to dispose the cabbages out of hospital. In addition to these waste management, sanitary workers also do the work of filling waters to nursing stations whenever necessary and washing various clothes which surgeons, nurses and patients wear during surgeries. Besides, other role of sanitary worker is patient care activities, in which with the help of wheel chair or stretcher, sanitary workers transport the patients from one place to another place such as wards, emergency department, operation theatre, intensive care unit, diagnostic units, out-patient department, blood laboratory, catheterization laboratory, dialysis unit and lithotripsy. The role of sanitary workers also includes preparation of patients for surgeries by doing shaving to particular parts which patients are going to take surgeries, and also in case of death they prepare the patients to send to house through ambulance. Those sanitary workers who work in blood laboratory wash the lenses which are used for blood investigation. Thus, sanitary workers in hospitals carry out multiple tasks which are essential both to maintain cleanliness environment and ensure proper assistance to both medical and paramedical staffs.

The study area, Tirunelveli city has attained profound development in the recent years. The numbers of hospitals, clinics, diagnostic centres and other businesses such as banks, hotels, pharmacies, industries, transports, and other small and medium scale business have increased tremendously and they have attained rich growth also. Despite rich development, human resource management practices still remain far behind, and there is no significant development in it. Still in most of the hospitals, two shift work system with 12 hours duty, inadequate salary against government norms, poor welfare facilities for employees (such as absence of separate restroom for both male and female, water facilities, health insurance), autocratic and unsupportive leadership approaches (including hard treatment and lack of motivation), lack of effort and concentration on career development of the employees (such as training and development practices) are highly seen. As far as role and salary of sanitary workers are concerned, no hospital has defined strong policies as to salary and increment; sound job description that limit the sanitary workers what they ought to do and not to do; and also leadership training to the managers of the housekeeping department with regard to way of treating sanitary workers. Hence, huge volume of works are extracted from sanitary workers without considering their health factor, working hour factor and social factors. Due to these reasons, employee turnover in the study area among the sanitary workers is increasing highly; therefore, there is a need of studying various role and compensation related factors associating with heavy workload, and find the ways to rationalise those factors. Hence, the present research is undertaken in the study area with the objectives of identifying various role and compensation related factors causing heavy workload among the sanitary workers in order to give suitable recommendations to the hospital management so that they can take suitable steps to reduce the heavy workload and prevent the impact arising out of it.

Statement of the problem

Appropriately defined role and adequate salary in accordance with volume of work is necessarily important for any employee to get him/her contribute towards the organization committedly, innovatively and productively. Well defined role clearly directs the employees to what they have to do and not to do. Thus, it guides them to carry out the tasks they need to do routinely without expectation of direction and instruction from anyone always, and at the same time, it prevents them from doing tasks which they do not really need to do. Similarly,

salary which is provided in accordance with volume of tasks being carried out, experience, educational qualification, skills and knowledge play a major role in determining satisfaction and commitment of the employees towards their job and organization which, eventually decides their productivity and perfection in their work. Ill-defined roles and responsibilities or absence of job description will not only confuse the employees as to what they have to do, but also push them to carry out the tasks which are out of their profession unnecessarily, and it will increase their workload. Similarly, ill-defined roles and responsibilities induces lack of or unprofessionalism among the employees. Because there is no direction and guidelines related to what they have to do and not, and who they have to report to. In the same way, lack of salary and unclear salary policy in the organization will elicit the responses of job dissatisfaction, lack of cooperation from the employees towards the organization, lack of coordination among the employee, and other negative reaction such as delay in completing the work purposefully, postponing the work, improper response towards the customer, not showing involvement in the work and so on. All these negative outcomes of the employees will reflect on satisfaction and attachment of the customer with the organization, and which eventually will paralyse the image of the organization over the period. Thus, role definition is necessary to direct the employees in the right direction and thereby get productive contribution from them.

Sound job description that indicates clearly as to what to do and not to do is mandatory to the sanitary workers because all of their work is fully physical oriented, and hence there is a need of boundary related to the tasks they have to actually carryout. In all industries in India, not only in health care sectors, but also in other sectors such as production and other category of organizations in service sectors such as bank, hotels and fuel industries, sanitary workers are not at all given job description, which, on the contrary, is given to all other category of employees compulsorily. This absence of job descriptions truly pushes the sanitary workers to carry out multiple tasks without knowing if those tasks really belong to them or not. Therefore, multiple tasks performed by sanitary workers will actually increase their workload. Besides, when there is no job description, other category of employees in the organization will assign the work to the sanitary workers and they also cannot deny it, and when they deny or try to deny it, it will create issues and conflict between sanitary workers and other category of employees. When sanitary workers assertively deny that it is not their work, they are blamed that they are disobedient and not doing their work, which eventually question their job security. Thus, in addition to the routine work of sanitary workers, when they need to perform other works which are assigned by other category of employees, naturally their workload increases, and it will reflect in their work, health and productivity.

