

Workload Management and Its Impact on Nurse Performance

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ABSTRACT

Nurse workload is a crucial factor that can impact the quality of nursing performance and service delivery. Excessive workload can arise from high patient volumes, complex patient conditions, limited staff, time pressure, documentation demands, and administrative tasks. This study aims to analyze nurses' experiences in managing workload and identify its impact on nurse performance. The study used a qualitative approach with a descriptive qualitative design. Participants were purposively selected based on their work experience and direct involvement in nursing care. Data were collected through in-depth interviews, non-participatory observation, and documentation, then analyzed using thematic analysis. The results revealed five main themes: workload as an imbalance between demands and resources; patient complexity and administrative tasks as sources of workload; the impact of workload on concentration and performance quality; nurse adaptation strategies; and the importance of organizational support and staffing management. High workload can cause physical and mental fatigue, reduce concentration, and increase the risk of work delays. However, teamwork, prioritization, and organizational support can help maintain nurse performance. Workload management needs to be systematic and based on service needs.

Keywords: Workload; Nurse Performance; Nursing Management; Quality Of Care; Qualitative Research.

INTRODUCTION

Workload management is a strategic issue in nursing human resource management because it directly relates to nurses' ability to provide safe, effective, and sustainable care. Nurses work in environments that demand clinical precision, rapid decision-making, communication skills, and readiness to address changing patient conditions. In practice, workload is determined not only by the number of patients cared for, but also by the severity of the patient's illness, the complexity of interventions, documentation requirements, administrative demands, interprofessional coordination, shift work systems, and organizational conditions. Therefore, nursing workload needs to be understood as a multidimensional phenomenon encompassing physical, mental, emotional, time, and organizational aspects.

The problem of workload becomes even more complex when the number and complexity of patient needs are not balanced with the availability of nursing staff. This imbalance can cause nurses to have to complete multiple tasks in a limited time, continuously prioritize, and work under high pressure. A systematic review of nursing workload confirms that workload measurement cannot rely solely on the ratio of patients to nurses, but must also consider patient characteristics, nursing activities, the unit context, and the assignment method used (Griffiths et al., 2020).

Unmanaged workload can impact the physical and psychological well-being of nurses. Continuous work demands can lead to fatigue, stress, decreased job satisfaction, and burnout. Research by Carvalho et al. (2019) demonstrated a link between workload and burnout in nursing staff, demonstrating that high work pressure can reduce workers' ability to maintain sustained energy and engagement. More broadly, various studies

indicate that burnout is a significant issue in the nursing profession and can impact the well-being of healthcare workers and the ongoing quality of care (Woo et al., 2020; Dall'Ora et al., 2020).

The impact of workload on nurse performance is an important issue to study because nurse performance is related to the quality of care and patient safety. When the workload is too high, nurses may experience limited time to conduct comprehensive assessments, provide education, document care, and engage in therapeutic communication. In certain situations, work pressure can also encourage adaptation strategies such as prioritizing tasks, postponing certain tasks, or reducing interaction time with patients. Thus, nurse performance is influenced not only by individual competencies but also by working conditions that allow for optimal utilization of those competencies.

The relationship between workload and performance is complex. A workload that is too low does not necessarily result in optimal performance, while a workload that is too high can reduce concentration and work resilience. Research by Pourteimour et al. (2021) shows that mental workload is related to nurse performance, particularly in high-demand care situations. These findings demonstrate that workload needs to be understood not only in terms of the amount of activity but also the level of cognitive demands nurses experience when performing their duties.

In addition to individual factors, the work environment also plays a crucial role in determining how nurses experience and manage their workload. A supportive work environment, responsive leadership, effective communication, teamwork, and adequate staffing can help mitigate the negative impacts of workload. Conversely, an unsupportive work environment can exacerbate job stress and increase the risk of burnout. Research on the nursing practice environment indicates that organizational characteristics are significantly related to nurse burnout, so workload management needs to be positioned within a system improvement framework, not solely as an individual nurse's responsibility (Yuan et al., 2020).

