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Effect of Overtime and Work Load Balance on the Well–Being of Nurses

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ABSTRACT

Due to the shortage of nurses in India, every hospital faces lots of problems. As a result, the burden of work load rises on the shoulders of the nurses. To fill this gap, this study investigates the effect of workload, long working hours/ overtime on the well-being of the nurses. For this purpose, the data has been collected from 120 respondents and analyzed through SPSS software. From the research, it has been found that, 90% of the participants are female; in which 80 per cent belongs to the age group of 20-30 years. This investigation also examines the consequences of workload and long working hours/overtime. The research also analyses some factors which affect employee's performance. The statistical tools such as Mean score analyses; Standard Deviation, Correlation and Regression Analyze have been used for the study.

Introduction

Additional time alludes to any hours worked by a worker that surpass their regularly planned working hours. The extra time pace of pay changes among organizations and by focal points of the extra time, for instance, the amount of additional time hours worked. Standard additional time rates fuse fundamentally more and twofold time. [1]

How do we calculate extra time pay.

Under Sec. 33 it is referenced that for extra time compensation are to be paid at the pace of double the customary paces of wages of the specialist. It makes reference to that the business can take real work on any day as long as 9 hours

in a 12 hours move. Be that as it may, he should pay twofold the rates for any hour or part of an hour of real work more than nine hours or for over 48 hours at whatever week.

Sec. 14 of the Act makes reference to that any laborer whose base pace of wages are fixed with wage timeframe, for example, by hour, continuously or by any such period and if a specialist works more than that number of hours, it is viewed as additional time. On the off chance that if the quantity of hours comprising a typical working day surpasses as far as possible, at that point the business should pay him for consistently or for part of an hour for which he has worked in overabundance at the additional time rate. [2]

Extra time is the measure of time somebody works past typical working hours. The term is likewise utilized for the compensation got for this time. Ordinary hours might be resolved severally:

By custom (what is viewed as sound or sensible by society),

By practices of a given exchange or calling,

By enactment,

By understanding among employers and laborers or their agents.

Most public nations have laws regarding extra time work, which intend to discourage employees from working overtime and managers from letting or forcing their representatives work exorbitantly extended periods (like the circumstance in the material plants during the 1920s). These laws may be considered different contemplation than compassionate concerns, for example, safeguarding the strength of laborers, so they may keep on being beneficial and expanding the general degree of work in the economy. One effective way to deal with this is to expect businesses to pay laborers at a higher hourly rate for additional time work. Organizations may decide to compensate laborers by giving them higher double-time pay regardless of whether they are obliged to do so as per legislation or not, especially if they accept that they face a regressive twisting inventory bend of work.

Extra time pay rates can make laborers work longer hours than they would at a level hourly rate. Extra time laws, perspectives toward additional time and long periods of work shift incredibly from one country to another and between different areas. [3]

In 1940, the United States' Fair Labor Standards Act set up the 40-h week's worth of work and establishment of the framework for the possibility that a conventional plan for getting work done would generally run eight hours, from 9 a.m. to 5 p.m., Monday through Friday. Notwithstanding, actually numerous representatives around the globe have work plans that don't adjust to such boundaries. Without a doubt, associations progressively need representatives to stay at work past 40 hours during the day and week. These days, additional time work has become a typical wonder everywhere in the world. [4] These days, extra time work has become a typical wonder everywhere in the world. For instance, Parent-Thirion et al. showed that 15% of laborers in the European Union (EU) nations constantly work 48 h or more each week, and in Turkey, 56% of laborers work in excess of 48 h/week. [5] According to the Current Population Survey (CPS) information, one-fourth of Americans work in excess

of 40 h each week. [6, 7] Asia, specifically, appears to have the most exceedingly terrible extra time circumstance. In China, for instance, the work season of individuals in metropolitan territories is up to 46.2 h seven days. [8] Although these global figures give a harsh image of the predominance of additional time work around the world, they belittle all extra time work being performed, as the figures center around the pervasiveness of additional time work (in numerous reports characterized as more than 40 h/week) rather than revealing the precise of extra time hours. [9]

Why there is the requirement of overtime?

