

## Nurses Workload and care Quality : The Case of the Emergency Medical and Surgical Department at Bejaia University Hospital

Received date:31/12/2024 Accepted date:23/07/2025 Published date:28/10/2025

ABDELOUHAB Souad <sup>1</sup>, LANANE Massika <sup>2</sup>

<sup>1</sup> Laboratory for Sociological Studies: Work, Education, Networks and Space (ESTERE). University of Béjaia, Algeria, Email:

[souad.abdelouhab@univ-bejaia.dz](mailto:souad.abdelouhab@univ-bejaia.dz)

<sup>2</sup> Laboratory of Society, Health and Urbanity (LASSU). University of , Béjaia, Algeria, Email: [massika.lanane@univ-bejaia.dz](mailto:massika.lanane@univ-bejaia.dz)

### Abstract:

In this paper we attempt to address the relationship between workload and quality of care. We conducted a qualitative study with emergency nurses at the University Hospital of Bejaia. To analyse their work situation under organisational and human pressure. This study showed that the workload decreases the performance and motivation of nurses, and causes them health problems that have drawbacks on the whole care mission from health protocol to communication and the caregiver and patient relationship.

**Keywords:** Nursing work ; workload ; performance ; quality of care.

Corresponding Author: ABDELOUHAB Souad,

Email: [souad.abdelouhab@univ-bejaia.dz](mailto:souad.abdelouhab@univ-bejaia.dz)

## **1. INTRODUCTION**

In their work, public servants bear a workload related to the demands of their tasks, which are influenced by multiple factors. The interactions between these factors make it difficult to objectively assess their performance. Excessive workload creates working conditions that sometimes exceed their individual capabilities

This is one of the main elements in many sectors, particularly in healthcare. When it comes to nursing work and its heavy responsibilities, which are generally exceptional, it highlights the need to consider the imperatives of protecting the safety and health of workers. This must be justified by the necessity of ensuring continuity of care. Therefore, it is important to subject it to a management system aimed at balancing professional capabilities and service demands. In their profession, nurses are never confronted with the typical situation outlined by prescriptions. The situations they encounter are always unique, and it is in response to these particularities that their individual contribution is made.

Innovation in healthcare requires the active participation of nursing staff and other personal healthcare , given their contribution to improving service delivery by granting them sufficient autonomy to work to the fullest of their competencies.

Care quality in nursing is an important issue that reflects professional practices, the levels of involvement, output, and performance of these workers. However, it is necessary to approach this subject by focusing on the existing workload to understand their connection and take action based on the intended objectives.

To better understand this relationship, we have chosen to study the workload of nurses and the quality of care provided in the Medical and Surgical Emergency Department at Bejaia university hospital.

Thus, our study goals are:



- To discover the reality and nature of the nursing workload within the hospital.
- To demonstrate the impact of workload on nurses' motivation, objectives, work organization, and performance.
- To identify the key determinants of care quality.
- To examine the relationship between workload, its various types, and the quality of care provided.

## **2. Research problem :**

Working is acting to ensure one's survival and comfort both materially and intellectually. Through work, a person makes himself useful and feels useful, becoming an active participant in social and economic life. Work occupies an important place in people's lives ; it can be both a source of satisfaction, well-being, and self-realization, as well as source of tension and frustration. This depends on the existing demands within the work environment. However, the changes the world of work has undergone have led to profound evolutions in both the organization and working conditions, which have paved the way for the emergence of the concept of workload.

Workload and work intensification have only increased over the last twenty years, and undeniably hold back employees health and prevent them from building a compromise between production objectives, their skills and their health preservation, as they have to work faster but no longer adapted to their personal specificities (Carricaburu, 2004, p.156).

And like other areas of service, health sector bears witness to considerable efforts made by professionals in this field to adapt system healthcare to populations' needs in terms of care and support, despite the existing working conditions, resources and workload.