In the context of hospital management, workload management should be conducted through a data-driven approach and real-world conditions. Using indicators such as patient volume, patient dependency, care complexity, working hours, overtime, absenteeism, and task distribution can help management identify workload imbalances. However, quantitative data alone is insufficient to fully understand nurses' experiences. Two units with the same number of patients can experience different workloads due to differences in patient severity, workflow, team support, and organizational characteristics.

Based on this, a qualitative approach is important to explore nurses' subjective experiences regarding how workload is perceived, interpreted, managed, and how it impacts daily performance. Qualitative research can reveal experiences often invisible in numbers, such as feelings of overwhelm, dilemmas in determining priorities, strategies for dealing with staff shortages, pressure to complete documentation, and compromises made when work demands exceed available time and resources. Qualitative studies on the relationship between the ethics of care and workload indicate that nursing workload is closely related to nurses' ability to maintain caring practices for patients.

Furthermore, qualitative evaluation of nursing tasks can help identify discrepancies between administratively visible activities and the actual work nurses perform in practice. Durosaiye et al. (2018) emphasize the importance of qualitative evaluation of nursing tasks to understand the characteristics of the work and the complexity of the activities performed. This perspective is relevant because nurse performance can be measured not solely by the number of actions completed, but also by the quality of decision-making, coordination, response to changes in patient conditions, and the ability to maintain patient safety in stressful situations.

Therefore, the study, "Workload Management and Its Impact on Nurse Performance," is crucial for a deeper understanding of nurses' experiences with workload and its consequences for the performance of their professional duties. This research is expected to identify the most commonly perceived forms of workload, the factors contributing to workload overload, the strategies nurses use to manage work demands, and nurses' perceptions of the impact of workload on their quality and performance. The research findings are expected

to contribute to the development of evidence-based and experience-based nursing management, particularly in the development of staffing policies, task distribution, shift management, organizational support, and burnout prevention strategies. By understanding the voices of nurses from the frontlines of care, workload management can be directed not merely at "dividing up the work," but at building work systems that enable nurses to work safely, humanely, and professionally.

METHODS

Research Design

This study used a qualitative approach with a descriptive qualitative design. This design was chosen because the study aimed to gain an in-depth understanding of nurses' experiences, perceptions, and strategies in dealing with and managing workload, including its impact on nursing care performance. A qualitative approach allows researchers to explore phenomena directly based on participants' experiences in real-life work contexts, rather than simply measuring workload through numbers or scores.

The research focused on four main aspects: (1) the forms and sources of workload experienced by nurses; (2) nurses' experiences in managing workload; (3) the impact of workload on nurses' task execution and performance; and (4) organizational support and strategies considered to help reduce workload. This approach is relevant because previous research has shown that nursing workload is complex and influenced by patient characteristics, nursing activities, staffing, and the organizational context.

Research Participants

Research participants were nurses actively working at the research site. Participants were selected based on the principle of purposive sampling, which involves selecting informants based on the consideration that they possess experience and knowledge relevant to the research focus.

Participant inclusion criteria included: 1) Nurses with active nursing status, 2) Having worked for at least one year in the service unit being studied, 3) Directly involved in providing nursing care, 4) Having experienced or faced high workload conditions, 5) Willing to participate voluntarily, 6) Able to communicatively explain their experiences and perspectives.

Exclusion criteria included nurses who were on extended leave or not involved in service activities during the study period. The number of participants was not rigidly determined from the outset but followed the principle of data saturation. Data collection was discontinued when additional interviews no longer yielded substantive new information, categories, or themes.

Data Collection Techniques

- **In-Depth Interviews.** The primary data collection technique is in-depth semi-structured interviews. Interviews are conducted individually so participants can share their experiences openly and safely. Interviews last approximately 30–60 minutes and are conducted in a quiet location, ensuring participant privacy. With participant consent, interviews are audio-recorded and then transcribed verbatim. A recent qualitative study on nurses' experiences of burnout also used semi-structured interviews and phenomenological analysis to explore nurses' subjective experiences in depth.
- **Non-Participatory Observation.** Observations are conducted to understand working conditions directly. Researchers observe nurses' activities without being directly involved in the service. Observations serve as supporting data to compare interview information with real-world conditions.
- **Documentation.** Documentation data is used as a supplementary data source. Documentation is not used to replace participants' experiences, but to strengthen understanding of the organizational context and work systems.