In all private industries in India, the work-life of sanitary workers is pathetic, they are the poorly paid employees no matter how much large volume of works they do and how much commitment they show positively towards their job and organization. Illiteracy, nature of work, community and caste background and submissive nature of the employees are some of the reasons for the low salary to the sanitary workers. No one organization take the previous experience, education and their special talents and skills into consideration to decide their salary. The only factors that organizations take into consideration are caste and illiteracy. Besides low salary, there is no adequate increment and monetary and non-monetary allowances to the sanitary workers. Above all, big discrimination in terms of caste, personal bias and recommendation is shown in salary fixation and increment of the sanitary workers.

Thus, the sanitary workers are not paid enough compensation by any of the organization in accordance with their work and contribution which are fully in the form of physical in nature, despite laws and directions from the government related to compensation. Due to poor salary, illiteracy, multiple tasks and entire physical nature of work, all sanitary workers are living under poverty condition and often fall in sick.

In the study area, as far as role definition and salary of sanitary workers are concerned, there is huge inappropriateness and vast discrimination. In all private hospitals in the study area, sanitary workers are not given job description stating their roles and responsibilities, salary, increment and reporting officers, which give space to all other departmental workers to assign not only their departmental work, but also their personal works. Similarly, salaries for sanitary workers are too low to manage their normal life, and there is no rules and standards with regard to salary and increment of sanitary workers. Moreover, technological support such as machineries, and training as to how to perform their work in a simple manner without hurting their health is not provided to the sanitary workers. Thus, in addition to their routine work such as cleaning, mopping and patient care activities that they do fully physically without technical support, when they are assigned other works, which are not part of their work, by other departmental employees and higher officials, it can clearly be seen that all sanitary workers in the study area have high workload and continue their work under high pressure.

As far as salary is concerned, in the study area, majority of the hospitals do not follow rules of government in paying salary to the sanitary workers. They are paid very less when compared to the work they are doing. There is no system in fixing and revising salary, and there is vast discrimination in it. Moreover, all hospitals follow very rigid practices in terms of salary management towards sanitary workers when compared to other categories of employees. Salary is deducted unconditionally without following rules and policies of the organization if they come late and avail leave which even if it is permissible. Due to these heavy workload, and ill-defined roles and less salary, now a day, sanitary workers are leaving from hospital field and moving to other sector such as textile, education institutes, petrol banks, banking industries. Furthermore, in order to compensate low salary and salary deduction, sanitary workers go to outside work for daily wages, and due to this, absenteeism rate also is increasingly increasing. Absence of one sanitary worker will double the workload of another employee who currently remains in the duty. When absenteeism of the employees continuously takes place, it will not only double the workload of current employees causing him or her to sick, but also impair the cleanliness and patient care activities in the hospital. Hence, it is needed to analyse to what boundary the role of the sanitary workers has been defined, and how the employees are satisfied with their salary because both factors are associated with heavy workload. Hence, the present study is undertaken in the study area.

Objectives of the study

The objectives of the study are:

To analyse the perception of sanitary workers towards role and compensation related factors causing heavy workload

To examine the impact of heavy workload occurring as a result of role and compensation related factors

To offer suitable suggestions to reduce 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 analysed various variables associated with role and compensation 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 modification wherever needed, and introduce new policies to ensure if the sanitary workers have right job description, and are paid sufficiently in accordance with their workload. To the housekeeping managers, this study assists to get deep insight into how disparity in role and compensation related factors is associated with heavy workload, and help them to sort out or modify those factors so that it does not cause them heavy workload and paralyse their satisfaction, health, commitment and morale, and also assists them how to create appropriate job description, and allocate work to the employees. 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. The results of this study will give knowledge to the sanitary workers as to how role and compensation related factors are associated with their heavy workload, and also give them awareness as to how to assertively deny the work which are not part of their work and assigned to them, and also question the management about the disparity shown in monetary and non-monetary benefits. The variables, population, sample size, sampling technique, data collection method, analysing tools and study area and so on, used in this study give strong base to the future research scholars.

2. Review of literature

Workload is types of work that employee need to perform, and this includes job duties, job responsibilities, and job scope, and usually, every employee got their own job responsibilities (Altay H, 2009). Work overload will happen when employees receive workload beyond their capabilities because of the increase of productivity and performance demand (Ilies R et al., 2015). Role overload as a situation in which employees feel they are being asked to do more than time or ability permits (Patwary et al., 1983)

Role definition is concerned with how individuals perceive the boundaries of their role within their organization, and is often used to distinguish in-role from extra-role behavior, especially in relation to organizational citizenship behavior (Morrison, 1994; Sluss et al., 2011; Tepper et al., 2001). Role is an establishment and subsequent change of roles within organizations (Sluss et al., 2011). Role is the physical and cognitive changes individuals make in the task or relational boundaries of their work (Wrzesniewski and Dutton, 2001)

Compensation is every type of reward individual receives in the exchange for performing organizational tasks. Compensation consists of two types: Monetary compensation which includes wages, salaries, bonuses or commissions, profit sharing, overtime pay and so on.

