

## The Effect of Capacity Management Strategies on Employees' Well-Being of Public Hospitals of Lahore, Pakistan

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### Abstract

Employee's wellbeing is the key issue in the health care sector. Especially, the health care staff of public hospitals suffer a lot due to lack of focus and facilities for staff in the public sector. The aim of the current study was to analyze the effect of capacity management strategies on the employees' wellbeing among the staff of public hospitals of Lahore, Pakistan. The self-administered quantitative questionnaire was distributed to 110 nurses of Services hospital Lahore through convenient sampling technique. The results show that capacity management strategies have significant positive association with employee's well-being.

**Keywords:** Capacity Management Strategies, Employee's Wellbeing

### Introduction

#### Background of study

The general physical and ecological working conditions in western nations and somewhere else have enhanced extensively in contrast with the circumstances toward the start of the twentieth century. In any case, the present workplace requires a more elevated amount of profitability, which requests more worker flexibility and profit capacity and furthermore an inclination to barge in their own life that is incidentally tied down by bringing down levels of professional stability. Subsequently, the prosperity of representatives keeps on being a theme of interest among administration and business researchers alongside experts alike (Sebastiano, 2017).

In the vast multidisciplinary and not generally concurrent literature on the theme, a hole still exists as to the manner by which limit administration techniques that go for accomplishing a larger amount of volume flexibility can influence on employee's wellbeing. For sure, a few contemplates have been directed to date that have featured the impacts of techniques. These incorporate the reception of low maintenance laborers, move work and the impact of

additional time on various laborers' physical and mental issues essentially including lack of sleep, nervousness, loss of confidence, poorer employment satisfaction, wretchedness, burnouts, trouble, and expectation to leave (Bloom, 1997).

These phenomena are unsafe for the workers as well as for the associations since bring down profitability and a higher danger of medicinal blunders are seen in the territories where the above specified capacity management strategies have been embraced (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002).

Despite the fact that the connection amongst capacity management strategies and employee's well-being is important from a few points of view, as far as anyone is concerned, the current writing does not give an integrative system reasonable to portraying the connections between the two develops. This hole is especially wide as it could be contended that the extent of the impact that each system can deliver on employee's well-being can fluctuate from case to case depending on the physical and mental results delivered. To address this issue, it is important to define employees well-being (Daniels, 2000). Growing employees' perceived capability to manipulate their running time is mentioned to improve health consequences (Härmä, 2006; Kubo et al., 2013).

In the previous two decades, numerous progressions have been implemented in human services working frameworks. One of these progressions has been the osmosis of move work frameworks and adaptability in work plans. The requirement for 24 hours mind makes wellbeing mind callings work with various move frameworks, for example, eight hours, nine hours, ten hour or twelve-hour shifts. In any case, the regular move work frameworks isolated a twenty-four-hour day in two (twelve hours) or three (eight hour) shifts. This requires the staff to be versatile to the different types of move work plans (Banakhar, 2017; Dwyer, Jamieson, Moxham, Austen, & Smith, 2007).

While considering the negative effects of move chip away at laborers' well-being, weakness and tiredness are the most common protests among staff. Occupation exhibitions, absence of psychosocial prosperity, and employment disappointment have moreover been very much revealed in the writing (Banakhar, 2017; Macken & Hyrkas, 2014).

This investigation likewise showed that working for six or less hours for each day brought down the requirement for recuperation time. Extra minutes, broadened work moves, and working for over 8-hours can adversely affect wellbeing for example, the danger of musculoskeletal issue, cardiovascular manifestations, hypertension, damage, and the danger of diabetes, as well as expanded mortality and bleakness rates, and a higher rate of mishaps (Banakhar, 2017; Richardson, Turnock, Harris, Finley, & Carson, 2007; Trinkoff, Le, Geiger-Brown, & Lipscomb, 2007).

### **Objectives of the Study**

- 1- To find out the effect of capacity management strategies on employee's well-being in term of fatigue.
- 2- To find out the effect of capacity management strategies on employee's well-being in term of Job hazards.

### **Significance of the Study**

Significance of study, the capacity management strategies that are used by an organization like increase working hours and extra work load can cause fatigue and job hazards will have negative effect on employee's well-being. It eventually affects the overall performance of an

employee. Benefits of this study an organization change strategies like over timing and work load to reduce fatigue and job hazard for employee's well-being.

