

The Impact of Heavy Workload on Nurses' Performance and Outcomes

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Nursing Workload and the Quality of Healthcare Delivery

Today, in both developing and developed countries alike, healthcare workers make up a growing and large segment of the labour force. A major problem for the healthcare system is the heavy workload on nurses working at hospitals and healthcare centres. There are four primary reasons why nurses continue to experience high workloads: An inadequate supply of nurses, an increase in demand for nurses, reduced length of stay per patient, increased overtime, and reduced staffing per patient. Furthermore, an ageing population also increases the demand for nurses, and an inability to meet the growing demand leads to a shortage that is predicted to grow even further as nursing schools are not able to keep up with rising demands.

As a result of the nurse shortage, those who are working nurse-related jobs have their workloads increased. A common workload measure, in this case, is the nurse-patient ratio. It can be used to predict and compare patient outcomes. The workload can also depend on the type of nursing speciality or job. The workload is defined to be the entire make-up of the work that an employee experiences. It is a combination of daily work that includes personal, environmental, organizational, and situational factors. The paper, therefore, seeks to study the impact and effects of nurses who are overworking or working under an increased workload and identify the different factors that lead towards nurse outcomes and patient outcomes through a selection of multiple literary sources that provide broad insight into the issues from different perspectives, and to provide mediation of the matters discussed.

Overworked nurses are required to perform numerous tasks, which need to be executed by a group of nurses during assigned shifts. The job workload is also determined by the speciality and type of unit they have. (Pascale Carayon) Categorizes the work into four levels: job level, unit level, situation level, and patient level. Suboptimal patient care by nurses is related to a massive workload that leads to lower patient satisfaction. Furthermore, there are correlations between nosocomial infections, the rate of pneumonia, and lower patient-nurse ratios. In contrast, a high number of care hours by nurses leads to lower UTI urinary tract infection rates, as well as a reduction in failure to rescue rates. Overworking nurses leads to more distress, anger, cynicism, burnout, and emotional exhaustion. Nurses who are experiencing burnout and stress may not be able to perform effectively and efficiently because their cognitive and physical resources may be inhibited or weakened, which can profoundly affect patient safety and care due to sub-optimal performance (Pascale Carayon).

Staffing Shortages, Expanding Duties, and Sources of Work Pressure

The workload of nurses increases due to increasing work demands, a shortage of personnel, and having to perform an array of varied duties (Rantanen). To determine accurate interventions that can mitigate the effects of excessive workloads, a systematic representation of the work domains of a nurse is required that can correlate particular aspects of work, performance, and outcomes with nurse workloads. The study by Rantanen defines workload drivers that include activity type, patient-to-nurse ratio, task load, time pressure, and substantial expenditure to take a comprehensive, novel, and holistic approach to nurse workload. The analysis showed that as the number of tasks increases, nurses make more rule-based and skilful decisions. The time pressure decreased as the number of subtasks increased, which backs up the view that, given more complex tasks, nurses perform them in an environment with more time available. This, in turn, suggests that when they have less available time (time pressure is high) to make decisions, they usually make more rule-based and skilful choices.

Therefore, to manage the nurse workload, the tasks should be streamlined to reduce important subtasks. Less layered work and fewer subtasks cut the complexity of the nurse's job, and the nurse manager should monitor it routinely. Maintaining personal organization and following protocol are also essential to managing workload. If the administration implements tactics to aid private organizations for nurses and increases worksheets and signage as policy reminders, this can allow them to remember easily what the protocol is and follow it, thereby reducing time (Rantanen). This can mediate the effects of high workload, even if there are financial constraints on the organization that do not allow it to maintain the right patient-nurse ratio.