Because of nurses's position as the care hub, the interface between patient and medical and administrative system, are particularly involved in the major objective of care quality. In addition to paramedical profession's physiological and psychological factors, all the tasks assigned to nurses represent a significant workload, and difficult working conditions can lead nurses fail doing their best, or even dropping in performance, as a resulet care quality is rather unsatisfactory.

In line with this theoretical discourse, the aim of our research theme is to answer the following initial question :

Does workload nurses have any impact on the care quality in the medical and surgical emergency department at the Khellil AMRANE university hospital in Béjaia?

With the aim of studying and demonstrating the relationship between care quality workload, as elements adapted to their contexts, and of dissecting the elements that determine it, we put forward the following two hypotheses as a guide to the problem and our research question.

- Workload influences nurses' performance.
- Quality of care depends on the activity of emergency nurses.

## **2.1 Nursing workload :**

Nursing workload is divided into measurable and invisible loads. Invisible workloads are characterized by a surplus of work related to a specific or particular situation, such as isolations secondary to epidemics, crisis situations, etc. Measurable workloads are divided either into care activities or other activities. Measurable workloads can be broken down into either care activities or other activities, such as management, research or teaching.



In turn, care activities are divided into indirect acts of care, i.e. everything that is done for the patient without being directly at his or her bedside (transmissions, chart notes, preparation of equipment and medication, etc.) and care direct acts, which may be independent or dependent. Independent care acts are autonomous activities that are part of the nurse's own role, such as basic care, relational care or teaching.

Dependent care acts are technical care (diagnostic or therapeutic), based on medical prescriptions. The nurse's tasks are linked to those performed by doctors, paramedical and auxiliary staff.

Furthermore, nursing work includes organizational tasks (related activities) that vary according to the service configuration and support activities. These structural and organizational factors influence individual activity and that of the unit, which will impact the nurse's workload and that of the unit.

These factors vary from one institution to another, as well as from one country to another, which makes comparisons between intensive difficult care units. No score can account for all the required elements to determine the nursing staff actual total workload in the unit. (Dussault, 2012, p.12)

## **2.2 Quality of care :**

Providing care quality involves applying medical science to optimize outcomes and achieve goals. This care, which is also effective and integrated, is essential because of nurses's role and health servicesdelivery.

According to American Institute of Medicine, 1990, “ care quality is the ability of health services for individuals and populations to increase the likelihood of achieving desired health outcomes, consistent with current professional knowledge. (Hurlimann, 2001, p.24)

### **2.2.1 Patient-perceived quality of care :**

According to Marie-Agnès Morel, the quality perceived by patients is based on their feelings. It is their own history function and that of their illness, their representations and their culture. Beyond the service quality, it also takes into account the relationship quality with the caregiver or team. Since it is subjective, only the patient can evaluate it. This assessment will be based on criteria that he or she will have established in the course of his or her experiences, according to his or her experiences, needs and values. (Dietrich, 2013, p.15)

Patients have the right to express their opinion on the perceived care quality. This can be done by filling in the discharge questionnaire or by contacting directly the health care establishment legal representative.

### **2.2.2 Care quality as perceived by the caregiver :**

The care quality perceived by the caregiver is also based on his or her own feelings. It is therefore a subjective notion, which he or she will evaluate in the light of his or her professional and personal values, history, culture and representations. In addition, it will depend on the received caregiver training and his or her previous professional experiences ; this care perception is specific to each caregiver. (Dietrich, 2013, p.16)

The care quality perceived by the caregiver is the result of a complex interaction between training, the work environment, the relationship with patients and institutional support. Improving these aspects can therefore contribute to a more positive perception of the provided care quality.

## **3. Research methodology :**



We carried out this research using the qualitative method, which aims to understand the dimension of quality of care in a real context of conditions and factors related to the emergency nurses work so we applied the technique of semi-directive interview that gives data natural sight.