Creation units are controlled by following creation plans. Non-accessibility of crude materials, unforeseen force shut downs, laborers' agitation, down season of hardware, separates of apparatus, and so on; contribute to the pressing factor in Just-in time creation. To meet the time timetable of completed merchandise, managers lean toward dealing with additional time. In the expressions of Anna Assad, Demand Media "Extra time - hours booked over what a representative typically works - is utilized for different reasons, for example, fulfilling expanded item need or task goals." [10] The social consistence inspectors who have checked on the coca-cola organization and have recognized the accompanying components as the key drivers of Overtime. [11]

Workload: Employee responsibility and assignment intricacies are elements of authoritative designs. Indeed, even inside a similar association, representative errand necessities differ since workers of a similar position might be inconsistently entrusted. The disparities in responsibility might be generally impacted by instructive capability, territory of specialization or position in the association. In many associations, the changeability in worker responsibility might be generally impacted by the offices to which they have a place. However indeed, even inside a similar division, there is no assurance that worker responsibility will adjust. [12] An Employee's impression of responsibility balance or lopsidedness because of errors between his responsibilities also, that of other hierarchical individuals can cause irritation. [13]

The effect of long working hours and overtime on health:

Long working hours are a pervasive wonder among most associations and organizations where the time span spending on work, containing primary undertakings of work, related errands, driving, and travel, is excessively long and inconvenient to the soundness of laborers straightforwardly or in a roundabout way[14]. Epidemiological investigations have shown the negative impacts of long working hours on the dangers of cardiovascular illnesses [15,16,17,18]; ongoing weariness, stress [19]; burdensome state, tension, rest quality, all-cause mortality, liquor use and smoking [20]; and self-saw wellbeing, psychological well-being status, hypertension, and wellbeing practices [21]. Comparative outcomes have been found for long working hours by different examinations, for example, myocardial dead tissue [22], poor actual wellbeing and wounds [23], liquor utilization, smoking, actual inertia [24], and despondency [25].

Need of the study: Due to the shortage of nurses in India in both the private and public sector, there is a huge workload on the shoulders of the nursing staff. They have to do long shifts and overtime due to which it has put a detrimental impact on their well-being. Moreover, the pay scale of nurses is not satisfactory in India. Hence, during this research we try to investigate its impact on nurses.

Shortage of nurses:

Most countries on earth are facing lacking of human resource in the prosperity territory. A normal opening of 7.2 million master's prosperity workers existed in 2012, which will increment to 12.9 million out of one additional many years [26]. Countries with high essentials of prosperity workers need more used prosperity labor force. On the other hand, nations with for the most part low clinical consideration needs join unquestionably the best providers of prosperity organizations [27]. Such contrasts can moreover be seen when the chaperon to people extents found in different countries, especially of the made and making ones, are dissected. Another such model in regards to bungle between prosperity prerequisites and nonattendance of HRH that can be considered is India, which is experiencing both nursing lacks and high ailment inconvenience [28]. India is the second most transcontinental country on earth, with 17.5 percent of the overall people [29]. In 2012, its proposal in the overall sickness inconvenience stayed at 19.65 percent, with 26% of tuberculosis, 8.74 percent of HIV/AIDS and 3.70 percent of wilderness fever cases all throughout the planet. Interestingly with the prosperity needs, only 17 chaperons were available for a general population of 10,000 in India during 2006–2013 [30]. Various master, unquestionable, social, monetary, political and various reasons formed the nursing availability in India. These parts have moreover set off an immense degree worldwide development of Indian clinical overseers to high level compensation nations going up against nursing deficiencies.

Research Objectives:

1. To find the relation between overtime and workload balance with well-being of nurses in India.
2. To study the policies regarding overtime and workload for the nurses in the Indian health care.
3. To suggest the measures for improving the well-being among nurses.