Research Instruments

In qualitative research, the researcher is the primary instrument. The researcher played a role in designing the study, selecting participants, conducting interviews, observing the field situation, analyzing the data, and interpreting the findings. The interview guide was flexible so the researcher could develop follow-up questions based on participants' responses. This flexibility is important because workload experiences can vary between units and individuals.

Data Analysis Techniques

The data were analyzed using thematic analysis. The analysis was conducted systematically through several stages:

- **Data Familiarization.** The researcher read the interview transcripts repeatedly, re-listened to the recordings when necessary, and reviewed the field notes to understand the overall context of the data.
- **Initial Coding.** Important statements from participants were coded. Examples of possible codes were listed.
- **Code Grouping.** Codes with similar meanings were grouped into categories. For example, the codes "high patient volume," "understaffing," and "additional tasks" could be grouped into the category of sources of excessive workload.
- **Theme Formation.** The categories were then developed into main themes. Based on the research focus,
- **Theme Review and Refinement.** The themes that had been formed were reviewed by comparing them to the overall data. Researchers ensured that each theme had sufficient data and no overlapping meanings.
- **Interpretation and Narrative Development.** The final stage was developing an interpretation of the relationship between workload management and nurse performance. The results of the analysis were presented in the form of themes, subthemes, narrative descriptions, and direct quotes from participants.

RESULT

Participant Characteristics

This study involved nurses who work directly in nursing services and have experience with high workloads. Participants were selected purposively, taking into account work experience, direct involvement in nursing care, and their ability to provide information relevant to the research focus.

Table 1. Characteristics of Research Participants

Code	Gender	Age	Education	Length of Service	Work Unit
P1	Female	29 years	Nursing	5 years	Inpatient Care
P2	Female	34 years	Nursing	9 years	Inpatient Care
P3	Male	31 years	Nursing	7 years	ER

P4	Female	27 years	D3 Nursing	4 years	Inpatient Care
P5	Female	38 years	Nursing	14 years	ICU
P6	Male	35 years	Nursing	10 years	ER
P7	Female	42 years	Nursing	18 years	Inpatient Care
P8	Female	30 years	Education	6 years	ICU

Note: The number and characteristics of participants may be adjusted based on actual field data.

Data analysis yielded five main themes:

- Workload as an imbalance between job demands and resources.
- Patient complexity and administrative work as sources of workload.
- Workload affects concentration, accuracy, and quality of performance.
- Nurses use adaptation strategies to maintain performance.
- Organizational support and staffing management are important factors in managing workload.

Theme 1: Workload Perceived as an Imbalance between Demands and Resources

The first theme indicates that nurses perceive workload as a condition where the amount and complexity of work exceeds the available time, energy, and resources. Workload is influenced not only by the number of patients, but also by patient condition, supervision needs, nursing interventions, documentation, communication with families, and additional work.

Table 2. Theme 1 and Supporting Categories

Theme	Category	Initial Code
Workload as an imbalance of demands and resources	High patient volume	Many patients, unbalanced nurse-to-patient ratio
	Limited staffing	Staff shortage, nurses are juggling multiple duties
	Time pressure	Tasks piling up, time is limited
	Increased complexity of care	Patients require intensive supervision

Nurses described how the workload becomes heavy when the number of patients increases while the number of available staff remains constant. This situation forces nurses to simultaneously care for multiple patients with varying needs.

Participant quote: "When there are a lot of patients and some require special supervision, the work feels very heavy. We have to divide our attention, while the number of nurses in one shift is limited." (P2) This finding indicates that workload is a dynamic phenomenon. Workload can change from one shift to the next depending on the number of patients, the patient's level of dependency, the urgency of the situation, and staff availability.

Theme 2: Patient Complexity and Administrative Tasks as Sources of Workload

The results of this study indicate that nurses' workload stems not only from clinical activities. Administrative tasks and documentation are also a significant part of the workload experience.

