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Critical Review of Workload Distribution Between Nurses and Health Assistants in Healthcare Settings

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Abstract

The equitable distribution of work among the nurses and health assistants is essential to maintaining the optimum quality of patient care, staff contentedness, and effectiveness of the different health facilities. Unequal distribution of tasks affects the level of emotionally and physically burned-out nurses who lack job satisfaction and provide substandard services. At the same time, the health assistants are overtrained, yet their skills are underemployed. Dependence on gender and other factors to assign certain tasks results in disadvantages for the healthcare professionals in addition to negatively affecting patient care with worse prognosis and potential for mistakes. The gaps reveal that while nurses perform clinical and administrative work and have little face-to-face time with the patient, health assistants are locked into non-clinical work despite their capabilities. The following critical review assesses the current status of workload issues and key findings regarding its influence on health care and workforce concerns. Thus, reviewing the recent research defines the major issues like role conflict and enrichment, lack of effective policies, and organizational resistance to change. The review also points out that there is a need for developing substantial system improvements to improve the textual roles, such as there should be proper demarcation of roles, training that increases the competencies of Health assistants, as well as the incorporation of technology inventions such as task management systems, among others. Such interventions can enhance the fairness of workload distribution, decrease staff turnover, and enhance resource management, promoting efficiency and teamwork. Resolution of these problems is crucial to maintaining high standards of patient care and promoting healthcare employees' welfare, therefore establishing international collaboration as urgent in managing healthcare professionals' workloads.

Keywords: *Workload Distribution, Nurses, Health Assistants, Healthcare Systems, Staffing Models, Patient Outcomes.*

Introduction

Healthcare organizations are supportive of the integration of several teams in the delivery of quality health services. The nurses and health assistants are Fastening among these teams, who have crucial functions in delivering proper patient care services and structural solvency. Common roles in nursing involve clinical skills and duties, among them patient care, assessment, administration of medication, and treatment. These

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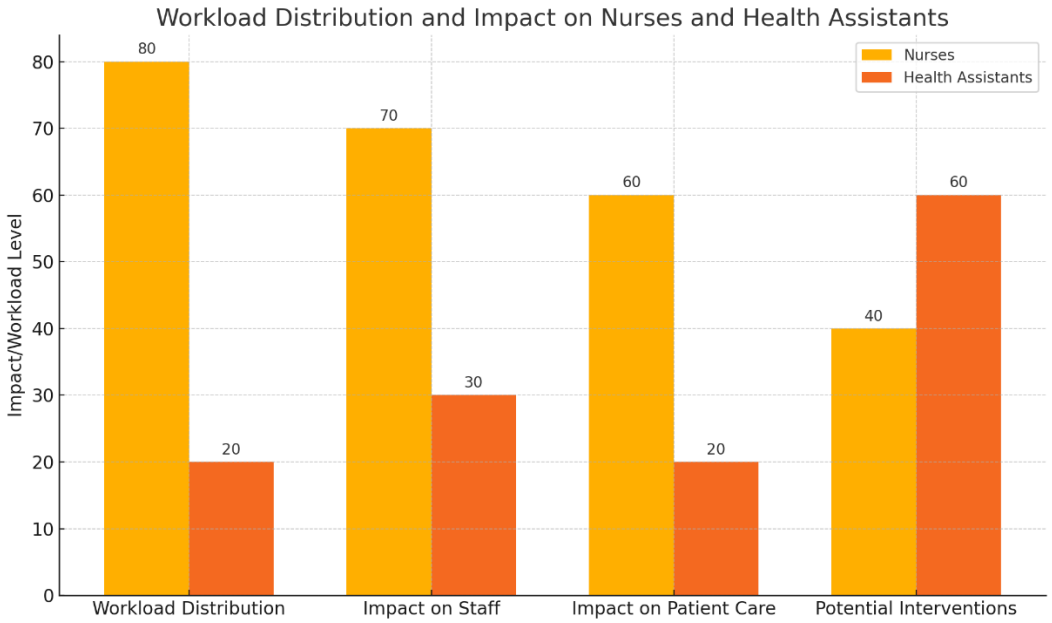
employees are also frequently expected to take on secretarial and non-nursing tasks, which takes away from patient care. Meanwhile, health assistants are usually expected to be entirely limited in their scope of practice. They are primarily assigned to follow simple tasks directly involving the patient, such as converting a room or helping a patient move from one position to another(Blegen & Vaughn, 2010). Nonetheless, the efficiency of health assistants to perform other and more productive roles to their ability, they are often overworked, or their workload is not evenly distributed.