### **Problem Statement**

Hospitals' services are dependent on the efficient health care staff. Therefore, the health care services are dependent on the staff wellbeing. However, fatigue and job hazards at workplace becomes hurdle for the quality health care services and effect the employee's wellbeing. Furthermore, patients are dependent on the nurses for the care services and their well-being has key importance for the patient's better health recovery. Public health care sector has ignored the importance of such capacity management strategies and compromising the staff's wellbeing and ultimately influence the nurse's wellbeing. Thus, this study considers this issue to analyze and provide solution to avoid the issue of health care staff's wellbeing.

### **Literature Review**

Employees well beings the troupe of emotions, observations, and assessments that specialists create in reference to what they do every day to adapt with their activity necessities (Daniels, 2000; Sebastiano, Belvedere, Grando, & Giangreco, 2017). Hoise & Sevastos (2010) have identified three kinds of speculations on employee's well-being and its belongings: dispositional, telic, and action speculations. The dispositional speculations consider employees well-being as an incorporated piece of the individual to such an extent that diverse encounters may have just a novel minor impact (Hosie & Sevastos, 2010; Sebastiano et al., 2017).

The variety of negative and positive pointers of employee's well-being, a key part is played by singular contrasts in levels of extrovertist and neuroticism. The telic hypotheses depend on the suspicion that an individual will achieve a specific level of well-being once certain necessities for example, gaining aptitudes or fulfilling specific desire are fulfilled. This generalization in any authoritative and social setting gives off an impression of being constrained to the degree this possibly the primary explanation behind the fracture of results (McCrae & Costa, 1987; Sebastiano et al., 2017).

Working hours among medical attendants have been surveyed by different strategies. It may be the most widely recognized methods for surveying the effect of 12-hour shifts are to gauge attendants' wellbeing also, their fulfillment. Along these lines, for this methodical audit, the essential result of intrigue is the effect on attendants' wellbeing also prosperity: including physical mental wellbeing disorders, exhaustion, sharpness, basic reasoning, and rest unsettling influence stretch. The auxiliary result is work fulfillment which is estimated by attendants' conduct, medical attendants' state of mind, burnout as well as passionate depletion (Banakhar, 2017).

Fatigue is a factor that has been connected to pressure, security, and execution decrements in various workplaces. In that capacity, the part of fatigue in medicinal blunders and human services specialist wellbeing ought to be additionally cleared up. Previous examinations of the connection between weariness and execution in human services have centered on particular segments of weariness; for case, lack of sleep in restorative learners, or physical weariness (Barker, 2009).

The most famous model utilized for clarifying the relationship amongst wellbeing and work is the activity request control mode. This show presents two factors, work request and occupation control, which allude to the work necessities as far as exertion and desperation and the caution and independence controlled by the laborer toward his or her work,

individually. The two factors shape a network that identifies four conceivable circumstances: dynamic employments (high control high demand), low pressure employments (high control low request), high pressure employments (low control popularity) and detached employments (low control low request). The prominence of this model is appeared in a writing re-see about wellbeing of employees by (Häusser, Mojzisch, Niesel, & Schulz-Hardt, 2010).

In our investigation, we focus around the impact that capacity management strategies can have on employee's wellbeing. The part of such methodologies in human services associations has gathered significant intrigue due to coping with fluctuating requests coming from working frameworks that utilization uniquesorts of assets, in particular offices, hardware, and workforce(Jack & Powers, 2009).

The impact that capacity management strategies can have on a social insurance association's cost structure and the nature of administration conveyance, an applicable number of studies have tended to the influence that these methodologies can create on employees' feeling of exhaustion (specifically bleeding edge workers) and their perils. Thus, can drive a few marvels able to do influencing employees wellbeing, for example, lack of sleep, nervousness, loss of confidence, poorer occupation fulfillment, and burnouts(Lee & Akhtar, 2011).

A few investigations have examined the impact that capacity management strategies may have on workers' feeling of weariness and occupation risk in the wellbeing mind segment. For sure, expanding weights have constrained social insurance associations to search for better approaches to be efficient including a drop in the quantity of representatives influencing the workload of the remaining staff and embracing further capacity management strategies to help volume flexibility(Jack & Powers, 2009).

