

Influence of Work Shift to Employees' Well-Being

Wilbert D. Lumbera, MBA, Christian Laurence M. Lim, Vanessa M. Deleña and Joseph C. Rimas

College of Accountancy Business Economics International Hospitality Management
Batangas State University JPLPC-Malvar, Batangas, Philippines
Corresponding author E-mail: wilbertlumbera@yahoo.com

Received: January 25, 2019; **Accepted:** February 1, 2019; **Published:** February 5, 2019

Abstract: Health Care worker's well-being has a great concern of employees and managers of many health organizations. Thus, this study aimed to determine the factors influencing the well-being of the health care employees with work shift in the Province of Batangas by using cities of Tanauan and Lipa in Batangas as sample area, also the health care workers respondent's was used as a sample profile in terms of age, sex, civil status, job position, employment status and the type of rotating shift work. The influence of rotating shift schedule was described along with the following: physiological, psychological and social. The significant difference on the influence of rotating shift into employees' well-being was tested when grouped according to profile. Lastly, the researchers proposed recommendations to lessen the risk of health care workers.

The descriptive method was used in the study. The researchers considered 130 healthcare workers from Tanauan City and Lipa City Batangas which was the subject of this study. The data gathered from the self-constructed questionnaire were tallied, analyzed and interpreted through the use of statistical tools such as frequency and percentage, weighted mean and composite mean & analysis of variance and t-test.

After analyzing the gathered data carefully, the researchers found out that majority of the respondents belonged to female, age 22-37 years old, single, medical care, regular and dayshift. The influence of work shift to employees' well-being was described as influential. There has no significant difference on the influence of rotating shift into employees' well-being when grouped according to profile. However, the result shows that there has a significant relationship among profile of respondents in terms of civil status.

Keywords: Work shift, health care workers, physiological, psychological, social.

Citation: Wilbert D. Lumbera, Christian Laurence M. Lim, Vanessa M. Deleña and Joseph C. Rimas. 2019. Influence of Work Shift to Employees' Well-Being. International Journal of Recent Innovations in Academic Research, 3(2): 45-59.

Copyright: Wilbert D. Lumbera, Christian Laurence Lim, Vanessa M. Deleña and Joseph C. Rimas., **Copyright©2019.** This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

1. Introduction

The well-being is typically changes through time, depending on their ability in handling physiological, psychological and social being. Employees engage with rotational work shift commonly experience deprivation of self-preserving needs, stress coping, and inability to participate with social and family plans. Working at night is increasingly becoming more popular to many organizations. They require work shift from the medical professions like

doctors, nurses, rescue workers, public safety officers, the law enforcers and firemen, industrial and telecommunication workers, transportation and the night service workers. Rotating and scheduling are the main characteristics of work shift and health care workers are largely locked into schedules that provide 24-hour care and include night work shift and graveyard shift.

According to the International Labour Organization, working in shifts is "a method of organization of working time in which workers succeed one another at the workplace so that the establishment can operate longer than the hours of work of individual workers" at different daily and night hours. The shift system can be generally classified into a fixed shift system and a rotating one (Occupational Safety and Health Branch, Labour Department, 2008).

Work shift is demanded by 24-hour job that gives big and more impact not only on the organizations but also on the nation itself. Those workers who are often rotated through sets of the period throughout the day, typically perform the same kind of work. The public healthcare system is delivered through public health and primary healthcare centres linked to peripheral barangay (local town) health centers. Around 40% of the hospitals in the Philippines are public. Doctors at public hospitals in the Philippines are well-trained, but there are still a number that say the technology and equipment used at public hospitals are not as good as private ones. So you have to make sure to ask around from local contacts to get their opinion before you choose the hospital that's right for you (Transfer Wise, 2017).

And due to the adopted practices of some hospitals and clamor for approval for a divergent work schedule, Department of Health (DOH) issued Department Circular no. 2013-0423 prescribing for guidelines on allowing two (2) work shift duty for nurses in hospitals. Under the previously issued AO no. 2012-0012, hospitals are to maintain the 1:12 nurse to bed ratio on a three (3) work shifts in 24 hours. This circular is a modification of the latter or the "Rules and Regulations Governing the New Classification of Hospitals and Other Health Facilities in the Philippines". Under the new guidelines, the two work shift schedule is only applicable to general nursing service, which is required to maintain an authorized nurse to bed ratio of 1:8. It shall not be applicable to emergency room, operating room, delivery room and all intensive care units in the hospital, which are still required to maintain the bed ratio under DOH AO no. 2012-0012. To qualify, the hospital must have a maximum occupancy rate of 85% for the past three (3) consecutive years. The nurses' regular working hours is 40 hours a week with the rest of the working hours subject to overtime pays. Also, the work schedule must be consistent to a Collective Negotiating/Bargaining Agreement, if there is such an agreement (DOH, 2014).