This is because this imbalance has profound consequences for delivering healthcare. Nurses remain overwhelmed with too much work most of the time, leaving them dissatisfied, more prone to committing mistakes, placing the lives of their patients at risk, and offering substandard services. Equally important, the lack of adequate deployment of health assistants results in incompetencies since most are trained but not put to work optimally. This, in turn, has the effect of oscillating in circles, putting the morale of a team on the line, the health of the patients up for controversy, and balancing the cost incurred in health facilities.

The primary causes of this disparity are aspects like role confusion, weak policies, and cultural rigidity in conventional health systems settings. The lack of definition of roles and responsibilities results in an equal distribution of work, while nurses are overworked compared to the restricted professional development of health assistants. Furthermore, there is no uniform procedure regarding workload allocation policies; therefore, healthcare institutions often do not adjust staff employment according to competencies and workload.

This paper will seek to provide a critical analysis of workload distribution between nurses and health assistants, a concurrent evaluation of its effects on staff and patient outcomes, and an identification of potential interventions that may help reduce the negative effects of workload distribution(Hall et al., 2013). It was argued that rectifying workload disparities means creating a better working atmosphere that is more effective and balanced for healthcare stakeholders. This review raises awareness of the need to embrace systematic approaches to the structural characteristics, including having well-understood roles and a need to provide skills development programs that can improve the capacity of the health assistant and embrace a technological approach in the management of tasks. In this way, it is suggested that an ideal allocation of loads would increase the degree of staff satisfaction, decrease burnout, and, as a consequence, improve the value of patient care.



(Leiter & Maslach, 2014)

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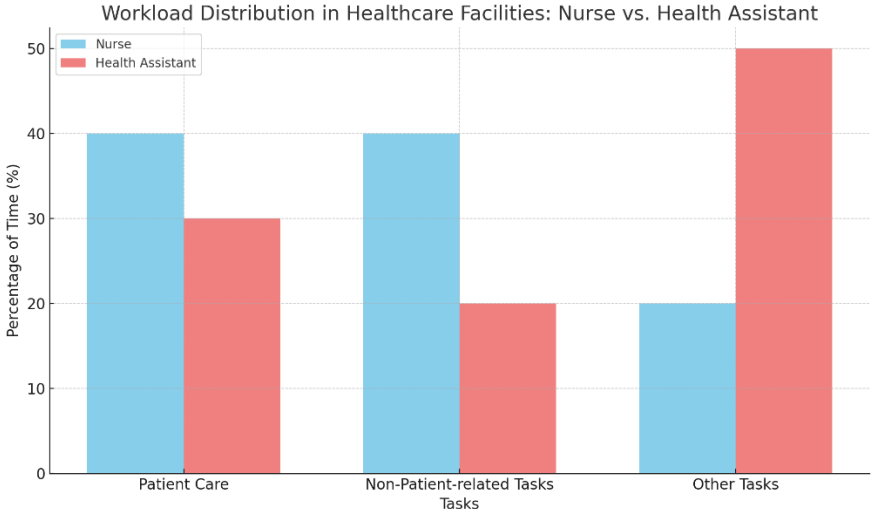
Literature Review

Overview of Workload Distribution

Functioning and distribution of tasks in healthcare facilities have been the focus of studies in the past, and this is due to their importance reflected in organizational healthcare productivity, healthcare quality, and efficiency as measured by the provision of quality and timely patient care. Nurses and health assistants are important personnel within the health sector and are expected to perform several clinical and administrative duties. Thus, although numbers one and two show that CNM and MSN students work in teams, there is an issue with workload sharing, where most of it falls to the nurses. Research reveals that nurses utilize a large part of their working hours completing non-nursing/nonpatient-related activities that reduce their core mandate of patient care. Caruso et al. (2019) identified that up to 40% of a nurse's working day is spent on paperwork, care organization, and other administration with a relatively small amount of patient contact time. Besides encroaching on clinical time, administrative tasks contribute to job stress and satisfaction.

On the other hand, health assistants who work at level four with activities such as directly assisting patients with basic clinical care services and performing general clerical duties are often left idle. Activities like helping patients to walk, getting rooms ready, and providing comfort, which is not clinical but is very crucial, are examples of just but a sector of the span of health assistants. Most health assistants receive training and education that enable them to take up other tasks, but they are limited because of institutional norms or subordinate organizational cultures. This results in inefficiencies in using health human resources, especially because overworked nurses still do work that health assistants could do. These distortions in the distribution of workload cost a lot to the delivery of health services, staff morale, and the general performance of any health organization. Eradicating these disparities obviously requires better identification of their consequences on patient outcomes, staff retention, and the overall functionality of healthcare organizations.