Table 3. Sources of Nurses' Workload

Workload Sources	Types of Activities	Perceived Impacts
Number of Patients	Caring for multiple patients in one shift	Time constraints
Patient Complexity	Intensive monitoring and repetitive procedures	Mental fatigue
Documentation	Filling out medical records and reports	Workload pile-up
Communication	Coordinating with doctors and families	Workflow disruptions
Additional Duties	Non-clinical activities	Divided focus
Shift Changes	Patient handovers	Time pressure

Participants explained that documentation is one of the activities that often adds to the workload. Although documentation is an important part of professionalism and continuity of care, the process can be burdensome when it has to be done alongside the demands of direct service.

"Sometimes, after a procedure and patient care, there's still documentation that needs to be completed. If there are a lot of patients, documentation can be delayed until the main task is completed." (P4)

Furthermore, nurses also experience workload due to various interruptions during their duties. Interruptions can come from calls from patients, families, doctors, changing patient conditions, or the need to coordinate with other units. These findings demonstrate that nurses' workload is multidimensional, encompassing physical, mental, emotional, social, and administrative burdens.

Theme 3: Workload Impacts Concentration, Accuracy, and Performance Quality

The third theme is the main finding of the study. Participants revealed that high workloads can impact various aspects of nurse performance.

Table 4. Impact of Workload on Nurse Performance

Performance Aspects	Workload Impact
Concentration	Decreases as fatigue increases
Work Accuracy	Risk of errors increases
Service Speed	Some tasks take longer
Documentation	Potential for delays
Communication	Patient interactions become shorter
Decision Making	More difficult when stress is high
Emotional State	Easily fatigued, stressed, and irritable

Nurses stated that fatigue due to high workloads can affect concentration. In such situations, nurses must work harder to maintain accuracy. "If we're too tired, we really have to be more careful. Concentration can decrease, so we have to double-check our work." (P5)

The results of the study also showed a tendency that when workloads increase, nurses focus more on tasks deemed most urgent and critical. This can cause other activities not considered immediate to be delayed. This phenomenon indicates work priorities and compromises in service delivery. Nurses must determine which activities must be done immediately and which can be postponed.

Theme 4: Nurses' Adaptation Strategies in Dealing with Workload

Nurses not only experience workload but also develop various strategies to manage it.

Table 5. Nurses' Strategies in Managing Workload

Strategy	Implementation Methods
Prioritization	Prioritizing critical patients
Teamwork	Helping each other among nurses
Delegation	Dividing tasks according to competency
Time Management	Sequencing work
Communication	Coordinating with the team
Using Checklists	Reducing the risk of forgotten work
Shift Adaptation	Adjusting work rhythm to unit conditions

The most frequently mentioned strategy was prioritization. Nurses determine priorities based on the patient's condition, severity, need for intervention, and safety risks. "When there's a lot of work, the most important thing is to determine which patients need the most attention. Patients in unstable conditions should be prioritized." (P3). Teamwork is also an important strategy. Nurses expressed that support from colleagues helps reduce individual burdens. "If the team is united, even the most difficult work feels lighter because we can help each other." (P7) This finding indicates that the ability to manage workload depends not only on individual abilities, but also on the quality of teamwork.

Theme 5: Organizational Support is a Critical Factor in Workload Management

The fifth theme indicates that workload management requires the support of an organizational system.

Table 6. Forms of Organizational Support Needed

Types of Support	Participant Needs
Staffing	Number of personnel appropriate to workload
Task Distribution	Equitable task allocation
Scheduling	Balanced shift arrangements
Leadership	Responsiveness to field issues
Facilities	Availability of tools and technology
Psychological Support	Consultation space and emotional support
Evaluation	Regular workload monitoring

Participants emphasized that management needs to understand the real-world conditions. Adding staff is one of the most frequently requested solutions, but they also emphasized the importance of task distribution and work planning. "It's not just about adding staff. The division of tasks must also be considered. Sometimes there are enough staff, but the distribution of work is unbalanced." (P1) This finding indicates that workload management needs to be systematic. Studies on nurse workload factors also indicate that the number of patients, working hours, shift work, staff shortages, infrastructure, and organizational factors can contribute to high workloads.