Furthermore according to Article 83 of the Labor Code enunciates that the normal hours of work of any employee shall not exceed eight (8) hours a day. This is exclusive of the one (1) hour lunch break. The Supreme Court explained the rationale of this provision to safeguard the welfare of employees and to minimize unemployment. It must be emphasized that work hours exceeding eight (8) hours can still be done provided that there is an arrangement between the employer and employee for work beyond 8 hours and that the corresponding overtime pay is given. An employee who performs work exceeding eight (8) hours is entitled to an additional compensation equivalent to his regular wage plus at least 25% thereof. Under Article 84 of the Labor Code, hours worked shall include all time during which an employee is required to be on duty or to be at a prescribed workplace; and all time during which an employee is suffered or permitted to work. Rest periods of short duration during working

hours shall be counted as hours worked (De Vega, 2016). In the hospitals of Tanauan and Lipa City, Batangas health care workers are very active and participative when it comes to their duties, even though it is a rotating shift. The researchers can say that they are active hospitals, but still there has a problem that can be noticed in terms of their physiological (i.e. sleepiness, exhaustion, digestive disorder, weight increase/decrease and headache), while to their psychological (i.e. mental ability, efficiency, performance, perception and stress management) and lastly their social well-being (i.e. social isolation/loneliness, time, events and family plans).

The researchers believed that this study is relevant and plays a role in the rotating and fixed roster, to make them aware of time management on their organization, to monitor their response to work shift, to provide necessary guidelines on work shifts management, to avoid progressions of complications and malpractices on their clinical performance, promoting good performance despite a hectic work shift, and lastly, to be able to perform competently during management procedures. This study was conducted to assess the influence of work shift to employees' well-being. And also the researchers believed that this study would be beneficial to other researchers who wanted to know about how work shift influence the employees' well-being.

1.1 Objectives of the Study

The main purpose of the study was to determine the factors influencing the work shift to employees' well-being specifically the health care workers in the selected hospitals in the cities of Tanauan and Lipa in Batangas. Specifically, it sought answers to the following questions: What is the profile of the employees in terms of age, sex, civil status, job position, employment status; and type of rotating shift. How does rotating shift schedule influence the employees' well-being as to physiological; psychological; and social? Is there a significant difference on the assessment of influence when grouped according to profile; and What inputs may be proposed to the general Human Resource Department to lessen the risk of work shift to employees' well-being?

2. Methodology

Descriptive research is commonly used by the undergraduate study, which aims to answer the questions how, when and why. According to Salaria (2012) as cited by Aggarwal, descriptive research is devoted to the gathering of information about prevailing conditions or situations for the purpose of description and interpretation. This type of research method is not simply amassing and tabulating facts but includes proper analyses, interpretation, comparisons, identification of trends and relationships.

For the purpose of interpreting the level of performance in the pre-test and post-test of the control group and experimental group, the mean scores were grouped and given the following interpretation:

The researchers used a questionnaire as the primary data-gathering instrument. In addition, a secondary data was used to determine the number of the health care workers. The questionnaire consisted of two parts: first part consists of respondents profile including age, sex, civil status, job position, employment status and length of rotating shift service.

The second part deal with the shift schedule influences the employees' well-being as to physiological, psychological and social. The researchers tallied and tabulated the pre-survey and got a result of .867. The highest scale is four with a verbal interpretation of strongly agree

followed by scale of three with a verbal interpretation of agree, scale of two with a verbal interpretation of disagree and scale of one with a verbal interpretation of strongly disagree.

Numerical values	Verbal interpretation
4	Strongly Agree
3	Agree
2	Disagree
1	Strongly Disagree

To interpret the weighted mean and composite mean of the assessment on the different influence of work shift to employees' well-being of the selected health care workers, the following mean ranges and their corresponding verbal interpretation were used.

Mean ranges	Verbal interpretation
3.50-4.00	Highly Influential
2.50-3.49	Influential
1.50-2.49	Moderately Influential
1.00-1.49	Not Influential

3. Results and Discussion

This chapter presents the analysis and interpretation of data gathered. The data are presented in textual and tabular form organized in a sequential manner, which resembled the order of presentation of specific problems posed in Chapter I.

Results of study

Profile of respondents

The succeeding tables present the profile of the respondents in terms of the age, sex, civil status, job position, employment status and length of rotating of shift service.