Non-monetary compensation which includes company paid housing, company paid car, praise, self-esteem, recognition, motivation and so on (Mahapatro BB, 2010)

Cheung K et al., (2020) in their study found that transfer students had less positive learning experiences and higher study workload stress than freshman entrants. The study found that deep and organized approach to learning was associated positively with generic skills while surface approach was associated negatively. Transfer students perceived their environment to be significantly lower than freshman entrants did in terms of 'teaching for understanding and encouraging learning'. The transfer students scored significantly higher than freshmen entrants on surface approach. The study also found that transfer students and freshmen entrants perceived their self-efficacy and generic skills to be positive. Transfer students perceived their workload intensity to be higher than the freshmen entrants and theirs. Both transfer and freshmen entrants negatively correlated with alignment and constructive feedback and also with study workload stress. Thus, the study concluded that transfer students scored significantly higher than the freshmen entrants for perceived study workload stress and surface approaches to learning, peer support and self-efficacy beliefs.

Hawaei F and MacPhee M (2020) observed in their study that workload factors at multiple levels were directly related to workplace violence. At the unit level, patient acuity was directly related to increased nurses' reports of emotional violence. At the job level and task level, compromised standards and interruptions respectively were directly related to increased reports of both physical and emotional violence. The result of the study also reported that patient/family complaints were directly related to increased reports of both types of workplace violence, but there was a stronger relationship with emotional violence than physical violence. All workload factors at multiple levels were indirectly related to higher reports of physical and emotional workplace violence through the mechanism of patient/family complaints may be a proxy for potential violence towards nurses. The study concluded that patient/family complaints were the strongest predictor of both physical and emotional violence, more so than workload factors.

Inegabedion H et al., (2020) discovered that there was a positive relationship between employee perceptions of workload. Similarly, there was a significant positive relationship between employee's comparison of workload with their colleague's workload and their perception of workload balance. There was a positive relationship between job role alignment and perception of workload balance. There was a significant relationship between organization's staff strength and employee's perception of workload imbalance.

Mohammady MJ et al., (2020) proved that majority of the samples, 56.3% did not report an error during the past six months that resulted in injury to patients, 37.5% reported an occurrence of error several times in the past six months, 4.5% several times in a month and 1.7% several times in a week. Only age variables had a significant relationship with patient safety and incidents. There was a significant correlation between the occupational cognitive failure and safety incidents, and also between occupational workload and patient safety incidents. In spite of the high subjective workload and physical load, the nurses' satisfaction with their performance was high (High experience and skills lead to optimal performance and prevent undesirable effects of perceived workload on nurses' performance). The result also showed that male nurses had a higher chance of error than female nurses.

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.

Setyantari RD et al (2020) said that although the attitude of the health centre officers towards the active finding efforts of leprosy patients tended to be good and very good, their behaviour was not supportive in performing early findings, promotions or counselling about leprosy to the community and counselling to leprosy patients. The motivation of the leprosy officer at the health centres in Ponrogo was good and had a positive effect on performance. The study found that the workload, motivation and attitude had a study and positive relationship with performance of the leprosy primary healthcare centre officers. The study discovered that the attitude of the leprosy officers in Ponorogo was good and had a positive effect on performance. The supportive attitude is the driving factor for the officers to find the patients and performing counselling, but however not all officers with good attitude had good performance. The result also found that workload of the officers affected their performance in early discovery of leprosy patients. The result showed that the larger number of tasks that became their responsibility caused active implementation of finding patients' activities were rarely performed, i.e., most patients were found passively.

Sjoberg A et al., (2020) indicated in their study result that the workers who experienced low social support, older personnel with a long tenure and those who had an education less than assistant nurse had high workload. The problem with a high workload affected health dimension: anxiety, depression, problem of pain, and discomfort with usual activities among health care workers. The result of the study also revealed that high social support is the only resource having buffering effort on the relationship between workload and health related quality of life. The result also indicated that health care personnel without a relevant health education experience a higher loss of quality adjusted life year score when exposed to a high workload than assistant nurses. And, women had a higher risk of problem with both quality adjusted life year scores, pain, discomfort and usual activities when compared to men. High age was no longer acting as a protective factor, and it was associated with a higher loss of quality adjusted life year score and an increased risk of anxiety and depression when exposed to a high workload.

Srimarut T and Mekhum W (2020) found that workload did not have significant influence on job satisfaction, however higher workload is perceived as negative job satisfaction. And, the result also found that training becomes the important mediator between the workload, co-worker attitude and job satisfaction. The study also found that co-worker attitude positively influences job satisfaction, and also that the influential role of social support in the work generate favourable job attitudes. The study also observed that employee perceived the training facilities play a significant mediator between workload and job satisfaction.

Andriana I et al., (2019) found that an increase in workload will increase motivation and vice-versa. The study also found that relationship between motivation and workload variables is positively positive, and this difference is due to the general employee in the health company

having work competencies that are in accordance with their expertise. The study found that motivation and workload simultaneously give an influence on employee performance by 35.5%. Study also found that influence of motivation and workload variable on performance is significant. The result of the correlation analysis indicated that employee motivation has a positive and significant influence on employee performance, i.e. most employees are motivated to work to get rewards and recognition on their performance. The study also indicated that poor employee performance is not caused by high workloads because these health companies produce using production system automation.

Rajan D (2019a) observed 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) identified 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) 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.