Literature Review:

Research has been conducted by Rajan. D (2017) on 120 nurses (60 from multi-specialty clinics and 60 from single claim to fame emergency clinics) qualified with Bachelor of Science in Nursing and Diploma in General Nursing and Midwifery (DGNM) from private multi-strength clinics utilizing judgment examining strategy. Essential information has been gathered utilizing organized independent polls. Optional information has been gathered from diaries, books and sites. The consequence of the investigation shows that the view of medical caretakers working in the two sorts of emergency clinics are the same towards

the effect of longer working hours on their well being, family and public activity. [31]

Caruso CC et al contemplated negative effects of move work and long working hours and announced that move work and long working hour's increment hazard for decreased execution at work, weight, wounds and wide scope of constant sicknesses. The investigation found that restlessness was the difficult issue of the long working hours. [32]

Akhtar. S et al inspected the effect of long working hours on family prosperity of corporate families. The examination broke down long working hours under four measurements to be specific physiological and social impacts, equilibrium between fun and serious stuff, work stressors and rigid timetables. Family prosperity was broken down under three measurements to be specific damaging family, between job struggle and diminished personal satisfaction. The aftereffect of the investigation demonstrated that the elements equilibrium between fun and serious stuff and work stressors altogether affected the prosperity of the family whereas an unbendable plan for getting work done didn't have a critical effect. [33]

The investigation examined by Santana, I.R et al on the setting is six inpatient wards inside an enormous psychological wellness clinic in England where the move expansion occurred among June and October 2017. The Data come from wards regulatory records and the examination is performed utilizing week by week information (N=463). What might be compared to a total move each week per ward? [34]

Research Methodology:

In this research, we collect data from nurses of different hospitals such as Medical College Hospitals, Government Hospital, Primary Health Center, Updated Primary Health Center, Private Multi specialty Hospital and Private Hospital through questionnaires. The data is filled with 120 respondents to know the effect of overtime and work load balance on the well–being of nurses while covering both rural and urban area. Data collection was done through Google online form and by visiting some hospitals by getting the views of nurses on the given topic through a questionnaire. Data collection was possible only by using personal contacts.

The data processing method is a very important and time-consuming procedure, but that has been done easily with the aid of several SPSS techniques. This have guaranteed that the operation of the data is transparent and without any errors. The data gathered is fed into SPSS applications, and statistical analysis is carried out.

RESULT & DISCUSSION:

The research examines the effect of overtime and work load balance on the well–being of nurses. A 5-points Likert scale ranging from "1.Strongly disagree" to "5. Strongly agree" survey questionnaire was used. The questionnaire consisted of four parts: the first part was the participant's demographic information, the second part was work load, working hours/

overtime, the third part was the measure the work life balance, the fourth part was about relation with supervisor and fifth is about multi tasking.

Demographic Table:

Table-1

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	20-30	61	50.8	50.8	50.8
	31-40	37	30.8	30.8	81.7
	41-50	16	13.3	13.3	95.0
	51 or more	6	5.0	5.0	100.0
	Total	120	100.0	100.0	

Table 1 shows the demographic profile of participants. It is evaluated from the above analysis that 50.8 percent respondents belong to the 20-30 age category whereas people belonging to 31-40 contribute 30.8 percent. Moreover, respondents belonging to age 41-50 have only 13.3 percent whereas 51 or more are less in number as their percentage is only 5 percent.

Table-2

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	29	24.2	24.2	24.2
	Female	91	75.8	75.8	100.0
	Total	120	100.0	100.0	

Table 2 represents the ratio of male and female nurses. The ratio of females is more as compared to males as the percentage of females is 75.8 whereas males are only 24.2 percent.

Table-3

Marital Status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	76	63.3	63.3	63.3
	Unmarried	44	36.7	36.7	100.0
	Total	120	100.0	100.0	

Table 3 gives the portrayal of married or unmarried members, wherein 63.3 percent are married and on the other side, 36.7 percent have a place with unmarried.

Table-4

Number of Children

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	40	33.3	33.3	33.3
	2	29	24.2	24.2	57.5
	3 or above	7	5.8	5.8	63.3
	None	44	36.7	36.7	100.0
	Total	120	100.0	100.0	

Table 4 displays the information that nurses having 3 or above children have less percentage i.e. only 5.8 percent, respondents with no children have high percent i.e. 36.7 percent whereas people with one children have 33.3 and last but not the least, people with two children are 24.2 percent.