Age

The profile of the respondents in terms of age presented in the table below was determined and interpreted using frequency and percentage. This is categorized by four range of age group, below 21 years old (Post-Millennial), 22-37 years old (Millennial), 38-53 years old (Generation X) and lastly, 54-73 years old (Baby Boomers). Table 1 shows the distribution of the respondents in terms of their age.

Table 1. Distribution of Respondents in terms of Age

Age	Frequency	Percentage
Below 21 years	13	10
22-37 years old	76	59
38-53 years old	33	25
54-73 years old	8	6
Total	130	100%

As shown in the table, majority of the respondents' belonged to 22-37 years old (Millennial) with a frequency of 76 or 59 percent, while 38-53 years old (Generation X) has frequency of 33 or 25 percent, the third are the post-millennial (below 21 years old) and has frequency of 13 or 10 percent. However, only few respondents are 54-73 years old (Baby Boomers). It has a frequency of eight (8) or six (6) percent.

The researchers concluded that majority of shift worker's age ranges from 22 to 37 years old. Because it is important for healthcare workers that they are physically fit and millennials are fit to work and has more physical strength to perform their duties and activities. On the other hand, Baby Boomers are on their retiring age that's why the population of worker performing rotating shift is decreasing and also the administrations take into consideration when scheduling rotational shifts the graying workforce members.

According to Gorney *et al.*, (2018) millennials have been called the "drive-through generation" because they want healthcare delivered more quickly and efficiently. While older generations see primary care physicians as their first line of defence against non-critical health concerns, Millennials see them as a last resort. And by the use of technology to manage their health, from simply searching for health information online and by using mobile apps and more. The difference is that Millennials are early adopters, so when you see them forming new tech habits, you can expect others to catch up. Recently, millennials have spearheaded the use of wearable sensors in conjunction with health apps.

Sex

The Table 2 shows the profile of the respondents in terms sex. This refers to male and female health care workers. It was determined and interpreted using frequency and percentage.

Table 2. Distribution of Respondents in terms of Sex

Sex	Frequency	Percentage
Male	51	39
Female	79	61
Total	130	100%

As shown in Table 2, majority of the respondents were female respondents with a frequency of 79 or 61percent. This implies that most female perform rotating shift. Healthcare industry is considered as more suitable for women because it signifies as an extension of their domestic roles. The social construction of the society for the healthcare workers typically give them roles as nurturing, caring, hardworking, dependency and submission that are opposite from the ones that are attributed to men in society.

According to Peters (2010) women are seeking a woman-friendly and woman-centered service, a safe environment and continuity of care. All these factors informed women's decision making around where to seek care for routine health screening.

Furthermore, McMurray *et al.*, (2008) explains that gender differences exist in both the experience of and satisfaction with medical practice. Addressing these gender differences will optimize the participation of female physicians within the medical workforce. Compared with male physicians, female physicians were more likely to report satisfaction with their specialty and with patient and colleague relationships ($P < .05$), but less likely to be satisfied with autonomy, relationships with community, pay, and resources ($P < .05$). Female physicians reported more female patients and more patients with complex psychosocial problems, but the same numbers of complex medical patients, compared with their male colleagues.

Civil Status

The profile of the respondents in terms of civil status was determined and interpreted using frequency. Table 3 shows the profile of the respondents in terms of civil status. The civil status of the respondents is determined as Single, Married and Separated.

Table 3. Distribution of Respondents in terms of Civil Status

Civil Status	Frequency	Percentage
Single	69	53
Married	59	45
Separated	2	2
Total	130	100%

As indicated in Table 3, majority of the respondents were single as evident to its obtained frequency of 69 or 53 percent of the total number of respondents while married respondent were composed of 59 or 45 percent. And lastly, respondent who were separated ranked the least with a frequency of 2 or 2 percent. The result is expected because most of respondents were 22-37 years old. This age group is mostly single or young married individuals.

According to the study of Shu-Yu *et al.*, (2014) nurses in the groups of rotation shift or non-night shift were younger, less educated, and mainly single and fewer years of work experience than the day shift workers. The percentages of nurses who worked in the medical center and did not have children were higher in the group of rotation shift than the other two groups.

Job Position

The profile of the respondents in terms of job position was determined and interpreted using frequency and percentage. The job position is determined by three kinds, the medical care, administrative and lastly, research or health care technicians. Table 4 shows the profile of respondent in terms of job position.

