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Work Load On Nurses And It's Impact On Patientcare

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Abstract: *Nursing work includes many factors that effects nursing workload and client outcomes.These factors include nursing condition of the client, the characteristics of the care providers, the medical condition of the client, the work environment and the nursing interventions. The key component to measure nursing resource intensity is known as a nursing workload measurement system. The nursing workload measurement system use currentlyis just provide information about the mechanism to track the time it takes to deliver various activities in the department or program which is mandatory and ignoring the nursing and medical complexity of client, the work environment and the characteristics of nurses providing care. Nurse patient ratio is the unit level most commonly used to measure the nursesworkload.In most of the hospitals all over the world heavy workload is the major problem. Nurses are experiencing heavy workload because of inadequate supply of nurses, reduction in patient length of stay, increased demand for nurses, reduced staffing and increased overtime. A heavy workload leads to suboptimal patient care thus reduced patient satisfaction. Workload a complex construct, it is more complex than the measure of the nurse patient ratio. It is not possible to measure the workload which is multifaceted structure, multidimensional by one unique representative measure. Nurse-patient ratio as a measure of workload is not contributing to understand the impact of workload on nurses and providing solutions in mitigating or reducing the nursing workload. Nurses may not have sufficient time to perform tasks properly which can have direct effects on patient safety under a heavy workload. A heavy workload will hinder in proper decision making of the health care providers. Nurse- physician collaboration will be effected with heavy workload due to lack of time. It will also effect the nurse- patient relationship due to lack of communication between them, dissatisfaction among nurses for creating conditions for unsafe patient care, errors and poor job performance. Heavy workload will result in job dissatisfaction thus turnover, absenteeism, low morale, and poor job performance. Potentially will threaten the patient care quality and organizational effectiveness.*

Key Words: *Workload, job satisfaction, quality of care, patient satisfaction, turnover.*

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I. Introduction

The type of patients admitted in the hospitals with the advancement in the treatment of critical diseases has changed in the recent years. For replacing vital functions of various organs and systems in the human body and for maintaining these functions there are more therapeutic options to disappear the cause of disorder. Large number of employees required these days for the services create high hospitalization expenses for treatment and care. Patient admitted to intensive care unit require complexity of treatments. For these highly specialized services there is a precise need of the nursing staff to ensure quality nursing care and thus avoid the occurrence of adverse events associated with health care. To relate the versatile role nurses must play there are two themes have emerged. Colliding expectations – which is the conflict nurses face between what actually are required to do and their perceived job functions. Another one is the pressure nurses face professionally because of too much expectations. Morris et. al (2007) have suggested for measuring and defining workload a broad and dynamic method in nursing as a combination of definitions. They portrayed the major care provided as a function of the nursing profession including direct care administering medications (etc), indirect care (ordering medications, phone calls pertaining to patient care (etc) and non-patient related activities (staff meetings, nursing education, etc). The categorization of nursing workload can be done into four levels 1) Unit level 2) Job level 3) Patient level 4) Situational level

1¶ **Workload at Unit level –** Nurse patient ratio is the most commonly used measure in unit level. In relation to nursing staffing it can be used to compare units and their patient outcomes. It conceptualizes nursing workload at macro level which is the major weakness of this research. In a particular health care setting ignoring the contextual and organizational characteristics. Workload may be significantly affected by all this characteristics. The work factors on nursing workload should examine by this research in the microsystem of health care.

2¶ **Workload at the job level –**According to this conceptualization the type of specialty or nursing job the workload level depends.The job level measured by Schaufeli and LeBlanc by investigating the impact of workload on among ICU nurses on burnout and performance. When comparing with different level of workload on nurses with different specialties or job titles this measure is appropriate.There are other factors also which effects the level of workload on nurses other than the job level which is not possible to be measured by this conceptualized measure.

3¶ **Workload at the patient level –**This measure focuses on the the patient's clinical condition. This measure is used in the literature books of nurses. This measure is not considering the other factors like infrastructure, organizational policies, complexities etc.

4¶ **Situational level workload –**This conceptualization measure works at the microsystem, other than the patient clinical condition and number of patients assigned to a particular nurses it works on availability of supplies, stock in hand, work environment, communication between health care workers, family members of the patient, multidisciplinary members of the health care organization, infrastructure etc. Over a well defined and relatively short period of time on nursing workload it explains the impact of a specific performance obstacle or facilitator. Facilitators affects different types of workload and the different types of performance obstacles, situational level workload is a multidimensional. For example the condition of work environment (noisy versus quiet , hectic versus calm), distance between the patient's room assigned to a nurse, all the members of the same family asking nurse similar questions regarding the same patient's condition separately. This is a vital measure for redesigning the microsystem and thus reducing nursing workload.

Relationship between safety of patient and workload on nurses –

Lack of time – The workload on nurses will affect the time that a nurse a lots to various tasks. Nurses may not have sufficient time under heavy workload to perform tasks that will have direct effects on patient safety. It effects the decisions of the care providers to perform various procedures. The heavy workload on nurses will affect the nurse-physician collaboration. Results in hindrance in nurse-patient communication.

Nursing work load results in deterioration in motivation- Heavy workload will result in deteriorated motivation and job dissatisfaction. It can lead to low morale, poor job performance, absenteeism, turnover and potentially threaten patient care quality and organizational effectiveness. Positive association exists between a job satisfaction, patient satisfaction, job performance and quality of care.

Nursing stress and burnout- Heavy nursing workload lead to distress and results in burnout. To perform efficiently and effectively unable nurses because their cognitive and physical resources get reduced and thus performance of work may affect patient safety and caresuboptimally.