To measure nursing workload, most studies use the patient-nurse ratio to analyze its effects on patient safety. In human-factors engineering research, a workload is a more complex construct. It is more multifaceted than patient-nurse ratios. (Pascale Carayon) Explains how it is improbable to consider only a patient-to-nurse ratio as a representative measure of a multifaceted, multidimensional structure of workload. Most studies attempt to quantify nurse workload through time-to-time-task measures or patient acuity, but there are several more factors that remain to be considered. Cognitive load theory, for instance, views decreased performance as a result of an overload of the working memory capacity. Performance improves as the demands on working memory decrease with practice. Determining mental work or effort requires a distinction to be made between the total amount of work linked to a task's completion and the momentary effort that a job demands (Neill). Some variables related to nurse workload that can be easily measured include patient census, the number of admissions, turnover, procedures, case mix, and the average age of patients. Other factors that directly impact nurse workload but are less quantifiable include the institution's nursing philosophy, environment, the individual characteristics of the nursing workforce, such as their experience, skill level, and education, as well as the type of staffing, such as team nursing or primary care, and the patterns of medical treatment are also included as factors (Neill).

Documentation, Patient Safety, and the Performance Effects of Overwork

According to the study (Rhulani C. Shihundla), a deep performance impact of overworking among nurses is the failure to maintain the patient's information in the form of quality documentation, poor recording of data, misplacement of documents, and the use of the wrong stationery. Overworked health professionals lead to increased patient morbidity and mortality in both secondary and primary facilities. It is often so that a physician's working hours are decreased as a result of the intervention of professional medical associations, but that leads to increasing working hours for nurses to compensate for that. The study (Rhulani C. Shihundla) observes that professionals in many parts of the world are unable to cope with heaps of unmanaged records because of inadequate administrative and financial resources. Illegible documentation or incomplete documents were observed to be directly related to an increased workload on professional nurses at primary health care facilities.

The participants in the study conceded that nurses often fail to record readable and clear patient information due to carelessness, added work, and fatigue. Under a call system, they were actually required to work 24 hours on a daily basis. It was often the case that during the night, they forgot to document relevant patient information accurately in the files or forms as a result of overwork. The forms, files, and registers with blank spaces were also a result of forgetfulness, tiredness and increased workload. Furthermore, (Li Fang Liu) showed through a survey on Taiwanese nurses how lower patient-nurse ratios and overtime increased the workload of nurses, which in turn affected physiological factors such as fatigue and increased work intensity. These system variables were studied and found to have contributed towards a high risk of error.

Additionally, (Li Fang Liu) pointed out that as a result of poor working conditions and work overload, nurses had started to avoid hospital work. Nurse Service quality is further reduced as hospitals and healthcare centres try to reduce costs by cutting down the nursing workforce. This resulted in adverse patient outcomes such as decubitus, falls, pressure ulcers, near misses, and medication errors. The mediation required in this case is to create a mentoring program for professional nurses and an active follow-up. Regular workshops can be arranged that relate to proper documentation of information relevant to the patient's requirements (Rhulani C. Shihundla). To reduce these errors, the first nursing staff should have their real load cut, and the Labor Standards Act must be implemented to ensure compliance with adequate working hours. If there are any unreasonable hospital demands, the nursing leaders raise objections and assist nurses to ensure that overworking is avoided (Li Fang Liu).

Long Shifts, Sleep Loss, and Inadequate Recovery

A study (Čedomirka Stanojevic) found that more frequent or longer shifts reduce the opportunity for nursing staff to get adequate sleep and, therefore, lead to a reduction in recovery time between shifts. There are legal provisions that recommend that working shifts for nurses do not exceed 12

hours, but these are flexibly interpreted and slowly adopted or, many times, not adopted at all. These are particularly a point of concern because they affect not only the patient outcome but also the degree of sleep loss, which is linked with adverse effects on the general health, safety, and well-being of the nursing staff. It also leads to a neurocognitive dysfunction that can, in turn, lead to negative consequences not only on the quality of care delivered to patients but also on their safety. The study also found that prolonged night shift work on a rotation basis for female nurses increases their risk of developing breast cancer 1.79 times compared to those nurses who did not work rotating shifts (Čedomirka Stanojevic).