To select respondents, we took into consideration the entire parent population characteristics, comprising 34 paramedics working in the emergency department. Thus, in selecting the sample, the variables considered in the first instance were : Gender, taking an equal number of women and men (12 of each), the different existing age categories, and grades, as well as willingness and availability to respond. This was done to obtain concrete information on the workload and its impact on the quality of care they provide, given that the weight of the workload is felt differently from one person to another.

To this end, we interviewed twenty-four (24) nurses, a rate of 70.58%, in order to obtain representative and valid results.

The population concerned includes all paramedical staff, i.e. nurses and orderlies, since the latters are subject to the same workload and pressures as the nurses in this emergency department, and perform the same tasks. So the target population is representative for all grades, hence the choice of sample. This also goes back to the subject of the study, which concerns workload and care quality as the main variables.

| <b>Respondent</b> | <b>Gender</b> | <b>Age</b> | <b>Marital status</b> | <b>Job title</b>    | <b>seniority</b> |
|-------------------|---------------|------------|-----------------------|---------------------|------------------|
| Respondent n°1    | Male          | 30 years   | Single                | nursing assistant   | 6 years          |
| Respondent n°2    | Female        | 24 years   | Single                | public health nurse | 1 year           |
| Respondent n°3    | Female        | 30 years   | Single                | public health nurse | 8 years          |

|                 |        |          |         |                       |          |
|-----------------|--------|----------|---------|-----------------------|----------|
| Respondent n°4  | Female | 32 years | Single  | nursing assistant     | 6 years  |
| Respondent n°5  | Female | 26 years | Single  | public health nurse   | 6 months |
| Respondent n°6  | Male   | 50 years | Married | public health nurse   | 21 years |
| Respondent n°7  | Male   | 55 years | Married | State Certified Nurse | 33 years |
| Respondent n°8  | Female | 25 years | Single  | public health nurse   | 3 years  |
| Respondent n°9  | Male   | 26 years | Single  | public health nurse   | 3 years  |
| Respondent n°10 | Male   | 29 years | Married | nursing assistant     | 6 years  |
| Respondent n°11 | Male   | 53 years | Married | State Certified Nurse | 29 yrs   |
| Respondent n°12 | Female | 32 years | Married | nursing assistant     | 5 years  |
| Respondent n°13 | Female | 26 years | Single  | nursing assistant     | 5 years  |
| Respondent n°14 | Female | 31 years | Single  | Specialist nurse      | 5 years  |
| Respondent n°15 | Female | 26 years | Single  | public health nurse   | 5 years  |
| Respondent n°16 | Male   | 28 years | Single  | Specialist nurse      | 5 years  |
| Respondent n°17 | Male   | 30 years | Married | nursing assistant     | 7 years  |
| Respondent n°18 | Male   | 25 years | Single  | public health nurse   | 2 years  |
| Respondent n°19 | Female | 35 years | Single  | nursing assistant     | 5 years  |
| Respondent n°20 | Male   | 50 years | Married | State Certified Nurse | 27 years |
| Respondent n°21 | Male   | 51 years | Married | public health nurse   | 31 years |
| Respondent n°22 | Male   | 27 years | Married | Specialist nurse      | 6 years  |
| Respondent n°23 | Female | 26 years | Single  | public health nurse   | 6 months |
| Respondent n°24 | Female | 24 years | Single  | public health nurse   | 5 months |

### 3.1 Representative table of study population characteristics :

Source: author's survey



### **3.2 Information and data collection :**

In order to be able to examine and explain the collected elements, we chose to draw up an interview guide, which enabled us to delimit respondents' professional specificities, as well as all the conditions they face on an organizational and social level. During the pre-investigation phase, we exchanged multiple discussions with all the nursing staff in the department about their workload, conditions and relationships with various patients. We wanted to understand the relationship between this daily professional experience and the provided care quality. During the various interviews, we reassured our respondents that their data would be protected by anonymity, and that our study had a scientific purpose.