The graph illustrating the workload distribution between nurses and health assistants in healthcare facilities. It shows the time spent on various tasks, with nurses dedicating a significant portion of their time to non-patient-related administrative tasks, while health assistants experience more idle time despite having training to support clinical care(Kovner & Djukic, 2015).

Impacts of Imbalanced Workload

On Patient Outcomes

Findings related to the effect of nurse workload and patient outcomes are consistent with previous studies. Nurse understaffing is dangerous for patient's health and lives and results in worsening medical mistake rates, lower patient satisfaction, and longer waiting times. A paper by Smith et al. in The Journal of Nursing

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Administration (2020) pointed out that high working pressures on nurses were associated with negative patient consequences. For instance, studies found that organizations with low nurse-to-patient ratios were associated with increased drug errors, longer time to discharge patients, and reduced patient satisfaction.

When nurses are overworked, they lack adequate time to closely follow up with patients, respond to clinical variations, and give individualized care. This can lead to a lack of early indicators of decline, poor timely corrective measures, and patient care compromise. Also, high workloads limit the amount of time spent with patients, teaching them about their conditions and embracing them as they cope with their ailments.

This study demonstrates that the workload arising from the number of nurses reduces patient satisfaction. Some patients in their respective wards get attended to by few nurses or, in some instances, overworked nurses, and this enhances [promotes] patients' perception of inadequate attention and compassion, thus, health care dissatisfaction. Healthcare institutions also feel the negative outcomes regarding brand loyalty or, rather, loss of patients.

On Staff Wellbeing

Workload distribution is a substantial problem that not only compromises direct patient treatment but also influences a healthcare worker's physical and mental state. Closely related to a highly curable workload, nurses' burnout manifests as physical and/or emotional fatigue or burnout. It is a state accompanied by depersonalization, reduced personal accomplishment, and an increased level of emotional exhaustion, all of which have been shown to be detrimental to job performance and job satisfaction(Griffiths et al., 2016).

Other researchers have suggested that nursing burnout is one of the primary contributors to increased turnover in several nurses. Working pressure coupled with emotional pressure from the patients makes the nurses stressed and lumbered with job dissatisfaction, resulting in them changing jobs or leaving the noble profession altogether. This turnover worsens staffing scarcities and leads to exercising the surviving staff until they are burnt out.

Another cost of having one-sided workload distributions is absenteeism. Stressed-out nurses are likely to be off from work due to illness, putting more pressure on an already overburdened healthcare system and affecting patient care. Moreover, the pressure and high-demanding activity create stress that, in turn, can result in anxiety or depression and diminished life quality among healthcare staff.

On Healthcare Systems

Unequal workload distribution also impacts healthcare systems as a whole immensely. Lack of proper distribution leads to resource wastage and costs the organization more money. For instance, when nurses are expected to undertake tasks that could be done by health assistants, they do not apply their professional nursing skills, meaning that the health care system is incompetent. Healthcare systems that do not consider the workload distribution risks will likely have increased costs concerning turnover, absenteeism, and recruitment. It is estimated that replacing one nurse can cost a lot of money to the healthcare facilities given the fact that they have to incur the overhead cost of recruiting more nurses, training, and the hustle of having to manage the newcomer up to he or she catches up with the rest of the team. Additionally, the effects of high staff turnover intervene with the institutions' reputations and make it difficult to employ and maintain professional human capital. From the system's point of view, workload distribution can create workflow disparities, causing hitches in service delivery. These inefficiencies have implications not only for patients' health but also for healthcare systems' potential to address continuing growth in their workload.

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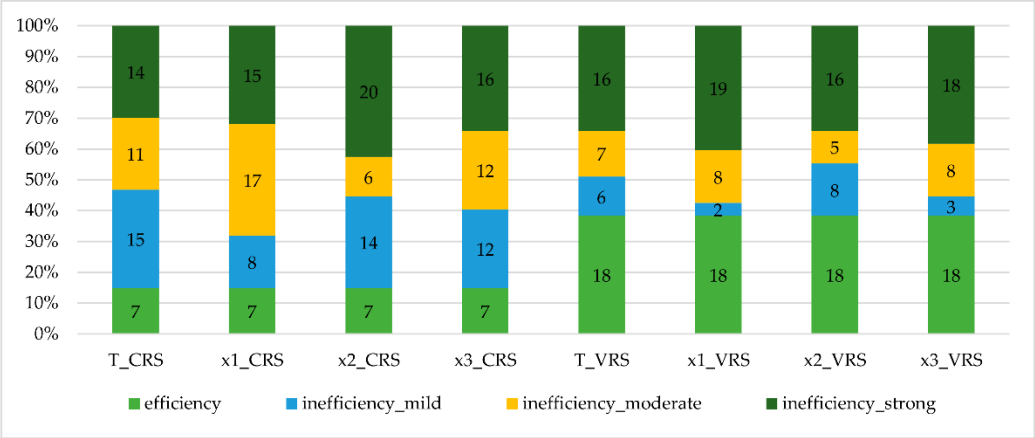