To analyze turnover intention's relation to nursing workload as an organizational outcome, a significant independent variable is job satisfaction, which affects employees' behaviour. The research by Isik U. Zeytinoglu suggests that the effects of the external work environment on casual, part-time, or full-time nurses may be different despite working in the same situation. This is important to our study in particular because although increasing workload affects patient outcomes and nurse burnout, it reinforces the view that workload is a complex variable and is affected by multiple factors. In this case, the different career expectations and goals influence the behavioural responses of nurses working in different modes of work. As a result, the workload factors and reactions to the external work environment may be different. For full-time nurses, in particular, a heavy workload is a significant factor in the perception of a deterioration in the external work environment and turnover intention. The Part-time nurses, therefore, are more likely to stay in their employment centres and hold on to their jobs. Therefore, job satisfaction is a mediating factor that affects turnover intention, and an increased workload only partially affects job satisfaction because some other factors are involved. The effects of workload on turnover intention are diminished mainly when job satisfaction is added to the equation (Isik U. Zeytinoglu). This shows that if other factors that contribute to positive job satisfaction are stressed, a hospital's financial constraints that lead to a lesser nurse-patient ratio may still be mediated and lead to less disruption in nurse performance.

To corroborate this, a study (by Peter Van Bogaert) theorizes that when nurses are allowed an opportunity to make independent decisions, be actively involved in the decision-making process, and are allowed to develop and use their personal and professional skills, it leads to positive outcomes, despite an increased workload. The management at the hospital administration level leaves an indirect yet substantial impact on the nurse's emotional exhaustion through his or her workload, and it also directly affects his or her sense of personal accomplishment. The unit-level nurse manager has a mediating role in the dimensions of the hospital's environment, nurse-physician relations, organizational support, and outcomes related to the nurse-assessed quality of care and job outcomes. Personal accomplishment, as well as workload, impact the variables related to outcomes, and depersonalization showed a positive correlation with reduced job outcomes. Despite the fact that an increased workload leaves harmful effects on a nurse by causing burnout, which in turn influences job outcomes and quality of care, unit-level supportive nursing management leaves a direct positive impact on both job outcomes, such as turnover intentions and job satisfaction, as well as the nurse-assessed quality of care (Peter Van Bogaert).

Gendered Labour, Cost Cutting, and the Devaluation of Nursing Work

According to Shahra Razavi, cost-cutting measures and pervasive labour market informality lead to a devaluation of particular women who are involved in healthcare work, such as nurses, and leave them vulnerable to exploitation, which has only increased in the recent decade. The resulting nurse shortage and overworking affect nurse retention and patient outcomes in healthcare centres (Linda H. Aiken). The study by Linda H. Aiken reinforces the traditional view that nurse-staff ratios are important to explain outcomes in-hospital mortality, but suggests that the effects can be mediated through the implementation of legislation that is a reliable way of increasing nurse retention and reducing patient mortality, as was passed in the case of California. Furthermore, if hospital stakeholder groups make any demands to modify ratios to be lower, their views are to be rejected to reduce not only dissatisfaction, burnout, and turnover intentions in nurses but also patient mortality that occurs due to nurse fatigue.

In a study by Maura MacPhee, the findings showed that poor nurse staffing ratios and heavy workloads occur. As a result of urinary tract infections, medication errors, and falls, burnout affects the patient outcome variables but can be mediated by managing decision latitude, workload, and social capital. It reinforces both views in the sense that, despite nurse-patient ratios leading to negative patient outcomes, intervention by unit-level leaders can influence perceptions of nurse-assessed quality of care and job outcomes if they promote professional values in team members and respond to the nurses' workload demands (Maura MacPhee).

In conclusion, a vast majority of nurses in various studies, whether they worked part-time or full-time, agreed that budget cuts and financial constraints affect the quality of care. The limited resources create difficulty in meeting the needs of the patients. Factors that lead to a greater understanding of the mental workload experienced by nurses help mediate its effects and improve nurses' safety and work quality, thereby driving towards improved patient outcomes. Burnout, as a result of overworking, could be reduced by implementing measures that lead to higher job satisfaction and allow nurses to make independent decisions and acquire an adequate amount of rest before beginning their shifts. Studies have noted that nurses' perceptions of task-level interruptions and overwork negatively affect nurse and patient outcomes, and it leaves us with a critical need to analyze the impacts of personal and environmental factors that lead to these negative outcomes. However, as other studies have suggested, despite financial constraints and lower nurse-patient ratios, the effects of overwork and heavy workloads can still be mediated if appropriate measures are taken.

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