Table 4. Distribution of Respondents in terms of Job Position

Job Position	Frequency	Percentage
Medical Care	73	56
Administrative	42	32
Research or Health Care Technicians	15	12
Total	130	100%

Table 4 shows that out of 130 respondents, 73 or 56 percent falls under the medical care position. This means that majority of the respondents who experiencing the rotating shift were medical care workers. The second belongs to Administrative positions with a frequency of 42 or 32 percent. Lastly, the research or health care technical were the least respondents in the study with a frequency of 15 or 12 percent. The result is expected due to the fact that the service of Medicare is the most essential when it comes to work shift in the hospital. That is why they are the most performing rotating shift. And according to Dowshen *et al.*, (2014) Doctors and nurses provide much of the day-to-day care in hospitals. They closely monitor a patient's condition and perform vital jobs like giving medicine and educating patients about self-care. Different nurses have different levels of certification and specialties. While the research or health care technicians appeared to be very few because there is low number of research or health care technicians in every company.

Employment Status

Table 5 presents the frequency distribution of the respondents according to their employment status. This is categorized in four, Regular (38 hours a week), Third Party Employment (Agency), Part-Time (less than 38 hours per week) and Casual (depends on the work

available). The profile of the respondents in terms of employment status was determined and interpreted using the frequency and percentage.

Table 5. Distribution of Respondents in terms of Employment Status

Employment Status	Frequency	Percentage
Regular	95	73
Third Party Employment (Agency)	4	3
Part-time	19	15
Casual	12	9
Total	130	100%

As illustrated, the highest frequency of the respondents with work shift is the regular employees with frequency of 95 or a percentage of 73. It was followed by frequency of 19 or 15 percent of respondents who are part-time workers, followed by frequency of 12 with a percentage of 9 are casual and a frequency of 4 with 3 percent who is under third party employment.

The result implies that a hospital gives the rotating shift to regular employee probably because they are tenured and perhaps they have the passion doing rotating shift. While the employees who are from third party employment, were not assessed by the hospitals. And because the result of assessment varies from different agencies and might cause problems that are avoided by the hospitals.

According from U.S. Bureau of Labor Statistics (2016), access to medical care benefits among civilian workers varies widely by workers characteristic. In March 2015, 88 percent of full-time civilian workers had access to medical care benefits compared with 22 percent of part-time workers. Union workers (95 percent) had greater access than non-union workers (68 percent). The percentage of workers with access to benefits tends to be higher for workers with higher wages; the access rate is 37 percent for the lowest paid 25 percent of workers and 94 percent for the highest paid 25 percent. Large businesses were more likely to provide workers with access to benefits than smaller businesses. Business establishments with 500 or more workers offered medical care benefits to 90 percent of their workers, while those with less than 50 workers offered benefits to 53 percent of their workers.

Type of Rotating Shift

The type of rotating shift is categorized in four, Day Shift (6:00- 2:00), Mid/Afternoon Shift (2:00-10:00) and Night Shift (10:00-6:00). The profile of the respondents in terms of type of rotating shift was determined and interpreted using the frequency and percentage. Most respondents were working a dayshift with frequency of 69 or 53 percent. The second most answered that they are mid-shifter or afternoon shift composed of 31 or 24 percent. Lastly, the least number of respondents are night shifters with 30 or 23 percent. The researchers concluded that majority of shift worker's works from 6:00-2:00 or (Day Shift). This is mainly because hospitals have more clients or patients at day for consultations and daily check-ups. While, health care workers at night are few since isolated cases accidents are the related or common encountered by the health care workers. Since our ability to perceive and judge distance is severely impaired at night-the human eye requires light to see and night driving is a top cause of accidents. An estimated 90 percent of all driver decisions are made based on what they see. While your eyes are capable of seeing in limited light, the combination of headlights and road lights, with the darkness beyond them, can cause several problems for your vision (Salomon, 2018).

Influence of Rotating Shift schedule to the employees well-being

The respondents were given questionnaire to analyze the influence of rotating shift to their employees' well-being. The factors considered on the analysis are classified as follows: physiological, psychological and social factors. They were determined and interpreted using the weighted mean.

Physiological Factors

The succeeding tables present the data gathered through the questionnaire accomplished by the respondents. The data presented herein are the influence of rotating shift schedule to the employees' well-being in terms of physiological factors.

Table 6. Physiological Factors

Statements	Mean	Interpretation
As a Health Care Worker,...	2.95	Agree
1. I experience daytime sleep disorder due to my changes in work shift.		
2. rotating shift work makes my work even more exhausting.	2.82	Agree
3. I experience digestive disorder after transitioning to rotating shift.	2.55	Agree
4. I experience changes in my body weight due to stress coping because of changes in work shift.	3.02	Agree
5. I experience sudden headache when I change to different shift.	3.02	Agree
Composite Mean	2.87	Influential

This is one of the factors to assess the influence of physical factor to employees' well-being. Table 6 presents the assessment of the respondents in terms of physical factors. As shown in the table above, health care workers agree that they experience changes with their body weight due to stress coping because of changes in work shift with a 3.02 mean and verbally interpreted as agree. This implies that work shift causes increase or decrease with respondents' body weight. According to Antunes *et al.*, (2010), overweight and obesity are more prevalent in shift workers than day workers. In addition, the literature shows that shift workers seem to gain weight more often than those workers submitted to a usual work day. In conclusion, there is considerable epidemiological evidence that work shift is associated with increased risk for obesity, diabetes and CVD, perhaps as a result of physiological maladaptation to chronically sleeping and eating at abnormal circadian times.