Nursing workload contributing to errors- For example mistake or knowledge errors, slips and lapses or execution errors. Heavy workload results in creating condition of errors and unsafe patient care by reducing attention on safety-critical tasksdevoted by nurse.

Violation of nursing practice- Deliberate deviation from the practices that is believed necessary to maintain safe or secure operation. It occurs more frequently under time pressure in emergency situations. To follow rules and regulations for safe patient care is not possible during emergency. For example- handwashing.

Impact of nursing workload on organization- Understaffing of nurses may results in lack of training oron new nurses supervision.

II. Research Objectives

- To study the workload on nursesimpact on patient care.
- To study the level of satisfaction among nurses.
- To study the workload on nurses in various hospitals.
- To draw conclusion and offer suggestion for better management of workload for nurses in hospitals.

III. Review Of Literature

To study workload among intensive care staff were review and analyzed by Kwiecien et al., (2012) given the conclusionfor comprehensive and dynamic measurement of workload. Psychological and physical workload are preferred in additionallyto movement toward more experimental measures. The subsequent changes in workload with the changing nursing environment in nature this approach addresses the changing nature, that nurses are exposed to (Kwiecien et al., 2012).

Weinger , Reddy and Slage (2004) suggested for a more complete profile of workload on multiple workload measurement. As the criteria across tasks psychological (self assessment), physiological (heart rate), and procedural (response latency) measures were used, such as events like inducing and maintaining anesthesia

and responding to emergent anesthesia (Weinger& al., 2004). Inducing anesthesia and emergent anesthesia displayed increased workload versus maintenance procedures.

Fagerstorm and Vainkainen's (2014) There are four factors from the nurses perception of workyielded by cross-sectional qualitative content analysis. These are (1) Working conditions (telephone traffic, interruptions) (2) Organization of work (planning schedules, meetings) (3) Cooperation with staff and (4) Self-control (mental stress) a. Myny et al. (2011) foundfrom literature review similar results within the methods of prior research that examined non direct factors influencing workload. A systemic approach to workload due to the plethora of workload drivers that exist, the review suggested.

Myny et al. (2011) defined as the part of the hospital system, identified influencing variables (drivers) by level of impact that is affected (1) Nursing team,(2) Hospital and ward, (3) Individual nurse, (4) Mental characteristics and (5) Patient/ family. According to AuvoRauhala et al., on study of increased sickness absenteeism among nurses, what degree of work overload is likely to cause? The study from the Rafaela patient found in a observation cohort study with 877 nurses, 31 wards and five Finnish hospitals classification system. The Rafaela system was based on a six month monitoring period on patient associated workload scores from in 2004. Increasing workload and increasing sick leave the linear trend was found in between. 12 extra sick leave days per person-year resulted inthese excess rate of sickness absence.

Needleman et al., found that a higher number of hours of care per day provided by RNs among medical patients, there were lower urinary tract infection rates. Incidence of E cloacae infection in the unit was significantly higher when there was understaffing of nurses revealed in a retrospective cohort study in a neonatal ICU. A significant relation between the monthly nosocomial infection rate in the unit and the nursing hours per patient day ratio found in a prospective study in a pediatric cardiac ICU, there were more nosocomial infections when the number of nursing hours per patient day was lower. Needleman J. et al., in (2002) found the association with higher number of hours of RN care per day, lower failure to rescue a rates in a study of 168 non fedral adult general hospitals in Pensylvania, while using the administrative data from 799 hospitals in 11 states in a study.

Aiken et al., found that increase in the 7 percent likelihood of mortality associated within 30 days of admission and in the likelihood of failure to rescue witheach additional patient per nurse. Hospitals that had more RNs per admission had lower mortality rates found in one of the earlier study.

Stanton MW et al., (2004) on the relationship between hospital nurse staffing and quality of care (e.g, urinary tract infection, hospital- acquired pneumonia) and patient safety outcomes (e.g failure to rescue) a report describe several AHRQ founded studies by the agency for healthcare research and quality (AHRQ)

Cho SH et al., (2003) a multisite study with an 89 percent decrease in the odds of pneumonia among surgical patients in California correlated with an increase of one hour worked by registered nurses (RNs) per patient day. Konver C et al., (2000) found the rate of pneumonia was higher with fewer nurses. A significant relationship rate of pneumonia and between full time equivalent RNs per adjusted inpatient day. Pronovost PJ et al., found in hospitals between 1994 and 1996 that with a 20 percent increase in length of stay in patients in association with a nurse patient ratio of less than 1:2 during evening shifts with patients who had abdominal aortic surgery in Maryland.

Beckmann U et al., a critical incident study of Australian ICUs revealed that insufficient nursing staff was linked to drug administration or documentation problems, inadequate patient supervision incorrect ventilator or equipment set up, and self extubation.

Carayon P et al., on workload in human factors engineering, it is well known that workload is a complex construct, more complex than the measure of nurse-patient ratio.

IV. Research Methodology

The research used an exploratory research technique based on past literature from respective journals, books, newspaper and magazines covering wide collection of academic literature on workload on nurses and it's impact. According to the objective of the study, the research design is of descriptive nature. Available secondary data was extensively used for the study.

V. Conclusion

Nursing workload affects the quality of care, patient recovery, patient satisfaction. Situational workload need to measure in hospital setting for smoothly functioning of hospital organization system and improving the job satisfaction, quality of care, patient satisfaction thus results in decrease nursing stress, job dissatisfaction and burnout. Measurement of workload on nurses is a crucial part of human resource management strategy for maintaining heathy work environment in hospitals and reducing the absenteeism, burnout and sick leave among nurses.

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