Table-5

Working Place

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rural	34	28.3	28.3	28.3
	Urban	86	71.7	71.7	100.0
	Total	120	100.0	100.0	

Table 5 addresses the working spot of representatives where it is vividly clear that medical caretakers having a place with metropolitan regions have more rates for example 71.7 percent when contrasted with rustic which is equivalent to 28.3 percent

Table-6

Spouse Working

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	75	62.5	62.5	62.5
	No	45	37.5	37.5	100.0
	Total	120	100.0	100.0	

Table 6 depicts the ratio of working spouse i.e. 62.5 percent whereas 37.5 percent are not working.

Table-7

Education Level

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Diploma	23	19.2	19.2	19.2
	A.N.M	25	20.8	20.8	40.0
	G.N.M	34	28.3	28.3	68.3
	B.sc Nursing	36	30.0	30.0	98.3
	M.sc Nursing	2	1.7	1.7	100.0
	Total	120	100.0	100.0	

Table 7 indicates that the highest level of education is M.Sc. Nursing, which is of the least ratio i.e. 1.7 percent where as 30 percent of respondents having B.sc Nursing, 28.3 having qualification of G.N.M and 20.8 having A.N.M, last but not the least 23 percent of respondents have qualification of diploma only.

Table-8

Hospital

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Medical College Hospital	16	13.3	13.3	13.3
	Government Hospital	9	7.5	7.5	20.8
	Primary Health Center	32	26.7	26.7	47.5
	Updated Primary Health Center	4	3.3	3.3	50.8
	Private Multi specialty hospital	32	26.7	26.7	77.5
	Private Hospital	27	22.5	22.5	100.0
	Total	120	100.0	100.0	

The information analyzed from table 8 is that the respondents belong to Medical College Hospital are of 13.3 percent, 7.5 percent from Government Hospital, 26.7 percent are from Primary Health Center, 3.3 percent from Updated Primary Health Center, 26.7 percent are from Private Multi specialty hospital and 22.5 percent are from Private Hospital.

Table-9

Monthly Income

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rs. 10,000-15,000	33	27.5	27.5	27.5
	Rs. 15,000-20,000	56	46.7	46.7	74.2
	Rs. 20,000-25,000	22	18.3	18.3	92.5
	Rs. 25,000 or more.	7	5.8	5.8	98.3
	5.00	2	1.7	1.7	100.0
	Total	120	100.0	100.0	

Table 9 gives information of monthly income of the respondent's ranges from Rs. 10,000 to Rs. 25,000 or more, in which highest percentage belongs to 46.5 percent of 15,000-20,000 whereas lowest is of 25,000 or more i.e. 5.8

Table-10

Designation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Head Nurse	14	11.7	11.7	11.7
	Matteren	17	14.2	14.2	25.8
	Staff Nurse	61	50.8	50.8	76.7
	General Nursing Midwife	28	23.3	23.3	100.0
	Total	120	100.0	100.0	

Table 10 represents that head nurses are 11.7 percent, Matteren are 14.2 percent, Staff Nurse are 50.8 percent whereas General Nursing Midwife are 23.3 percent.

Table-11

Work Load, Hours of Work/ Over Time

	N	Minimum	Maximum	Mean	Std. Deviation
I have too much work to do everything well.	120	2.00	5.00	4.1250	1.10433
I have to work more for the expectation.	120	2.00	5.00	4.1500	1.13500
I am having enough time to do my job.	120	2.00	5.00	3.9500	1.14385

My workload is manageable	120	2.00	5.00	4.0500	1.14385
My job consists of an attainable goals and short time.	120	2.00	5.00	3.7000	1.10461
I can change starting and closing time of my work.	120	1.00	5.00	3.2750	1.47222
It is hard to combine the demands from various departments.	120	1.00	5.00	3.6000	1.22577
The work load affects my job and skills.	120	1.00	5.00	3.2750	1.26997
I am able to complete my tasks within stipulated time.	120	2.00	5.00	4.2000	1.05798
Usually my working hours extending above the actual working hours.	120	1.00	5.00	3.4500	1.24920
The overtime is compulsory in my job.	120	1.00	5.00	2.9500	1.28893
Valid N (listwise)	120				

Table 11 depicts the information of mean and standard deviation about work load, hours of work and overtime. In the table, it is vividly clear that highest mean lies for the factor of "able to complete tasks by nurses within stipulated time" i.e. 4.2000 (S.D. 1.05798), however, lowest mean lies for the factor i.e. "overtime is compulsory in my job" i.e. 2.9500 (S.D. 1.28893). The second highest mean is 4.1250 in "too much work to do everything well" (S.D. 1.10433).