Furthermore, the healthcare workers also experience sudden headache when they change to different shift and have the same mean of 3.02 and verbally interpreted as agree. This implies that through the shifting schedule that the respondents have, it can really affect their physical especially based on the result that they can experience headache after transitioning. And according to the NHA 2008 survey, ninety percent of respondents indicated that headaches affected their work performance. Migraines are triggered by many different issues such as stress, environmental factors (e.g. lighting and eye strain), depression, or certain foods and some medications. One major factor in the development of migraines is lack of sleep (Working Nights, 2009). However, the least agreed experience was the digestive disorder after transitioning to rotating shift with the lowest mean of 2.55 but still verbally interpreted as agreed. This implies that even though they agreed that they have a digestive order, it is the

least agreed as the influences at their physiological well-being. The effects of work shift on a person's health and wellbeing have been shown in several studies. Acute health effects (e.g., sleep and digestive disturbances), chronic effects (e.g., metabolic and cardiovascular pathologies and increased cancer risk) and social effects have been reported in different work shift studies (Kanterman, 2010).

By having a composite mean of 2.87, regarding to Physiological factors, this means that sleepiness, exhaustions, digestive disorder, weight increase or decrease and sudden headaches are influential to the well-being of the healthcare employees that are engaged with rotating shift. Gawel *et al.*, (2018) concluded that shift work in most subjects affects the health psychosomatic revealing back pain, lower limbs, gastric disorders and eating disorders, and chronic fatigue, irritability and sleepiness.

Psychological factors

The succeeding tables present the data gathered through the questionnaire accomplished by the respondents. The data presented herein is the influence of rotating shift schedule to the employees' well-being in terms of psychological factors.

Table 7. Psychological Factors

Statements	Mean	Interpretation
As a Health Care Worker,...	2.36	Disagree
1. my mental ability at work is affected by continuous rotation of shifts.		
2. I am not able to work efficiently because of being a rotating shift worker.	2.26	Disagree
3. my performance is affected by unexpected change of shifts.	2.27	Disagree
4. my view is affected by transitioning to rotating shifts towards performing my duties.	1.28	Disagree
5. unanticipated/sudden disruption in my body clock/circadian rhythm affects my stress management.	2.51	Agree
Composite Mean	2.14	Moderately Influential

The table 7 shows that majority the respondents agreed that unanticipated or sudden disruption in their body clock or circadian rhythm affects their stress management with a mean of 2.51. This implies that due to lack of sleep, shift workers experience mental exhaustion that may cause irritability and de-motivation. According to Burch *et al.*, (2009) says that night and relief/combined shift workers reported a greater ability to accommodate irregular schedules and disrupted sleep, but were also more likely to report work-related impacts than day workers. Permanent night workers generally reported poorer health, more absenteeism and less job satisfaction than day workers. Factors associated with optimal work performance or schedule contentment among shift workers included adequate sleep, evening circadian preference, increased age and organizational satisfaction. Reduced work performance or schedule discontent was associated with sleep/wake difficulties and poor health.

On the other hand, the respondents disagreed that, their mental ability at work is affected by continuous rotation of shifts with a mean of 2.36. It only means that healthcare workers are

able to perform their tasks and duties even they are engaged with rotating shift. According to Peloquin *et al.*, (2015) disadvantages of work shift are exhaustion or poor performance, daytime sleepiness, irritability, depression, decreased immune system, unhealthy eating habits and social problems. However, the respondents also disagreed that their view was affected by transitioning to rotating shifts towards performing their duties with a 1.28 mean. This simply means that even they are having a different shift schedules they are not making that as a reason or as excuse to improperly execute their task. And this also shows that the employees are motivated to achieve based on what their organization they were in.