Our interview guide focuses firstly on the socio-professional characteristics of our study population, and a set of questions enabling them to answer freely, divided according to the key elements of our research hypotheses, i.e. our analysis will focus on the nurses' workload experienced and the whole situation of the exercise of their tasks on a daily basis, As well as the resources availability, working conditions, nature of relations and communication with patients, we were interested in how our respondents deal with the aforementioned elements, as factors that directly influence the performance and care quality guaranteed to patients in this department.

### **4. Analysis and interpretation of results**

Results analysis is a crucial stage in any research, as it enables us to make sense of collected data and answer the research questions presented upstream. A data presentation, followed by a descriptive

analysis, will provide a general overview of the main characteristics identified.

## **4.1 Nursing workload and its repercussions**

### **4.1.1 Work intensity, A major factor**

Nurses were first questioned about their perception of this workload, and their differed opinions . Some think that the workload is moral, as this nurse put it: *“In our department, the workload is more moral because we work with patients all the time, and we have to concentrate and be always attentive and vigilant”* [N.A,30 years old, N°01].

On the other hand, others feel a physical burden: *“It's physical, and indirectly moral, because when your body is exhausted due to the existing intensity, your moral works hard, so you feel this burden”* [P.H.N, 24 years old, N°02].

But the majority say that the workload is both moral and physical, as one nurse observed : *“It's both at the same time, because our job requires us to move around and stand up often, and on top of that we receive a lot of information, given the large number of patients on the one hand, and the doctors' instructions on the other ....”* [S.C.N, 55 years old, N°07].

According to the information gathered, there is a heavy workload that is both physical and moral, but this depends on the perception of each nurse, which explains the diversity of responses. Indeed, the same workload is not experienced in the same way from one person to another, depending on their physical characteristics (age, physical capacity...) or psychic characteristics (personal character, emotional state, motivation...), their interest in the missions, their personal life, their resistance to stress, etc.

### **4.1.2 Nurses and patient flow and working conditions :**



The large number of patients treated daily in the medical and surgical emergency department of Béjaia's khellil Amrane hospital unit far exceeds the paramedical staff's capacity to handle the service, given the limited number of paramedics, who have to work at a non-stop pace, multi-tasking and dealing with several cases at the same time. One nurse replies, *“You know as well as I do my best, but it's really impossible to take on everything at once. You've seen the queues outside and in the sorting room, too, and it's very difficult to manage all that”* [P.H.N, 26 years old, N°15].

Another added: *“Yes, especially in the case of certain patients who do not take care of by referral to other specialized services, and who remain here under our care. Imagine, this is added to all the cases we already receive on a daily basis, and we are obliged to monitor their condition”* [N.A, 35 years old, N°19].

These and other responses point to the lack of manpower face of the great number of patients received daily, augmented by people who come from other localities, or even cases that take priority and are more urgent, all of which makes the provision of urgent care no easy task. This would therefore be a true picture of workload, All the nurses interviewed stated that the lack of resources and working conditions are at the root of the workload they feel when providing care, even when it comes to infrastructure.

We talked about the effects and consequences of workload on nurses, both physically and emotionally, and all the staff spoke of fatigue, complaining, feeling overwhelmed, and working in situations of pressure and burden, adding that the nature of their profession requires personal and emotional effort.

As for the effects of work intensity, one nurse states that *“The consequences of the continuous workload are moral and physical, over time I feel that my body is starting to protest, I have varicose veins, sciatica, lumbago, and finally during the day I feel chaotic, for*

*the morale I have had quite a few times of overwork, daily headaches, a feeling of exhaustion” [S.C.N, 50 years, N°20].*

According to Monod and Kapitaniak (1999): “The conditions under which man is required to work, whether willingly or unwillingly, constitute constraints, each of which represents a load factor. To these constraints (thermal, postural, muscular, tendinous, etc.), the human organism responds with astreintes, biological manifestations (acceleration of breathing, heart rate, perspiration, etc.) and psychophysiological manifestations (perceptual or cognitive disorders), which bear witness to the effects of work”. (Monod & Kapitaniak, 1999, p. 36).

