

The Increased Nursing Workload and its Impact on Nursing Care

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Introduction

The heavy workload of hospital nurses is a major problem. Nurses are experiencing higher workloads than ever before due to some of the reasons which include increased demand for nurses, inadequate supply of nurses, reduced staffing and increased overtime, and reduction in patient length of stay. A heavy nursing workload adversely affects patient safety. This research study will seek to document the impact of nursing workload when staffing is reduced or seconded from other departments.

Objectives of the study

The main objectives of this research work were to assess the impact of care quality when staff is reduced and to identify the factors which lead to nursing workload.

Material & methods

The research study was carried for the period of July to October 2016. A quantitative Descriptive Cross Sectional Study design was used. Data was collected by a questionnaire, containing 20 questions, from 60 staff nurses of Shalamar Hospital Lahore, using a convenience sampling. The collected data was then analyzed.

Results

71.7% (43) RNs stated that the reduced staff, increased number of patients and outbreak of a disease is the major causes of workload. 28.3% (17) stated that the less number of staff is the cause of workload. 100% (60) RNs stated that errors occur in psychomotor skills, in documentation and during medication administration due to workload. 70% (42) RNs stated that workload affects mentally, whereas 30% (18) it affects physically. The problem of workload can be overcome by maintaining the Nurse-patient ratio in a standardized manner. This was suggested by 70% (42) RNs. 70% (42) stated that patients' safety problems occur frequently due workload, whereas 30% (18) stated that it occurs sometimes. 100% (60) RNs have experienced workload in their professional life. 70% (42) RNs suggested that Nursing Assistants may be helpful in lessening the workload, whereas the rest 30% (18) said they will not be helpful. 63.3% (38) RNs were satisfied with their job, the rest 36.7% (22) were not satisfied. 100% (60) RNs agreed that increased workload affects patient satisfaction.

Discussion

Results suggest that in Shalamar hospital, nurses face workload when staff is reduced or seconded from other department, they also effect on patient care by workload. Shalamar hospital staff nurses are satisfied by their job but they suggest maintaining nurse patient ratio equal. From their suggestion it can be conclude that workload should be reduced when proper staff available or the patient ratio is balanced with nurse ratio.

Conclusion

It can be concluded that the workload increases due to the reduction of staff nurses and due to this workload the quality care of nursing decline. Because of this reason the satisfactory level of patient and family member also compromised. Increased workload also affects many procedures for ex, medications, documentations and psychomotor skills. The increase

workload also effect nurses mentally and physically. And seeking help from other department is not a solution to this problem.

Recommendations

After our research we recommend that Hospital nursing management must arrange enough staff when patient ratio exceed from nurses ratio. Maintain nurse patient ratio in balance. Hospital should make a policy to manage the workload when there is an outbreak.

Limitations

The limitations of study include, relatively small sample size. All surveys were not completed due to lack of time, lack of money and due to increased workload most of the nurses refused to fill questionnaires. Limitations are the restrictions in a study, as the study is confined to Shalamar Hospital so finding cannot be generalized equally to others Hospitals.

References

Aiken, L. H., & Patrician, P. A. (2000). Measuring organizational traits of hospitals: The revised nursing work index
Jolma, D. J. (1990). Relationship between nursing work load and turnover. AHWAC. (2002a). The Critical Care Nurse Workforce in Australia 2001-2011 (No. 2002.1). Sydney: Australian Health Workforce Advisory Committee. AHWAC. (2002b). the Midwifery Workforce in Australia 2002-2012 (No. 2002.2). Sydney: Australian Health Workforce Advisory Committee. (Gregg, 1993, p. 114). Cummings, Ricker & Giovannetti, 2011). Nursing workload and Patient safety in intensive care units. Braarud, P. O. (2001). Subjective task complexity and subjective workload: Criterion validity for complex team tasks.