According to Santiago (2018) some of those who are passionate helping people are working in the hospitals. And also working in the hospitals is a great job prospects, great job satisfaction, this is a position to educational level, competitive learning potential and lastly there's never a null day. This is because as in a medical field we need to ensure the health of everyone who's in need, and to do that we need a medical care or health care official who will do job. And by providing a necessary salary, bonuses and allowances we can have competitive and productive employees. By having a composite mean of 2.14, regarding to psychological factor, this means that mental ability, efficiency, performance, perception and stress management are slightly influential to the health care workers well-being. According to Shu-Hui *et al.*, (2012) regardless of the amount of work shift they performed, nurses reported moderate job stress, poor sleep quality and moderate self-perceived health. The following significant relationships were observed: job stress was inversely related to sleep quality, which was directly related to self-perceived health status.

Social factors

The succeeding tables present the data gathered through the questionnaire accomplished by the respondents. The data presented herein is the influence of rotating shift schedule to the employees' well-being in terms of social factors.

As shown in Table 8, majority of the respondents sought to the question that they missed events small and large, like birthday parties and graduations with a mean of 2.93. This is mainly because the schedules of the healthcare workers were given to them by the management and they are engaged with rotating shift schedule. This makes them experience spontaneous work and duties and sudden changes in their life routines. This results to missing the important events and gathering in their social life.

Table 8. Social factors

Statements	Mean	Interpretation
As a Health Care Worker,...	2.93	Agree
1. I miss events small and large, like birthday parties and graduations.		
2. the balance between my time with my family is affected.	2.66	Agree
3. I have difficulty coordinating or being part of family routines.	2.65	Agree
4. I have difficulty making social or family plans.	2.71	Agree
5. I experience social isolation or loneliness with my partner.	2.28	Disagree
Composite Mean	2.65	Influential

According to Goswami (2012), besides health and physical symptoms, shift work can lead to social and personal problems. Family duties and leisure activities are usually part of evening and weekend life. Working night shifts or frequently changing shifts or working at the weekends can lead to additional stress because spare-time activities have to be coordinated with the work plan. It can also be stressful for the family to have to adapt its activities to the shift plan of the working family member. This can result to a diminution of quality of life, problems in partnerships, and—in the worst case—to social isolation.

This paper explores the complex relationships between social and personal life of an employee and the work shift practices. Work shift and its effects on social and personal life of shift workers. In fact, as stated by Lopez (2018), family members can influence someones behavior. According to Acheron (2015) and Acheron *et al.*, (2018), behavior is the action of all beliefs, understanding, choices, and feelings of individuals.

Healthcare workers also agreed that they have difficulty making social and family plans. It got the second highest mean of 2.71. This means that most of the respondents find it difficult to have leisure and social time since work shift is demanded by 24-hour operation that extends beyond typical time for work day. Family and social gathering that usually happens at night and weekends.

According to the study of Williams (2008), proportions of full-time workers were unhappy with their work-life balance. For example, not enough time for family and too much time spent on the job were the top reasons for all full-time workers regardless of their schedule and also healthcare workers are required to work overtime in reasonable circumstances between Christmas, New Year’s Eve and other holidays (Emergency Services Health, 2017).

However, the respondents disagreed that they experience social isolation or loneliness with their partner with a mean of 2.28. This implies that even they have complex work shift schedule, the respondents can still manage to make time for their partner. According to Cossetta (2017), relationships, plays out like having a partner with super-powers. Nurses push everyone they love to be the best that they can be. They deal with patients who quit and they want to ensure their loved ones have a better life than that. They are fixers who love and support their partners while challenging them to improve and pick up the slack when they need help. By having a composite mean of 2.65, regarding to social factor, this means that social isolation or loneliness, time, events and family plans influences the well-being of the employees’ that are engaged with the rotating shift schedule. According to Vitale *et al.*, (2015), their study identified themes included issues that affected family life, child care, and relationships with spouse/ significant other, friends and extended family.

Table 9 below shows the summary composite mean and grand mean on the influence of work shift to employees’ well-being.

Table 9. Summary of Influence of Work Shift to Employees well-being

Influence of Work shift on employees well-being	Composite Mean	Interpretation
Physiological Factors	2.87	Influential
Psychological Factors	2.13	Moderately Influential
Social Factors	2.65	Influential
Grand Composite Mean	2.65	Influential

As presented on the table 10, it can be observed that Physiological, Psychological and Social Factors have the capacity to give an accurate data that can be used to determine the influence of work shift to employees' well-being. To sum up, the influence of work shift to employees' well-being got a grand composite mean of 2.65 and a verbal interpretation of influential. This implies that the physiological, psychological and social factors affect the well-being of the healthcare workers.

3. Difference on the analysis on the influence of work shift to their well-being when grouped according to profile

Table 10 presents the relationship between the profiles of the respondents. The table includes the computed p-values at 5% level of significance and corresponding Chi-values.