Smith AP and Smith HN (2017) explained that there were other predictors of fatigue and impaired performance. They include unhealthy life style, shift work, low control and support. The multi-variate analysis also indicated that workload (job demand) remained a significant predictor of performance. The study concluded that workload influences the performance of the railway staff either directly or through its association with fatigue.

Kratz G et al., (2005) revealed that women had a higher total workload than man, and spend more time on household work, and childcare. Besides, women obtained higher scores on all the subjective TWL indices than man. Symptoms frequently was higher in women than in

men for all symptoms, and more women than men rated their symptoms as moderate or severe. It was 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. The most prevalent and severe symptoms in the women was shoulder and neck pain followed by headache and sleep disturbances while sleep disturbances, low back ache, and shoulder and neck pain were the most prevalent and severe symptoms among the men. The analysis also revealed that 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. The work-child interplay was not associated with an increased risk of high level symptoms among women.

From the literatures reviewed, it can be learnt that various studies have been undertaken with regard to the workload, and they have talked about different dimensions of the workload, but no study has been undertaken exclusively as to how role and compensation related factors are associated with heavy workload. In the study area also, few studies have been undertaken concerning heavy workload of sanitary workers that had been discussed from leadership, resources, shift work and long working hour's point of view, i.e., how leadership, resources, shift work and long working hour's 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 role and remuneration 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 role and compensation 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 role and compensation 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 held 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 analyse 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

Demographic characteristics

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, 2018

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

Role and compensation related factors associated with heavy workload

Table 2: Perception of the respondents towards role and compensation related factors causing heavy workload.

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Role and compensation	SA (%)	A (%)	NO (%)	DA (%)	SDA (%)
Ill-defined roles and responsibilities	95.00	05.00	0	0	0
Receiving conflicting messages from two or more heads at the same time	97.50	02.50	0	0	0
Person's interest remain contradict with the job role	95.00	05.00	0	0	0
Salary is not adequate in accordance with the work performed	100.00	0	0	0	0
Discrimination and bias in fixing salary	96.25	03.75	0	0	0
Inadequate non-monetary reward (such as award, praise from supervisors) for effective contribution at work	96.25	03.75	0	0	0

Source: Computed from primary data, 2018 (In Table 2, SA – Strongly Agree, A – Agree, NO – No opinion, DA – Disagree, SDA – Strongly Disagree)

In addition to the results of analysis of the data collected from the respondents by both schedule and interview methods, the researcher has added his knowledge acquired in the field of hospital administration (by way of observation, personal discussion and administrative experience) to present below detailed interpretation against not only each variable causing heavy workload (given in the Table 2) but also incorporated the effects of heavy workload arising out of role and compensation related factors. The researcher presented interpretation about effects of heavy workload purely based on the data collected by personal discussion and administrative experience in the field of hospital administration.

Ill-defined roles and responsibilities

Well defined roles and responsibilities outlines clear direction to the employees as to what their duties are and not, and also, to who and for what they are responsible. Thus, well-defined roles and responsibilities not only define the boundaries with which the employees limit their work, but also stop arguments, and reduces the conflicts and egoistic issues among the employees, and thereby foster cooperation and coordination among the employees of not only particular department, but also with the employees of other departments. All employees need to know not only their roles and responsibilities, but also role of the employees of other departments, because it gives them clear picture as to what sort of work they should assign to them. In addition, well defined roles and responsibilities of the employees assist to the managers to know what works they should assign to their subordinates, and to what extent they can exercise their authorities. Thus, well defined roles and responsibilities, and the awareness about them are vitally important for both managers and employees to know where they should stand.

The factor, ill-defined roles and responsibilities have been strongly agreed by majority of the respondents that they are associated with heavy workload. In the interview, majority of them

said that in addition to the works of their own department, they perform lot of work assigned from different departments that are not part of their work, and it makes them tired and sick. As far as sanitary workers in the study area are concerned, no hospitals provide them job description defining their roles and responsibilities, to who they should officially report to, and take orders from; and hence besides routine work, they usually have to perform a lot of other works which are not part of their own housekeeping department work. The absence of clear roles and responsibilities give space to the superiors of housekeeping department to assign duty without considering both time and their health factors. Sending the sanitary workers to the higher official's house to take care of their house members, carry out their household works and other private jobs; and also getting work from them even after the duty hours are some of the consequences. Although all hospitals have policies regarding employees' work time and monetary benefits for extra work done, due to the absence of job description, even after the working hours, the sanitary workers are assigned works, which suck their energy because they do lot of work to different departments in addition to their routine works.

Allocating the works of biomedical wastes segregation and their disposal to the sanitary workers can be said as an evidence for how the managers of housekeeping department enhance their workload by using their ill-defined roles and responsibilities. All hospitals dispose their biomedical wastes through a common agency, which usually fix different time to different hospitals to collect biomedical wastes once or twice in a week depending on size of the hospital. Similarly, once or twice in a week sanitary workers from different departments are sent to biomedical segregation work, for which the managers do not allocate separate workers, and also the employees who does these sort of works additionally are not given additional salary. At the time, the vehicle comes to the hospitals to collect biomedical wastes, the sanitary workers are called from different departments, even if the time is close to closure of the duty, and are forced to assist to the employees of biomedical agency to load the biomedical wastes. If the employees have fixed schedule in a week to do these sorts of works, it can be accepted. But, when the sanitary workers are doing their routine work, they are called and assigned these sort of extra work without any monetary benefits, and sometimes it pushes them to work even after the normal working hours and get them to leave from the duty lately. All these suddenly assigning duties enhances their workload. If the sanitary workers are happened to leave from the duty lately, they are neither given extra salary, nor given permission to come to the duty in the next day late, which other category of employees enjoy as a privilege.