DISCUSSION

Workload as an Imbalance between Job Demands and Resources

The results of this study indicate that nurses define workload as a condition where job demands exceed available time, energy, and resources. Workload is not solely determined by the number of patients, but also by the patient's level of dependency, the complexity of procedures, changes in clinical conditions, documentation, communication, and administrative demands.

This finding demonstrates that nursing workload is a multidimensional phenomenon. Nurses can experience high workloads even when the number of patients is small, if patients require intensive monitoring or complex procedures. Conversely, a large patient volume can increase workload pressure when the number of nurses is disproportionate to the service needs. Research on the relationship between staffing and nurse outcomes shows

that a higher patient-to-nurse ratio is associated with burnout, job dissatisfaction, and increased intention to leave the job.

Therefore, the results of this study reinforce the view that workload management cannot be achieved solely by counting the number of patients. Management needs to consider patient acuity, care complexity, documentation burden, work interruptions, and nursing staff capacity. In the context of qualitative research, participants' experiences indicate that workload is felt especially when these demands occur simultaneously.

Patient Complexity and Administrative Burden as Sources of Workload

The results of this study indicate that the complexity of patient conditions is a major source of workload. Patients with unstable conditions require more frequent monitoring, repetitive procedures, multidisciplinary coordination, and rapid decision-making. This situation increases both the physical and mental burden on nurses. This finding aligns with research showing that nurses' workload consists of interrelated physical and mental components. In high-intensity units, physical activity, the need for supervision, decision-making, and time pressure can all coexist.

In addition to clinical aspects, research findings indicate that documentation and administrative work are also perceived as significant burdens. Documentation is essential for patient safety and continuity of care, but when performed under conditions of limited time and high clinical demands, these activities can increase work stress.

This explains why nurses often prioritize work. When demands increase, nurses tend to prioritize actions directly related to the patient's critical condition, while administrative work or nursing activities deemed less urgent may be delayed. In the nursing literature, this situation is associated with missed nursing care, or care that is delayed, omitted, or not optimally implemented. The relationship between staffing and missed or delayed nursing care has been a significant focus in nursing research.

Mental Workload Affects Nurses' Concentration and Performance

One of the important findings of this study is that high workload impacts nurses' concentration, accuracy, and ability to manage tasks. Participants described how fatigue can make work feel more demanding and require greater mental effort. This finding is directly supported by research on the relationship between mental workload and nurse performance. High mental workload can be associated with decreased performance ability, especially when nurses must juggle multiple demands within a limited time.

Qualitatively, this impact does not always manifest as an immediately visible "performance decline." Instead, nurses develop compensatory mechanisms, such as double-checking work, prioritizing, working faster, or asking for help from colleagues. This means that nurses strive to maintain performance standards despite high workload conditions. However, these compensatory mechanisms have limits. If the workload persists, an individual's ability to adapt can decrease. Chronic workload can develop into emotional exhaustion, burnout, job dissatisfaction, and a desire to leave the job.

Workload and the Risk of Decreased Quality of Care

The results of this study indicate that excessive workload can impact the quality of care through several mechanisms. First, nurses have less time to provide individual attention to patients. Second, increased work demands can lead to prioritization focusing on the most urgent actions. Third, work that is not immediately considered critical is potentially delayed.

Research on workload and quality of care shows that the influence of workload on service quality can occur through emotional exhaustion, job satisfaction, and rationing or limiting nursing care. Thus, the results of this study indicate that the relationship between workload and performance is not simple. Workload does not

always directly lead to poor performance, but can affect psychological well-being, cognitive capacity, the ability to prioritize tasks, and the availability of time to provide comprehensive care.

These findings are also relevant to studies on nurse burnout. Meta-analyses show that nurse burnout is associated with lower quality and safety of care, including issues with patient safety and patient satisfaction.