#### **4.1.3 The nurse's professional contribution :**

Hospital practices, which provide a reference point for the nature of care provided to patients, will be at the heart of nursing practice, seeing their knowledge and know-how put to use. In the Emergency Department, the question was whether it meets all care needs and demands. One nurse found that *“Our department handles the majority of care requests, but I'd say it all depends on the case. When it comes to simple cases, for example, it's a question of time; patients wait their turn, given the shortage of staff, but in some cases we refer them to other departments for better care”* [P.H.N, 26 years old, N°23].

Nurses' working environment is also changing as a result of the reorganization of medical work, which is leading to a recomposition of tasks to be carried out, particularly on prescription [.....]. This has led to tensions between managerial approaches and professional practices. Whether we're talking about nurses, doctors or many other professional groups, each develops a representation of care based on his or her social world, which does not completely overlap with that of other social worlds (Acker, 2008, p.134).

The intensification of work results from the presence of patients who all require a different set of treatments in a short space of time, or even

at the same time, which is what medical emergencies are all about. The terms “do it fast”, “run for it”, “go fast”, characterize the framework in which paramedics deploy their care actions. A kind of pressure to work faster characterizes the service, which opens the parenthesis on how these actors of urgent care do their work. *“You're not going to tell me that it's possible to go slowly, respecting the steps, when you can see all these people waiting already, it's stressful, and the aim is to do what's necessary, that's all”* [P.H.N, 24 years old, N°02].

In the same vein, the triage nurse asserts: *“You have to know one thing: theory and practice are not at all the same thing. It's not enough to know the right way to do the care, you have to do it with greater speed and concentration, so that you can move on to another case, and that's the job here in the emergency department”* [P.H.N, 26, N°09].

Nurses' role is crucial in particular in the care provision, and in the improved health outcomes achievement in general. In the emergency department case , in our study site, the majority of nurses interviewed did not see it as a clear place of practice, where they could contribute to the performance of the care service.

*“Our role is limited to care, that is to say we do our job that's all when we have a problem or broken equipment or appliance we report it to the register, and then there's the head of department who does what's necessary and informs the administration”* [P.H.N, 26 years old, N°15].

Another nurse replied: *“I think we participate in an indirect way, when we have a professional conscience our aim is to give the best of our abilities, and to put all our know-how into practice”* [N.A, 35 years, N°19].

On the other hand, the initiative to improve the quality of care has led to the establishment of a set of expectations and requirements for

healthcare professionals, without however the resources needed to achieve them.

Nurses should be recognized and valued for all aspects of their work within healthcare teams, including clinical monitoring of patients throughout their care pathway, prevention, and the good practices required to ensure equal access to care and treatment.

## **4.2 Care quality and patient management :**

### **4.2.1 Patient care :**

The results of the survey reveal that paramedics take into consideration the personal characteristics of their patients, i.e. their age, their level of understanding of medical language such as the language and expressions to be used, as well as respect for their state of appearance.

A nurse responds: *“Generally speaking, each case is taken into consideration according to its condition and sensitivity, but sometimes we don't have the time to be more attentive”* [P.H.N, 24, N°02].

Another adds, *“We receive patients from different regions, of all ages and social levels, and with different health problems. With such a wide range of patients and their carers, I concentrate most on care, and at the same time I try to adapt according to these criteria”* [P.H.N, 24, N°24].

In this context, nurses in medical and surgical emergencies tend to be attentive to feelings, psychological and sociological aspects anticipated in the context of a given intervention or treatment. On the other hand, time constraints and workloads make them less available for freer listening, to allow the patient to raise his or her own questions. Nor does the repetitive nature of the care tasks to be carried out facilitate a posture of openness to others, nor the numerous lists of points to be monitored and checked, including in the context of the information to be provided.



## **4.2.2 The caregiver-patient relationship and health education :**

All the interviewees spoke of a certain complication in their relations with their patients, in some cases caused by patients' susceptibility and the projection of their anxiety through defensive reactions.