Also, ill-defined duties and responsibilities give space to other departmental employees to assign work to the sanitary workers that are not part of the sanitary workers, and that are part of their own departmental staffs. For instance, nurses and nursing assistants who push their own work to the sanitary workers can be said as an example. Preparing bed to the incoming inpatients is the duty of the nursing assistants, but in most of the hospitals, nursing assistants push the sanitary workers to prepare the bed for the patients, and sanitary workers also do it since they are not aware that it is not their work. Similarly, nurses use sanitary workers to pass records or any other patient related materials or documents to other departments instead of directing nursing assistants to do that work. In the same way, receptionists and other department employees such as finance, store, medical records, insurance and human resource department utilize sanitary workers to replace the work of social workers or their own

departmental workers who are absent or on leave. Although these are not part of sanitary workers, when they make mistakes they are blamed and verbally abused by the employees who assign to them work and does not have any rights to question them officially. These kinds of incidents taking place largely in the study area show that the sanitary workers have not known what their roles are, and to what works and mistakes they are responsible. Therefore, the hospitals should offer healthy job description to the sanitary workers defining their roles and responsibilities, and also the managers of housekeeping department should be educated how to follow the job descriptions strictly to get the work from them, and how to assertively intervene and stop other departmental staffs from allocating work to the sanitary workers that are not part of them.

Receiving instructions and work orders from two or more heads at the same time

In an organization, when a department has more than two reporting officers, in order to run the department smoothly, it remains necessarily important that there should be a clear division of work areas for each officer, and the number of employees they should control. In the same way, the employees also should clearly know that who their reporting officer, and from whom they should receive instructions. In most of the hospitals, since sanitary workers are large in numbers, housekeeping department usually has more than 2 heads, with the composition of one manager and two or more supervisors. Among them, one supervisor will be allocated to night shift since sanitary workers do round a clock service. As far as housekeeping department is concerned, very few hospitals have clear and strong organization structure to the housekeeping department, and there is a proper coordination among the manager and supervisors, and also there is no clear job description for supervisors. Housekeeping manager and supervisors in most of the hospitals do not work cooperatively and coordinative, and there is no clear job description stating how many subordinates they have, and with which department they have what level of limitation and control. Instead, they normally have the practice of entering and interfering into all departments and control all sanitary workers without having any limitation. Lack of educationally and professionally qualified employees being appointed as supervisors and managers in the housekeeping department is one of the reasons for this sort of interference and undue exercise of control over sanitary workers, and hospital also neither care about their leadership quality nor monitor their way of leading their subordinates.

In the study area, normally, in all other departments when an employee is continuing his or her own departmental work, manager or supervisor of other division, despite same department, cannot interfere and assign to them work without concurrence of the head of the particular employee, and if it happens the employee assertively deny it. But, as far as sanitary workers are concerned, the supervisors of other division can simply interrupt the work of other division which does not come under their control, and assign work to the employees, even if the employees are already on some other work. Without able to assertively deny it, the employees submissively accept it, and start doing that work either immediately or after the completion of current work in which they are in.

In the same way, the managers or heads of other departments call the sanitary workers when they are on a particular work, and assign them work. For instance, the pharmacy manager call the sanitary worker and assign some works which does not come under sanitary workers' routine work and which belong to pharmacy department's work (such as bringing large

amount of medicines from the store, or sending remaining medicines to the stores), and also orderly force them to complete it immediately. And, to assign this non-housekeeping departmental work, the manager of pharmacy either report to or should get permission from the manager of the housekeeping department to use their workforce, but it does not usually happen. Besides, the manager of the housekeeping department also is neither bothering about it, nor stopping other departmental managers from assigning work to the sanitary workers without her or his knowledge or permission. Thus, since the sanitary workers are allocated work, at the same time, by many higher officials, they need both to listen to the orders of all of them without able to deny it, and do double work.

Majority of the respondents have strongly agreed that getting instructions and work orders from two or more superiors at work at the same time is the factor associated with heavy workload. In interview, they said they often receive instruction from both supervisors and manager, and they did not know whose instruction should be followed. For instance, one supervisor directs a sanitary worker to a particular department, and before that employee start doing the work, or while continuing the work, another supervisor direct him or her to another place. Besides, in the study area, receiving conflicting instructions and orders from two or more heads at the same time commonly takes place in housekeeping department, and it happens due to lack of communication among the supervisors and between manager and supervisors. It is mostly and more often happening related to the shift schedule, such as extending the shift or cancelling the week off. The manager of the housekeeping department normally prepares shift schedule giving week off to all employees on different days, but the supervisors who are in the duty often change that scheduled shift either by extending the duty or cancelling the week off. Although it is acceptable sometimes due to sudden absence of the sanitary worker or workers, when it is purposefully done without the permission of the manager and overcoming the decision of the manager, it will not only increase the workload of the sanitary workers, but also endanger their health of the sanitary workers both physically and mentally. This sorts of changes made by the supervisor put the sanitary workers in confusion whether they should follow the schedule of the manager or supervisors. When such incidents takes place, the sanitary workers, although they do not like and cannot extend the duty, accept the orders of the supervisors and continue the work, because they do not have assertiveness to either deny or reject the orders of the supervisors. Even if the sanitary workers take this matter to the manager of the department and explain their challenges to adhere to the new schedule, mostly the manager act in favour of the supervisors, and very rarely the manager listen to the sanitary workers and act justifiably by cancelling the change made in the duty schedule by the supervisors.