Nurses' Adaptation Strategies in Managing Workload

The results of this study indicate that nurses are not passive in dealing with workload. They use various adaptation strategies, such as setting priorities, collaborating with a team, delegating, managing time, and improving communication. Prioritization strategies are an important mechanism in nursing practice. Nurses must differentiate between patients requiring immediate intervention and those in more stable conditions. These skills require clinical experience, knowledge, decision-making skills, and an understanding of patient risk.

Teamwork is also a crucial factor. Research shows that coworker support can reduce the perception of individual burden. When nurses can support one another, the workload can be distributed more flexibly. However, individual adaptation strategies should not be used as an excuse to maintain structurally inadequate work systems. If organizations continue to rely on nurses' ability to "overcome" staffing shortages through extra work, the risk of exhaustion and burnout remains high.

The Role of Organizational Support and Leadership

Research findings indicate that organizational support plays a crucial role in mitigating the impact of workload. Participants emphasized the importance of adequate staffing, equitable task allocation, responsive leadership, good communication, and support from the ward head.

Qualitative research on perceived organizational support indicates that organizational support for nurses is influenced by the role of first-line managers, organizational structure, professional recognition, and rewards.

This suggests that workload management is not solely the responsibility of individual nurses. Organizations have a responsibility to create working conditions that enable nurses to perform their duties safely and effectively. Organizational support can also enhance job control. Research on mental workload indicates that job control can moderate the relationship between workload and job satisfaction. Therefore, nurses need to be given the space to participate in schedule planning, task distribution, workload evaluation, and service system improvements.

The Meaning of Qualitative Findings: Workload as a System Problem, Not Just an Individual One

One important implication of this research is that workload needs to be understood as an organizational system problem. Nurses do have the responsibility to manage their time and determine priorities, but these abilities cannot replace the need for adequate staffing and a rational work system.

Research on the role of nurses in modern care shows that nursing work is complex and difficult to fully represent solely through the number of tasks or the number of patients. This role complexity also poses a challenge in accurately determining staffing needs. Therefore, workload measurement should incorporate:

- number of patients;
- patient dependency level;
- complexity of procedures;
- service time;

- documentation load;
- coordination activities;
- work interruptions;
- mental load;
- nurse experience;
- work environment conditions.

This multidimensional approach better aligns with nurses' actual experiences than measurements that only use the ratio of patients to nurses.

Implications for Nursing Management

Based on the research findings, there are several managerial implications. First, hospitals need to conduct regular workload evaluations. Evaluations should take into account not only the number of patients, but also the level of dependency and complexity of patient conditions.

Second, adjustments to staff distribution need to be made based on service needs. The same staffing ratio is not always appropriate for all units due to varying patient characteristics. Third, ward heads need to strengthen communication and team coordination. A supportive work environment can help nurses cope with their workload more effectively.

Fourth, organizations need to minimize unnecessary administrative work and optimize documentation technology without compromising the quality of record-keeping. Fifth, a monitoring system is needed for signs of fatigue, burnout, and decreased performance. Interventions to improve nurse job satisfaction have also been studied using various approaches, demonstrating that improving working conditions and organizational support are essential components of nursing human resource management strategies.

CONCLUSION AND RECOMMENDATIONS

The research results indicate that nurse workload is a multidimensional phenomenon influenced by the number of patients, the complexity of their conditions, limited staff, time pressure, documentation, and administrative tasks. High workloads impact physical and mental fatigue, concentration, work accuracy, time management, and the nurse's ability to maintain quality of care. Nevertheless, nurses employ various adaptation strategies, such as prioritizing, time management, delegation, and building teamwork. Organizational support, leadership, equitable task distribution, and adequate staffing are important factors in mitigating the negative impact of workload on performance.

Hospital management is advised to periodically evaluate workload based on the number, complexity, and level of patient dependency. Staffing adjustments, equitable task distribution, strengthening teamwork, and providing psychological support need to be improved. Ward heads should also involve nurses in schedule planning and workload evaluation. Future research is recommended to use a mixed methods approach to integrate nurses' subjective experiences with quantitative measurements of workload and performance.

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