In any case, a higher workload is regularly a wellspring of numerous negative mental impacts, for example, work dissatisfaction, burnouts, pain and melancholy(Mihail & Kloutsiniotis, 2016).

According author the speculation and discovered that workloads created negative mental responses, which cause more elevated amounts of gloom, and proposed that these results should lead medicinal services executives to decrease their staff's workloads. Since a higher workload is regularly looked to accomplish higher volume flexibility without troubling the association with intemperate changeless staff, it is advantageous understanding whether such methodologies are really taken a toll efficient. In such manner (Greenglass, Burke, & Moore, 2003).

Substantial workload for long periods isn't feasible and brings about lower efficiency and ultimately poorer nature of human services administrations. The hurtful impacts of laborers' exhaustion were likewise considered by(Aiken et al., 2002)who showed that each extra patient per nurture was related with a 23% expansion in the likelihood of burnout and a 15% expansion in the likelihood of employment disappointment, which brought about a higher goal to leave (Kc & Terwiesch, 2009).

In their writing survey about occupation fulfillment for medical caretakers, identified a few indicators for the fulfillment of employment for example, working conditions, nature of connections, work components, pay and compensation, proficient advancement variables, acclaim and acknowledgment, and initiative style(Lu & Kao, 2013).

### Research Methodology

This study is conducted to determine the influence of capacity management strategies like fatigue and job hazards on nurses' wellbeing of public hospitals. A descriptive cross-sectional research design was used for this study. This study setting was the nurses of Services Hospital Lahore of different departments (Medical wards, Medical ICU, Dialysis department, CCU and Pediatric ward). The participants were belonging to different socioeconomic level and different demographical background. However, data was collected from the participant through simple random sampling method. A self-administered well adopted consists of 14 items and based on 5-point Likert scale for capacity management strategies (Jones, 2003) and 7 items based on 5-point Likert scale for well-being of employees (Diener, 2010).

### Hypothesis

**H<sub>0</sub>:** Capacity management strategies may have no effect on employee's well-being.

**H<sub>1</sub>:** Capacity management strategies may have effect on employee's well-being.

**H<sub>02</sub>:** Fatigue has no negative effect on employee's well-being.

**H<sub>2</sub>:** Fatigue has negative effect on employee's well-being.

**H<sub>03</sub>:** Job hazards has no negative effect on employee's wellbeing.

**H<sub>3</sub>:** Job hazards has negative effect on employee's well-being.

### Results

This study is conducted at Services Hospital Lahore to determine the effect of capacity management strategies on employee's well-being. The result of this study distributed into two sections, first section is statistics of demographic factors 14 items Likert scale questionnaire, and second section is relationship between independent and dependent variable.

#### Section A; Demographic Analysis

Table 1.1 shows that the frequency percentage of demographic variables and results revealed that only 18 (16.4) participants were male and majority 92 (83.6%) participants were female. marital status of participants is 58 (52.7%) were married and 52 (47.3%) were unmarried. Majority 59 (53.6%) of participants belong to age group from 26-35 years, moderately 25 (22.7%) were 36-50-year-old, 22 (20%) were 26-35 year old and on 4 (3.6%) were above 50 year old. Majority 71 (64.5%) participants holding three years diploma in nursing, only 23 (20.9%) having the degree of MBBS and 16 (14.5%) having another diploma and certificate.

### Demographic

Table 1.1

Demographic variable		Frequency	Percentage
Gender	Male	18	16.4%
	Female	92	83.6%
	<b>Total</b>	<b>110</b>	<b>100%</b>
Marital Status	Married	58	52.7%
	Unmarried	52	47.3%
	<b>Total</b>	<b>110</b>	<b>100%</b>
Age	18-25 years	22	20%
	26-35 years	59	53.6%

<i>Qualification</i>	36-50 years	25	22.7%
	Above 50 years	4	3.6%
	<b>Total</b>	<b>110</b>	<b>100%</b>
	Diploma in nursing	71	64.5%
	MBBS	23	20.9%
	Others	16	14.5%
	<b>Total</b>	<b>110</b>	<b>100%</b>

*Capacity management strategies:*

Table 1.2 shows that frequency of participants regarding capacity management strategies and the results revealed that, in the reaction of item one that is “question no one” only 2 (1.8%) participants were strongly disagree, 10 (9.1%) were disagree, 13 (11.8%) were neutral, majority 43 (39.1%) were agreed and 42 (38.2%) were strongly agree. In “question no two” participants respond as only 2 (1.8%) were strongly disagree, 1 (.9%) was disagree, 13 (11.8%) were neutral, majority 53 (48.2%) were agree, and moderately 48 (37.3%) were strongly agree. “In question three participants respond as only 2 (1.8%) participants were strongly disagree, 3 (2.7%) were disagree, 15 (13.6%) were neutral, majority 49 (44.5%) were agree and 41 (37.3%) were strongly agree.