Table 10. Difference Analysis on the Profile of the Respondents

	Computed F-values	p-value	Decision HO	Interpretation
Age	1.066	.395	Failed to reject	Not significant
Sex	1.83	.179	Failed to reject	Not significant
Civil Status	2.01	.007	Reject	Significant
Job Position	1.56	.059	Failed to reject	Not significant
Employment Status	.583	.945	Failed to reject	Not significant
Type of Rotating Shift	1.23	.226	Failed to reject H	Not Significant

The table also includes the computed value and p-value at 5% level of significance and corresponding degrees of freedom. The comparison of the two values led to the acceptance or rejection of the null hypotheses. It can be seen from the table that age has a computed F-value of 1.066 and p-value of .395 which is higher than 0.05 acceptance level which was found not significant. This means the age group does not significantly different to the influence of work-shift to their well-being.

As to sex, the result presented a 1.83 F-value and with a p-value of .179 with the decision of failed to reject and interpreted as not significant. This means that both male and female respondents believed that work shift has an influence to their employees' well-being. When it comes to civil status, the result presents a computed F-value of 2.01 and p-value of 0.007 and with the decision to reject the null hypothesis and interpreted as significant. The result explained that the civil status has a significant difference to the work shift of the healthcare workers. According to the study of Shu-Yu *et al.*, (2014), it was found that the percentages of poor family function in the three different shifts among the single nurses (54.2–61.9%) were consistently higher than those for married nurses (35.7–47.4%), suggesting married status still provided a good support system despite female responsibilities in caring for a child and/or an elderly relative in the family.

In addition, the result of the study of Olatunji and Mokuolu (2014) showed that there is a significant difference between married and single nurses [$t(189) = 1.17, p < .05$]. Married enjoyed higher level of job satisfaction ($x = 66.32$) than single ($x = 39.81$). Also singles reported higher level of job stress than married. Hence, the hypothesis which stated that there will be significant difference in the job satisfaction and job stress between married and single respondents was confirmed. It becomes clear that the employees who live within a family structure that does not include children (Waumsley *et al.*, 2010) or those who are not married

yet (Association of Graduate Recruiters, 2008) can experience a low level of work-life balance too and need to be taken into consideration when conceiving and implementing initiatives that promote flexibility in the workplace.

As to job position, the result presented a computed F-value of 1.56 and p-value of 0.59 with the decision of failed to reject and interpreted as not significant. In terms of employment status, the table presented a computed F-value of .583 and p-value of .945 which was greater than 0.05 level of significance. The result is therefore found no significant difference on the assessment of influence of work shift to employees' well-being. Lastly, the type of rotating shift presents a computed F-value of 1.23 and p-value of .226 which was also greater than 0.05 significance level. This led to the decision of failed to reject and interpreted as not significant.

Hall (2018) stressed good healthcare professionals are good communicators. They are able to truly listen to their patients, empathize, and provide information about diagnosis and treatment in a way their patients will understand. And good healthcare professionals are motivated by a strong sense of professionalism-they have integrity and honor and are committed to upholding medicine's timeless values.

4. Proposed Inputs to the Human Resource Department

After determining the problem of the study and the result on the self-constructed questionnaire made by the researchers, it reveals that the work shift influences the well-being of the employees. The researchers believed that even though that most of the responses, when it comes to their profile is not significant, their perceptions when it comes to their civil status are different. The researchers come up with the proposed inputs for the Human Resource Department to achieve better and productive employees' when it comes to their shifting and rotating shift.

Table 11. Proposed inputs to the Human Resource Department

Area of Concern/ Activities	Objectives	Strategies	Person's Involved	Time Frame	Expected Outcomes
Physiological	To increase productivity and lessen sleepiness during rotation shift of the health care workers	A monthly supply of stimulants and vitamins	Human Resource Department and the Hospitals	2019-2020	Healthy and Productive health provider
Psychological	To reduce stress frustration	Conduct everyday exercise and activities	Human Resource Department and Health Care Workers	2019-2020	Improvement of their performance, behaviour and attitude
Social	To make social bonding and	Scheduling all the family gatherings	Health Care Workers	2019-2020	Strong foundation of their family

	stronger family ties	opposite to their shifts and making every moment more special			More dedicated workers on their works Committed workers inside and outside the organization
--	----------------------	---	--	--	--