Table-12

Work Life Balance.

	N	Minimum	Maximum	Mean	Std. Deviation
My job affects my personal family things.	120	1.00	5.00	3.8250	1.16433

The demand of my job occupy my personal and family timings	120	2.00	5.00	3.6250	1.04570
The demand of my family and personals affect my job.	120	1.00	5.00	3.1500	1.13500
I am not able to take care of personal or family matters during my work.	120	1.00	5.00	3.7500	1.20398
My hospital is taking care about the non interference of job into the personals.	120	1.00	5.00	3.5250	1.12244
My hospital trained me to handle the balance.	120	1.00	5.00	3.7000	1.10461
Valid N (listwise)	120				

Table 12 portrays the data of mean and standard deviation about work life balance. In the table, it

is distinctively evident that most elevated mean lies for the statement “job affects personal family

things”, with (S.D. 1.16433) though least mean lies for the classification i.e. not able to take care

of personal or family matters during my work with (S.D.) 1.20398.

Table-13

Health and Well-Being.

	N	Minimum	Maximum	Mean	Std. Deviation
My job affects my health and well being.	120	1.00	5.00	3.5500	1.38327

My hospital takes care of my health and well being.	120	2.00	5.00	4.2250	.99124
I am frequently taking leave because of ill health and mental stress.	120	1.00	5.00	3.5500	1.28893
The medical facilities provided to the nurses in my hospital are good.	120	1.00	5.00	3.9500	1.24920
My hospital taking care of my family's well being.	120	1.00	5.00	3.7250	1.36562
Valid N (listwise)	120				

Table 13 reveals the information of mean and standard deviation about health and well-being. In the table, highest mean lies for the factor, “hospital takes care of nurse’s health and well being” which is equal to 4.2250 (S.D .99124) whereas lowest mean falls in two categories i.e. job affects their health and well being and nurses are frequently taking leave because of ill health and mental stress which has same value in both categories i.e. 3.5500.

Table-14

Impact on nurse’s performance.

	N	Minimum	Maximum	Mean	Std. Deviation
I am always happy going to the job.	120	3.00	5.00	4.5250	.67317
Because of good Quality of Work and Life, my job is easy and high preferable.	120	2.00	5.00	4.2250	.88368
Because of good Quality of Work and Life, my efficiency is increased.	120	1.00	5.00	4.2500	1.02285

The good Quality of Work and Life helps me to attain the hospital objectives.	120	2.00	5.00	4.2000	.90377
Because of good environment I feel more comfortable	120	2.00	5.00	4.2250	.96548
Valid N (listwise)	120				

Table 14 covers the data of mean and standard deviation about wellbeing and prosperity. In the

table, most elevated mean lies for the factor i.e. always happy going to the job i.e. 4.5250 (S.D

.67317). The second highest mean is in “Work and Life which increases their efficiency” which

is equal to 4.250 (S.D 1.02285). On the contrary side, the lowest mean is in “The good Quality

of Work and Life which helps them to attain the hospital objectives” i.e. 4.2000 (S.D .90377)

and the second lowest mean lies for the two factors, “Because of good Quality of Work and

Life, their job is easy and high preferable” and “Because of good environment they feel more

Comfortable” i.e. 4.2250 (S.D .88368) and (S.D .96548) respectively.