In the reaction of question four that is only 2 (1.8%) participants were strongly disagree, 25 (22.7%) were disagree, 20 (18.2%) were neutral, majority 37 (33.6%) were agreed and 26 (23.6%) were strongly agree. Item five is and participants respond as only 15 (13.6%) were strongly disagree, 25 (22.7%) were disagree, 14 (12.7%) were neutral, and moderately 40 (36.4%) were agree and 16 (14.5%) were strongly agree.

In item six and participants respond as only 6 (5.5%) participants were strongly disagree, 15 (13.6%) were disagree, 14 (12.7%) were neutral, majority 45 (40.9%) were agree and 30 (27.3%) were strongly agree. In question seven and participants respond as only 5 (4.5%) were strongly disagree, 26 (23.6%) were disagree, 16 (14.5%) were neutral, and moderately 35 (31.8%) were agree and 28 (25.5%) were strongly agree.

*Capacity Management Strategies**Table 1.2*

<i>Sr.N</i>	<i>Items</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
		<i>f%</i>	<i>f%</i>	<i>f%</i>	<i>f%</i>	<i>f%</i>
<b>1</b>	My workload is too heavy on my job	2 1.8%	10 9.1%	13 11.8%	43 39.1%	42 38.2%
<b>2</b>	I have to work very fast on my job	2 1.8%	1 .9%	13 11.8%	53 48.2%	48 37.3%
<b>3</b>	I have to work very hard on the job	2 1.2%	3 2.7%	15 13.6%	49 44.5%	41 37.3%
<b>4</b>	I do not have enough time to get everything done in my job	2 1.8%	25 22.7%	20 18.2%	37 33.6%	26 23.6%
<b>5</b>	My job rarely exposes me to physical dangers	15 13.6%	25 22.7%	14 12.7%	40 36.4%	16 14.5%
<b>6</b>	My job often exposes me to unhealthy condition	6 5.5%	15 13.6%	14 12.7%	45 40.9%	30 27.3%



7	Serious accidents often occur in the job I do	5 4.5%	26 23.6%	16 14.5%	35 31.8%	28 25.5%
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Note: Strongly Disagree= 1, Disagree=2, Neutral=3, Agree =4, Strongly Agree=5

### Employees Well-Being

Table 1.3 shows that frequency of participants regarding Employees well-being and the results revealed that, in the reaction of item one" only 2 (1.8%) participants were strongly disagree and disagree respectively, 4 (3.6%) were slightly disagree, 7 (6.4%) were mixed or nor disagree, majority 61 (55.5%) were agreed and 34 (30.9%) were strongly agree. Item two and participants respond as only 2 (1.8%) were strongly disagree, 1 (.9%) was disagree, 7 (6.4%) were slightly disagree, 17 (15.5%) were mixed or nor disagree, majority 62 (56.4%) were agree, and moderately 21 (19.1%) were strongly agree.

In item three and participants respond as only 1 (.9%) participants were strongly disagree, 4 (3.6%) were disagree, 13 (11.8%) were slightly disagree, majority 61 (55.5%) were agree and 31 (28.2%) were strongly agree, 0 % participants select mixed or nor disagree. In the reaction of item four only 1 (.9%) participants were strongly disagree, 2 (1.8%) were disagree, 12 (13.6%) were slightly disagree, majority 55 (50%) were agreed and 40 (36.4%) were strongly agree, 0 % participants select mixed or nor disagree. Item five and participants respond as only 1 (.9%) were strongly disagree, 1 (.9%) were disagree, 8 (7.3%) were mixed or nor disagree, and moderately 59 (53.6%) were agree and 41 (37.3%) were strongly agree, 0 % participants select slightly disagree.

