



## KEY POINT SUMMARY

### OBJECTIVES

This paper sought to determine which nondirect patient care factors are related to nursing workload in acute hospital care and develop a conceptual model that describes the relationship between the nondirect patient care factors and nursing workload.

### DESIGN IMPLICATIONS

Among the findings of hospital and ward characteristics was the presence of adequate resources. Designers should be aware of these findings as they help nursing design and plan supportive work environments.

## Non-Direct Patient Care Factors Influencing Nursing Workload: A Review of the Literature

Myny, D., Van Goubergen, D., Gobert, M., Vanderweek, K., Van Hecke, A.  
 2011 | *Journal of Advanced Nursing*  
 Volume 67, Issue 10, Pages 2109-2129

### Key Concepts/Context

For decades, researchers have been studying nursing workloads, yet amount of complaints about the high workload keep climbing. Because workload contributes to nurses' job satisfaction, burnout, and stress, it is important to get a better idea of how nondirect patient care elements impact nurses.

### Methods

Researchers conducted a literature review by searching PubMed, Embase, the Cumulative Index to Nursing and Allied Health Literature, Engineering Village 2, Elin, and the British Nursing Index from 1970 to July 2009. They included studies in this integrative review if they described factors that are related to nursing workload or if they presented models that explored the association between potential factors, excluding the factors related to direct patient care.

### Findings

The researchers found 30 publications. They classified influencing variables in five categories based on their level of impact: the hospital and ward, nursing team, individual nurse, patient and family, and meta-characteristics. They also classified the variables based on their cause-effect relationship. Some factors have a direct impact on the patient-nurse relationship, while others have an effect on the work fluency or on the subjective perception of the nursing workload. Researchers then built a conceptual model, based on the interaction between both classifications and derived from the systems theory.



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The findings from this study indicate that nursing workload has a multicausal etiology. The influencing factors from this review can be integrated in a workload measurement tool. One of the measures of workload is work fluency, influenced by the nurses, the nursing team or hospital and ward characteristics. For example, walking distances can be influenced by architectural elements (e.g. a ward with a central place for linen will result in longer walking distances), by the quality and the uniformity of the equipment (e.g. when different syringe pumps are used in the operating theatre compared with the intensive care unit, every infusion needs to be replaced postoperative), or by the inadequate work organization of each nurse (e.g. a nurse who forgets material to do wound care).

### Limitations

The authors note some limitations to the study, including that they did not incorporate the grey literature, and admit that a hand search of journals could have resulted in some additional references. In addition, they covered only influencing factors for the nursing workload in acute care hospitals. Finally, they posit that broadening the search to cover community and other nonhospital settings would produce interesting results.