In most of the hospitals, the housekeeping managers are neither bold nor have strong leadership qualities, and hence their supervisors working under them neither listen to them nor adhere to the schedule and orders of the manager. And, each supervisor wish to act as a manager with full power because they deal with illiterate people, and their submissiveness gives them power psychologically.

Person's interest remains contradict with the job role

It is must that a person must be ready to do the particular work, then only that work will remain simple and easy to him or her. When an employee do the work without an interest or willingness, definitely, it will look hard and complicated. So, it remains necessary to the

managers to assess the willingness or interest of the employee before allocating the work, or giving proper orientation of purpose of allocating a particular work. With regard to the question, person's interest remaining contradict with the job role, majority of them has strongly agreed that it is the factor associated with heavy workload. When they were interviewed, they said some tasks assigned to them are extra works which they do not like. When further asked, what those tasks are, they said, being sent to higher officials house to clean their toilets and do household works are some of the works they do not routinely do.

Normally, some employees agree and are interested to go to the higher officials' house, and do household works such as gardening, cleaning toilets, house, and look after security guard work. But, some employees, despite sanitation worker, do not like to go to higher officials' house and do their personal work which are not part of their official work. Due to threatening by their managers or supervisors with their job security, and salary deduction, most of the employees agree to do household work of the higher officials. These kinds of work, most of the time, are suddenly decided, because the employees who are routinely allocated to higher officials' house are absent from the work or given week off. When the sanitary workers find these household jobs are new, and do not like to do it, they feel, mentally, it is a heavy work for them.

Similarly, all hospitals bring external people to clean septic tank, and sanitary workers limit their work with just cleaning toilets and not septic tank. But, some hospitals assign the duties of cleaning septic tanks or assisting to the external people, and this is the extra work for them. If they are paid for this additional, then it will be justifiable, and if not, it will be a heavy workload for them. These are the works sanitary workers do not like, and are not part of their work. When they are forced to do it, they have to obey to the order of the manager. Moreover, since sanitary workers are used to do only hospital work, when they are assigned this sort of new un-routine work, it will endanger their work because they do not know how to do those works safely. But, the managers of the housekeeping department, due to their lack of education, do not bother about the implication of the work being assigned to the sanitary workers, just by taking their lower level work, and community background into account to assign the work. Similarly, in some hospitals, when there is issue with pumping water or any other problems with flow of water, normally sanitary workers are assigned to fetch water to different departments, and these are additional work which enhances their workload, and no additional salary is paid to them.

Similarly, some works assigned to the employees are sudden in nature. Although the employees are not interested to do it, understanding the need of that work, they agree to do it, and in some cases they are compelled and ordered rigidly to do it. Moving the sanitary workers to the workplaces where they cannot fit themselves occur often, especially during the absent period of co-workers and due to lack of manpower. Some employees are allergic to air-condition filled place because of too much cold, and some people cannot stand for long time due to their health condition. But, when they are allocated to work in those places such as Intensive Care Unit and Operation Theatre against their interest, although they agree to work, they work there half minded hurting their health, which, eventually, itself increase their workload not only physically but also mentally. Another important placement that is made against the interest of the sanitary workers is that they are sometimes moved to cafeteria where they have to clean utensils and tables, chairs and assist to chefs by cutting vegetables and doing other small works. Although these works are neither new nor doable, since the

environment is new, unready to do the work, and the work they need to perform is higher than what they normally do in their routine work, they will feel it as heavy workload. In the same way, some employees are redeployed to give care to the patients such as giving enema and preparing the patients for surgeries by shaving hair from the parts of the body, during the absence of employees who routinely carry out these activities. Although these are the work of sanitary workers, normally particular employees are routinely involved to perform these tasks because these works need precaution and little experience. So, when a sanitary worker who neither have an experience in these tasks, nor is interested to do these tasks, is forced to do these tasks, they mentally get dissatisfied with the work, and this cause them feel it as a heavy workload.

Therefore, in order to overcome the heavy workload that occur as a result of lack of interest of the employees, the managers should involve the sanitary workers in all areas of work by job rotation except the cases in which their health is not cooperative. Besides, the manager should give orientation about the importance of their contribution in completing the work and its implication towards the patients and organization.

Salary is not adequate in accordance with the work performed

Majority of the respondents strongly agreed that salary is not adequate in accordance with the work performed by them. They, in the interview, said they are assigned huge work without being given enough salary, and instead, they deduct the salary if they make small mistakes and avail leave even during emergency situations.