Table-15

Management/ Supervisors' relations

	N	Minimum	Maximum	Mean	Std. Deviation
My supervisors/ doctors are encouraging me at work.	120	3.00	5.00	4.5000	.67363

The work that I do is valued by my supervisors/ doctors.	120	1.00	5.00	4.2250	.96548
My supervisors treats my mistakes as opportunities for me to learn and improve	120	1.00	5.00	4.0333	1.23624
My supervisor keep us informed about what's going on in my department/ work area/ hospital	120	1.00	5.00	4.4250	.86639
My supervisors/doctors support me when I take appropriate risks even those that fail.	120	1.00	5.00	4.1500	1.08968
My supervisors have the skills to lead.	120	1.00	5.00	4.2250	1.04087
My supervisor is a role model to me.	120	1.00	5.00	3.9250	1.25800
My supervisor listens to other staffs.	120	1.00	5.00	4.2250	.91176
My supervisor gives me help and support in getting the job done.	120	1.00	5.00	4.1750	1.05051
My supervisor treats me and my colleagues as fairly.	120	1.00	5.00	4.1000	1.04841
Valid N (listwise)	120				

Table 15 gives details of mean and standard deviation of Management/ Supervisor relations. It is crystal clear that "doctors and supervisors encourages them at work" has maximum mean value i.e. 4.5000 (S.D .67363) and "supervisor is a role model to me" has minimum value i.e. 3.9250 (S.D. 1.25800). On the flip side, 4.4250 is the second largest value of mean having (S.D .86639) and 4.0333 is the second lowest value of mean having (S.D 1.23624)

Table-16

Multiple-Tasking.

	N	Minimum	Maximum	Mean	Std. Deviation
I face challenges due to shifting of my routine.	120	2.00	5.00	4.3000	.90377
My job demands long shifts and frequent overtime.	120	1.00	5.00	3.7500	1.28501
Forced to do many non-nursing tasks.	120	1.00	5.00	3.0500	1.24920
Shifting to other departments.	120	1.00	5.00	3.7500	1.20398
Face challenges when shift to gynecological department.	120	1.00	5.00	3.4250	1.36377
Valid N (listwise)	120				

Table 16 depicts the information of mean and standard deviation about multiple tasking. In the table, it is vividly clear that the highest mean lies for the factor of "face challenges due to shifting of routine." i.e. 4.3000 (S.D .90377), however, lowest mean lies for the factor i.e. "Forced to do many non-nursing tasks" i.e. 3.0500 (S.D 1.24920). The second highest mean is in two factors i.e. "My job demands long shifts and frequent overtime" and "Shifting to other departments." which is equal to 3.7500 having (S.D. 1.28501) and (S.D 1.20398) respectively.

Table 17
Correlations

		Workload	Work life balance	Health and Wellbeing	Impact on nurses performance	Management relation	Multiple tasking
Workload	Pearson Correlation	1	.107	.443**	.444**	.429**	.228*
	Sig. (2-tailed)		.244	.000	.000	.000	.012
	N	120	120	120	120	120	120
Work life balance	Pearson Correlation	.107	1	.360**	-.112	.046	.499**
	Sig. (2-tailed)	.244		.000	.225	.614	.000
	N	120	120	120	120	120	120
Health and Wellbeing	Pearson Correlation	.443**	.360**	1	.296**	.536**	.305**
	Sig. (2-tailed)	.000	.000		.001	.000	.001
	N	120	120	120	120	120	120
Impact on nurses performance	Pearson Correlation	.444**	-.112	.296**	1	.712**	.081
	Sig. (2-tailed)	.000	.225	.001		.000	.382
	N	120	120	120	120	120	120
Management relation	Pearson Correlation	.429**	.046	.536**	.712**	1	.359**
	Sig. (2-tailed)	.000	.614	.000	.000		.000
	N	120	120	120	120	120	120
Multiple tasking	Pearson Correlation	.228*	.499**	.305**	.081	.359**	1
	Sig. (2-tailed)	.012	.000	.001	.382	.000	
	N	120	120	120	120	120	120

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 17 shows the correlation analysis between workload and Work life balance, Health and Wellbeing, Impact on nurses performance, Management relation or Multiple tasking a negative opinion about coworkers. From the above correlation analysis, it is cleared that the Pearson correlation value is found to be negative for factors such as Health and Wellbeing, Impact on nurses performance, Management relation or Multiple tasking, and posting a negative opinion about these factors. The correlation between found to be positive in the case of Work life balance.