The relationship with relatives is fundamental, and while in some cases it can be a resource in patient care, in others it can be detrimental to the patient's care project, as this nurse mentions. *"....For example, there's a case where the patient understood the situation well, and accepted the care, but a member of his family was harassing the nursing team because he was contesting the illness and didn't understand anything we were explaining to him, which put his sick relative in a fragile situation, even though the case was urgent and needed to be operated on, all of which wasted our time and embarrassed us"* [S.C.N, 50, N°20].

Another nurse replied: *"the nurse-care receiver relationship is good for me, because the nurse has to adapt to the person he's caring for and pay attention to this relationship through his gestures, his gaze sometimes the smile can reassure the care receiver, but there are cases where it doesn't work, due to lack of work intensity when it's hard to concentrate on care, likewise the patient's difficulty creates friction in this relationship."* [P.H.N, 55, N°07].

The nurse/patient relationship is also characterized by the fact that it has both an educational and a monitoring objective at the same time. Patient education is a very essential stage in health care, providing advice and explaining all aspects of the disease, with the aim of making care as effective as possible.

The nurses told us about the difficulties they have in carrying out educational activities with patients, some of them attributing it to the lack of availability due to their workload, others finding that the patient loses interest.

*“Yes, it's part of my role and the continuity of care, but I can't tell you that I do it every day, sometimes I find myself alone in the treatment room, so I don't have the time or the mood” [N.A, 30, N°17].*

*“When communicating with patients, I try to give them some advice and information about their condition, or about the hygiene rules they need to get better quickly, but it doesn't always depend on the patient or the circumstances”. [S.N, 28, N°16].*

Patient education aims to modify attitudes and behaviours, and deliver knowledge and know-how, but these objectives are centred on a better understanding of the disease, its symptoms and effects, its treatment and its application. It also aims to help the person remain integrated into his or her social and professional life. (Lejard,2000, p.18)

It should therefore be noted that a number of parameters need to be met for a good relationship to exist between the carer and the cared-for, including the time required for a good relationship and the content of the discussion, which values health education. The workload experienced by nurses ensures that these elements are minimized.

## **5. CONCLUSION**

In conclusion to this study, in the emergency department of the CHU of Bejaia, we have observed the existence of a significant intensification of nursing work, which generates a drop in performance.

Our analysis showed that emergency nurses work under pressure and intensity on a daily basis, which affects the care quality and patient management. This workload is essentially the result of the flow of patients and users, the lack of nursing staff in this department, and the organization of care delivery linked to insufficient space.

We have also highlighted the cumulative effect of difficult working conditions and a lack of material resources, leading to the emergency of certain physical and moral pathologies among care providers.



According to the results of our survey, quality of care depends on the nurse's role in the department, his or her involvement in the profession and the time he or she has to attend to each case, ensuring a service that involves humanizing care alongside technical care.

Our research has shown that nursing workload does indeed have a negative effect on the quality of care offered to patients, by preventing paramedics from applying their knowledge and know-how, and excelling in their field.

## 6. Bibliography List :

1. Acker Françoise, (2008). Recherche en soins infirmiers, Edition N°93 association de recherche en soins infirmiers, France.
2. Carricaburu Danielle et Menore Marie, (2004). Sociologie de la santé, Edition Armand, Paris.
3. Dietrich Perrine, (2013). Comprendre l'impact du stress organisationnel sur la qualité des soins infirmiers, Institut de Formation en soins infirmiers, hôpitaux civils de Colmar.
4. Dussault Julie, (2011). Mesure de la charge de travail aux soins intensifs, mémoire n° 158, Université de Lausanne. Suisse.
5. Hurlimann Claire, (2001). Les principes généraux de la qualité, Revue Adsp, France.
6. Lejard Yves, (2000). Promouvoir l'éducation du patient : un des rôles de l'infirmier, Ecole Nationale de la Santé publique, Rennes.
7. Monod H et kaptaniak B, (1999). Ergonomie, Edition Masson, Paris.