Generally, employees need to be given additional salary, either on hour basis or day basis when they are assigned additional works in terms of extending working hours, or deploying to other departments to complete the work which arise as a result of unfilled vacancies or absent of employees. So, virtually, for the additional work and energy spent, they should be compensated which brings to them job satisfaction. It, normally, happens to all other departmental employees, except to the sanitary workers. For instance, when the sanitary workers are forcefully sent to directors' house or doctors' house to look after their house hold work or asked them to bring food from hotels which are very far from the hospitals, definitely it will be the extra work to them. Few doctors or other higher officials provide them with little money for the work they assign to them. But, most of them do not have the practice of giving them any monetary benefit. Hence, the work what they do additionally becomes heavy workload not even physically, but also mentally. If they are given little amount as monetary benefit, they may even feel satisfied and they will not take the additional work what they did as a burdensome.

It is common in all organizations that employees are given increment or incentive according to their performance in work and commitment towards the organization, besides their routine salary. It may be in the form of money, gift or giving relaxation in working hours. But, all these benefits are not applicable to sanitary workers. However best they do their work and contribute towards the hospitals, whatever additional work they perform, they are not given any additional benefits beside their salary. In the study area, some hospitals present uniforms such as dresses once in a year and give some sort of immunization injections to them. They are given increment once in a year, and that amount also is very little when compared to all other departmental employees in the hospital. Moreover, uniform amount of money is given as increment to all sanitary workers, and no variation is shown among the employees who

contributed more, worked harder and attended the work without absent than those who are not regular and did not show any commitment. There is a general thought among the hospital administrators that if little increment is given to the sanitary workers, they will get satisfied, and hence they do not analyse performance and contribution of the sanitary workers. They do not take their contribution, hard work and commitment into account to assess their increment, as how other category of employees in the hospital are assessed. The submissiveness and community background of the sanitary workers get them to accept the little increment given to them, and do not push them to raise the questions against the bias and discrimination being shown. Although they accept the little increment given, they are mentally disturbed and their satisfaction level get lowered which sometimes make them think why they have to be both regular to the work and contribute greatly towards the organization growth, and eventually this kinds of thought push them to absent from the work. This is one of the reasons for more absenteeism rate in the housekeeping department. Absence of one sanitary worker, normally increases workload of the remaining employee who is in duty. Thus, variation shown in salary increment is directly or indirectly associated with heavy workload of the sanitary workers. Hence, the hospital should pay serious attention in fixing salary to the sanitary workers, and assess their performance and contribution fairly without discrimination, and offer increment. Moreover, the hospital should also offer additional remuneration or other forms of compensation such as holiday or rest and so on when they are officially or unofficially assigned extra work in order to maximize their job satisfaction and enhance their retention.

Discrimination and bias in fixing salary, and inadequate monetary and non-monetary rewards for effective contribution at work

Fixing salary without discrimination and bias in terms of community, caste, personal influence and religion aspects, and also giving awards in the form of monetary and non-monetary remain the major factors of motivation and job satisfaction, that encourage the employees to work without really bothering about extra time and work assigned, because when some need of the employees are fulfilled they do not care about extra workload. When employees are allocated huge workload, and they are not given any additional benefits, it will not only cause them dissatisfied, but also create displeasure in them towards the organization that itself push them to feel all works as heavy workload mentally.

Majority of the respondents have strongly agreed that discrimination and bias in fixing salary, and inadequate non-monetary rewards for effective contribution at work are the factors associated with their heavy workload. When they were interviewed, they said high discrimination and bias are shown in their salary and it hurts them mentally. They also said that they generally do not receive any monetary benefits or appreciation from their superiors in the form of award, recognition, praise for the hard work and contribution they give to the organization. However hard they contribute, they are given salary only, and they also said that the supervisors and managers even hesitate to talk to them. It is common that not only in private hospitals and all kind of business organizations that there is no sound policy related to salary aspects such as basic salary, yearly increment and bonus. Very few organizations have framed policies about remuneration in par with other disciplines such as paramedical and medical. Generally, salary is fixed based on caste, community, recommendations by political parties and higher officials in the organization. In some organizations, when employees from higher caste join housekeeping department, they are fixed high salary, but at the same time, when employees from lower community join, they are fixed lower salary as usual.

Commonly, sanitary workers working with higher officials' house such as Directors and medical personnel are fixed high salary, but they do not remain at the hospital full time despite full time staff. Most of the time, they work at the higher officials' house as housemaids or securities, and very limited time they discharge their duties to the hospitals as sanitary workers. In addition to the routine hospital salary, they also receive additional remuneration from the higher officials for whom they work. Besides, some sanitary workers join housekeeping department in the hospitals with the recommendation of politicians, and they are fixed very high salary than other sanitary workers. Besides, their salary is too high than those who are working with the hospital for longer years. Moreover, since those who are going to higher officials' house less time towards the hospital work and those who join the work on recommendation of the higher officials and politicians do not show much contribution, most of the work fall on the head of other sanitary workers and they have to do huge work with the less salary. This kind of discrimination will be reflected in the form of jealous and anger among the other workers who are receiving less salary and perform more work in the hospital.