Regression:

Table 18

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.682	1	.682	1.368	.244[b]
	Residual	58.799	118	.498		
	Total	59.481	119			

a. Dependent Variable: Work life balance

b. Predictors: (Constant), Workload

Table 18 shows the relationship between workload and work life balance. The significant value is .244, which implies that it is not significant.

Table 19

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	14.541	1	14.541	28.780	.000[b]
	Residual	59.619	118	.505		
	Total	74.160	119			

a. Dependent Variable: Health and Wellbeing

b. Predictors: (Constant), Workload

Table 19 interprets the relationship between workload and health and wellbeing, in which health and wellbeing taken as a dependent variable and workload as anindependent variable. The significant value is .000, which means that it is significant. Therefore, there is a significant relationship between workload and health and well being, at 5% level of significance.

Table 20

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	12.200	1	12.200	28.970	.000[b]
	Residual	49.693	118	.421		
	Total	61.893	119			

a. Dependent Variable: Impact on nurses performance
b. Predictors: (Constant), Workload

Table 19 describes the relationship between workload and Impact on nurses performance, in which Impact on nurses performance taken as a dependent variable and workload as an independent variable. The significant value is .000, which means that it is significant. Hence, there is a significant relationship between workload and impact on nurse's performance, at 5% level of significance.

Table 21

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	8.391	1	8.391	26.595	.000[b]
	Residual	37.229	118	.316		
	Total	45.620	119			

a. Dependent Variable: Management relation
b. Predictors: (Constant), Workload

Table 21 describes the relationship between workload and Management Relation, in which Management Relation taken as a dependent variable and workload as a independent variable. The significant value is .000, which means that it is significant. Hence, there is a significant relationship between workload and impact on nurses performance, at 5% level of significance.

Table 22

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.994	1	3.994	6.452	.012[b]
	Residual	73.043	118	.619		
	Total	77.037	119			

a. Dependent Variable: Multiple tasking
b. Predictors: (Constant), Workload

Table 22 describes the relationship between workload and multiple tasking, in which multiple tasking taken as a dependent variable and workload as a independent variable. The significant value is .012, which means that it is significant. Hence, there is a significant relationship between workload and impact on nurses performance, at 5% level of significance.

Findings

- Most of the nurses have the same viewpoint regarding the workload, working hours/ overtime. They strongly agree that they have to do work for long hours. However, there are some employees, who have some different views regarding the same statement, in which few have neutral points of view whereas some disagree with the statement.
- The ratio of strongly agreed contributes the highest portion in the factor, "My job affects my personal family things", whereas strongly disagree has the least contribution.
- Work life balance has a positive relationship.
- It is crystal clear that due to long working hours, heavy work load or overtime puts a detrimental effect on the well being of nurses.
- There are only a few nurses who do not agree with the statement that long working hours have an adverse effect on their health and well being.
- All the respondents have almost the same viewpoint regarding the impact of their performance i.e. due to good quality of life their job is easily preferable and they are happy to do more work and help management in achieving hospital's objectives.
- Respondents have a positive relation with their supervisors/ doctors. However, some have opposite views regarding this statement. Only 3to 5% of respondents strongly disagree with this statement.
- Respondents are in favor that they love to accept challenges and have no problem with the shifting to the other departments such as the gynecological department. On the contrary, some respondents are not in the favor of doing non- nursing tasks.

Conclusion:

To conclude, the findings of this investigation indicate that respondents have positive relation with all the factors. They are enjoying their job and ready to accept any kind of challenges. Management and their seniors are also giving their cooperation to the staff. They are ready to do long working hours or overtime as they know it is a part of their job as they are not only doing this job for the sake of earning money but also for helping people and serving their nation. However, we cannot deny the fact that their health suffers a lot with long working hours or overtime. Hence, management should have to recruit full staff so that work load and overtime of nurses should be reducing. Nurses are doing their job so well by taking care of patients so now it's the duty of Management that they also take care of them so that there will be no adverse effect on their well being, family and personal things. Nurses also have the right to enjoy their life and spend some quality time with their family.

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