In item six and participants respond as only 1 (.9%) participants were strongly disagree, 1 (.9%) were disagree, 9 (.2%) were slightly disagree, majority 52 (47.3%) were agree and 47 (42.7%) were strongly agree, 0 % participants select mixed or nor disagree. In item seven and participants respond as only 1 (.9%) were strongly disagree and disagree respectively, 2 (1.8%) were slightly disagree, 14 (12.7%) were mixed or nor disagree, moderately 47 (42.7%) were agree and 45 (40.9%) were strongly agree.

### Employees well being

Table 1.3

Sr.N	Items	1 f%	2 f%	3 f%	4 f%	5 f%	6 f%
1	I lead a purposeful and meaning full life	2 1.8%	2 1.8%	4 3.6%	7 6.4%	61 55.5%	34 30.9%
2	My social relationships are supportive and rewarding	2 1.8%	1 .9%	7 6.4%	17 15.5%	62 56.4%	21 19.1%
3	I am engaged and interested in my daily activities	1 .9%	4 3.6%	13 11.8%	0 0%	61 55.5%	31 28.2%
4	I actively contribute to the happiness and well being of others	1 .9%	2 1.8%	12 13.6%	0 0%	55 50%	40 36.4%
5	I am competent and capable in the activities that are important to me	1 .9%	1 .9%	0 0%	8 7.3%	59 53.6%	41 37.3%

6	I am a good person and live a good life	1	1	9	0	52	47
		.9%	.9%	8.2%	0%	47.3%	42.7%
7	I am optimistic about my future people respect me	1	1	2	14	47	45
		.9%	.9%	1.8%	12.7%	42.7%	40.9%

Note: Strongly disagree=1, Disagree=2, slightly disagree=3, Mixed or nor disagree=4, Agree=5, strongly disagree=6

ANOVA

Table 1.4

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	8.386	2	4.193	12.318	.000 <sup>b</sup>
	Residual	36.422	107	.340		
	Total	44.808	109			

Table 1.4 shows the interpretation of ANOVA and results revealed that there is significant relationship between dependent and independent variable and  $p=.000$

Model Summary

Table 1.5

Model	R	R Square	Adjusted Square	R Std. Error of the Estimate	Durbin-Watson
1	.433 <sup>a</sup>	.187	.172	.583	1.479

Coefficients

Table 1.5

Model	Unstandardized Coefficients	Standardized Coefficients	T	Sig.
	B	Beta		
(Constant)	3.692		11.599	.000
Capacity management strategies	.382	.446	4.760	.000

a. Dependent variable: employees well being

Table 1.5, Model 1, there was a strong positive effect of capacity management strategies on employee's well-being ( $\beta = .446$ , R Square 18.7,  $p < .05$ ). Hence, alternative Hypothesis 1 that was Capacity management strategies has positive effect on employees well being supported.

## DISCUSSION

This study is conducted in services hospital Lahore; most of the data come from registered nurses and doctors. The majorities of participants were female and belong to 26-35 year of age group. Overall results revealed that the capacity management strategies have positive effects on employee well-being. In this study focused on individual level psychological resources. This initial assessment of the relationship of positive resources is important for our understanding of the impact on well-being. While this research has several practical



implications for addressing capacity management strategies and well-being, limitations and future research also need to be noted.

Although positive psychology has established the relationship between positivity and health outcomes (e.g., see Bandura, 2008; Lyubomirsky et al., 2005) and Wright and colleagues have established the relationship between capacity management strategies and performance in the workplace (Cropanzano & Wright, 1999; Wright, Bonett, & Sweeney, 1993; Wright & Cropanzano, 2000; Wright & Staw, 1999).

### Limitation and Recommendations

The current study consists the sample from only one public hospital. So, further, study should also emphasize on more hospitals to generalize the results. Similarly, the effect of only capacity management strategies has considered, so, further studies should also consider other factors like leadership and administration support, leadership as the intervening factor. Time duration was too short.

### Conclusion

This study aims to investigate the effect of capacity management strategies on nurse's wellbeing. The results reveal that capacity management strategies have significant and positive association with nurses' wellbeing. This study results will be helpful for the administration of the public and private hospitals to focus on the health care staff's wellbeing. Furthermore, this research will be beneficial for the nurses while reducing their fatigue and hazards.

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