Here, the other major critical reason to be mentioned is leadership style and leadership qualities of the housekeeping managers. Housekeeping managers, in the study area, are not appointed with proper professional education. Most of the hospitals, not only in the study area, but also in all other areas in Tamil Nadu and other States of India, appoint housekeeping managers not based on education, skills, talents, and leadership qualities. Instead, they appoint housekeeping managers based primarily on caste system, and another measurement they take into account is how rough and hard the person is. Mostly, all organizations in India is run by higher caste employers, and it is the common thought of higher caste people that, due to the traditional caste system, sanitary workers can be controlled by rough people, otherwise work cannot be extracted from them. Due to lack of appropriate educational qualification and training, the housekeeping managers do not know how to praise the employees with appropriate rewards, recognition and appreciation, and hence, they fail to keep the sanitary workers motivated and self-satisfied with their work and committed towards the organization. It is common that sanitary workers want to be praised by good words and appreciated for their good work. If these wishes of them are fulfilled, definitely they would work happily even if they are assigned additional tasks. But, housekeeping managers fail to reward them with pleasing words, instead, they always show rough face towards them and use hard words to treat them. This, in turn, will result in high absenteeism among the employees who have been shown discrimination in salary. Frequent absenteeism, generally, increase workload of existing employees. Hence, the management should be cautions when fixing salary and it should be fixed without any discrimination based on caste and recommendation to ensure everyone receive equal salary according to their work and contribution.

5. Suggestion

Based on analysis and findings of the study, the researcher furnishes the following suggestions to rationalize the role and compensation related factors causing heavy workload.

- Proper job description should be provided to the sanitary workers along with appropriate education (because most of the sanitary workers are illiterate) to enable the

sanitary workers to know what they have to do and not, and what work they have to accept and deny assertively when other department employees assign to them work.

- Instructions and work orders should go to the sanitary workers from one head (manager or supervisor), not from many heads when housekeeping department has more than one head in order to avoid work confusion, conflict and ambiguity. When there is a necessity to change the work orders or instructions already given to sanitary workers by one head, it should happen with the knowledge or permission of that head. To avoid this conflict, there should be a transparent communication and cooperation among the heads, and also, the head of the department should clearly define to the supervisors of area and employees to be controlled by each supervisor.
- Salary should be fixed and increment should be given without any discrimination, bias and prejudices based on caste, community, religion and personal factors. Similarly, there should be honesty, fairness and transparency in providing monetary and non-monetary benefits not only to enhance satisfaction and commitment, but also avoid conflicts and jealous among the employees. Assigning personal work to the sanitary workers by the higher officials unofficially should be avoided in order to avoid heavy workload, but if it is needed to assign to them personal work, definitely they should be monetarily benefited.
- Interest and willingness of the sanitary workers should be sought by the head of housekeeping department either by personal discussion or observation, and work should be allocated, because interest is directly associated with heavy workload physically and mentally. Previous work experience, work area, and health aspects of the employees should be taken into account before assigning work to 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 centres 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 workers, 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 analysed in this study: The study has analysed two variables namely role related factors and compensation 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, organization structure and policy, resources and motivation. As a result of these limitations, caution is required to generalise the results of this study to other category of employees, type of hospitals, and study area, because pay may be rich or low, and similarly role may be clearly or unclearly defined

to the same sanitary workers and other category of employees in the 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 and other Districts. 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 role and compensation related factors causing heavy workload among sanitary workers of private multi-speciality hospitals differ from and similar with sanitary workers of other type of hospitals such as single speciality hospitals, diagnostic centres, 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 role and compensation related factors have influenced their workload, the same concepts can be analysed 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, organization structure and policy, 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.

6. Conclusion

This survey, quantitative and empirical based descriptive research undertaken in Tirunelveli city of Tamil Nadu, India with the objective of analysing perception of sanitary workers working in private multi-speciality hospitals towards various role and compensation related factors causing heavy workload sampled 80 respondents using both convenience and judgement sampling techniques. 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 the data. The result of the analysis found that all the factors discussed in this study such as 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. The suggestions given to rationalise role and compensation related factors causing heavy workload based on the findings analysed from the data of majority of respondents are: hospitals should provide clear job description; work related instruction should go from one head and there should be a clear division of area and employees controlled by each supervisors; salary, increment, other monetary and non-monetary benefits should be given without discrimination and bias on the basis of caste,

religion and other personal factors; and personal interest, willingness, previous work experience and health of the employees should be considered before allocating work and work area in order to create a comfortable and healthy work environment and extract the work easily. To extract productive work, instil high commitment towards the organization and get high satisfaction towards the job, the role performed by the sanitary workers should be clearly defined, and explained to them; and also the monetary and non-monetary benefits given to them should be adequate and regulated without any bias and discrimination. The hospital management should pay rich attention and make necessary arrangements by means of policy decisions, and leadership training to the managers of the housekeeping department who play main role in getting productive work from the sanitary workers. By doing so, the hospitals not only enhance health, satisfaction, and morale of the sanitary workers, but also retain them with the organization for long time, and thereby enhance quality of service to the patients.

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