5. Conclusions and Recommendations

On the basis of above-mentioned summary and findings, the researchers concluded the following: Since most of the respondents use young female, single, in medical care, regular position, in a day shift schedule, health care workers are capable of improving their well-being and become healthy and productive employees of hospitals. The influence of shift schedule to employees’ well-being in terms of their physiological, psychological and social well-being were described as moderately therefore, these factors really influence the healthcare workers’ well-being. There is a significant difference according to their profile in terms of their civil status. The researchers concluded that the perceptions of single, married, separated and widowed are different when it comes to work shift, due to different obligations and responsibilities to their family. When it comes to flexibility, single respondents have more time and they do not have parental and marital obligations unlike married and separated respondents. The inputs, based on the results of the study, that can improve the productivity and competency of the workers may be proposed to Human Resource Department for implementations. Lastly, in light of foregoing findings and conclusions, the following recommendations are proposed:

1. To the Health Care Workers, identify a suitable sleep schedule. Make your sleeping environment favorable for sleeping to promote sleep. Have a healthy diet. Use Stimulants and sedatives occasionally, be physically fit and acquire healthy lifestyle and lastly, consult the HR whenever psychological and work problems occur.
2. To the Human Resource Department hospitals, they may give awareness to the employee about the shifting or rotating shift. They must provide instructional materials or handbook on how to cope up with work shift or rotating shift. The Human Resource Department should also consider on giving monetary or non-monetary awards and recognition on the workers to increase confidence in their skills which ultimately fuels motivation, engagement and overall performance. And to avoid competition among the healthcare workers, they should establish a family culture that will build their harmonious relationship towards each other.
4. To the Future Researcher, they may use this study as their guide to formulate another study that will help improve their findings and knowledge to boost their awareness about the work shift and the well-being of the employees.

References

1. Aceron, R.M. 2015. Freshman Students’ attitudes and behavior towards advanced grammar and composition teaching. *Asia Pacific Journal Multidisciplinary Research*, 3(4): 85-92.

2. Acheron, R.M., Del Mundo, L.C., Restar, A.S.N. and Villanueva, D.M. 2018. Travel and Tour Preferences of Millennials. *Journal of Economics and Management Sciences*, 1(2): 141-151.
3. Antunes, L.C., Levandovski, R., Dantas, G., Caumo, W. and Hidalgo, M.P. 2010. Obesity and shift work: chronobiological aspects. *Nutrition research reviews*, 23(1): 155-168.
4. Burch, J.B., Tom, J., Zhai, Y., Criswell, L., Leo, E. and Ogoussan, K. 2009. Shiftwork impacts and adaptation among health care workers. *Occupational Medicine*, 59(3): 159-166.
5. Dowshen, N., Nguyen, G., Gilbert, K., Feiler, A. and Margo, K. 2014. Improving transgender health education for future doctors. *American Journal of Public Health*, 104(7), e5–e6.
6. Goswami, R. 2012. Shift work and its effects on social and personal life of shift workers. *Far International Journal of Research in Management, Economics and Commerce*, 2(3): 27-37.
7. Mabel O. Lopez. 2018. Consumer Buying Behavior as Loyalty Antecedents at Selected Fast Food Chain Restaurants. *International Journal of Recent Innovations in Academic Research*, 2(6): 186-201.
8. Olatunji, S.O. and Mokuolu, B.O. 2014. The influence of sex, marital status, and tenure of service on job stress, and job satisfaction of health workers in a Nigerian federal health institution. *African Research Review*, 8(1): 126- 33.
9. Peters, S. 2010. Literature review: Transition from early childhood education to school. Ministry of Education, New Zealand. http://www.educationcounts.govt.nz/publications/ECE/98894/Executive_Summary
10. Salaria, N. 2012. Meaning of the term descriptive survey research method. *International Journal of Transformations in Business Management*, 1(6): 1-7.
11. Shu-Yu, T.A.I., Pei-Chen, L.I.N., Yao-Mei, C.H.E.N., Hsin-Chia, H.U.N.G., Chih-Hong, P. A.N., Shung-Mei, P.A.N., Chung-Yin, L.E.E., Chia-Tsuan, H.U.A.N.G. and Ming-Tsang, W. U. 2014. Effects of marital status and shift work on family function among registered nurses. *Industrial health*, 52(4): 296-303.
12. Vitale, S.A., Varrone-Ganesh, J. and Vu, M. 2015. Nurses working the night shift: Impact on home, family and social life. *Journal of Nursing Education and Practice*, 5(10): 70-78.
13. Waumsley, J.A., Houston, D.M. and Marks, G. 2010. What about us? Measuring the work-life balance of people who do not have children. *Review of European Studies*, 2(2): 3-17.
14. Williams, C. 2008. Work–life balance of shift workers. *Perspectives on Labour and Income*. Vol. 9, no. 8. August. Statistics Canada Catalogue no. 75-001-XIE, 5-16 p. <http://www.statcan.gc.ca/pub/75-001-x/2008108/pdf/10677-eng.pdf> (accessed October 1, 2009).