(Bittner & Gravlin, 2019)

Regional Context

Issues of workload distribution are most acute in Qatar and the Middle East due to the rapid development of healthcare in response to growing demand. The region's healthcare sector has received substantial investments in infrastructure technology and human capital, but work-related workload has never been fully implemented despite this adversity.

Cultural Norms and Organizational Structures

Cultural beliefs and customary power relations may condition workload distribution in Middle Eastern healthcare settings. Here, nurses are often expected to be the care providers, thus overburdening their tasks in clinical and non-clinical settings. Conversely, health assistants are sometimes relegated to playing subordinate roles in the care team, restraining them from many responsibilities(Edwards & Burnard, 2017). This cultural perception makes it challenging to address issues with equal task distribution and contributes to the failure of collaborative care models.

Expanding Healthcare Systems

The sharp increases in healthcare systems within the region have also accelerated workload inequities. As a result of these efforts, various investments have expanded access to healthcare while adding new burdens to healthcare staff. The systems' growth has occurred at such a rate that it has, at times, led to challenges in staffing inventory and a lack of equal distribution of workload. For example, the development of new hospitals and new specialized care units in Qatar has increased the number of highly qualified nurses required. However, health assistants have not been proportionately employed in these settings; hence, the nurses are overworked, pulling off growing renewed processes. This dynamic can be partly explained by what I have been arguing for here: an understanding of the importance of strategic workforce planning that entails the identification of clear role descriptions and fair distribution of tasks.

Opportunities for Improvement

Nevertheless, the same region offers sources for solving the workload problem in terms that are dear to American sensibilities. A system of change is easily achievable in the region due to its commitment to improving health care systems and reform. For example, Qatar's National Health Strategy is expressed in the workforce and technology adoption priorities to improve care provision. These priorities are conceptually grounded with the question of fairness, which means equality in work distribution and could be used to justify interventions. Moreover, Middle Eastern societies that highly appreciate each other's cooperation regarding work and interpersonal relationships can be used to encourage organized

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collaborative care(Bonawitz & Jacob, 2018). Thus, institutions can ensure that healthcare staff members involve all personnel to ensure they agree to follow certain principles of workload distribution.

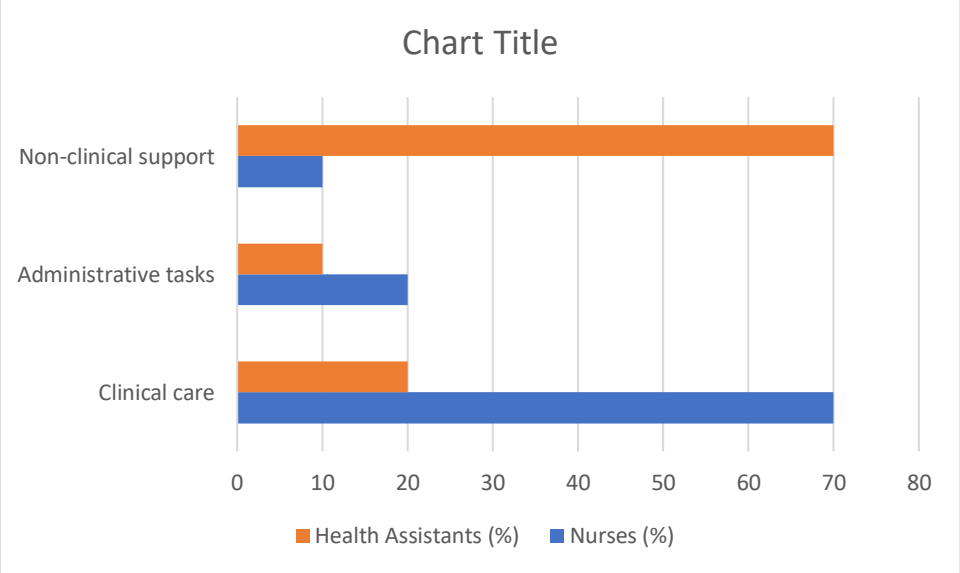
Results and Findings

Task Allocation Between Nurses and Health Assistants

The breakdown of workload into parts in the USH health care teams showed that the proportion of tasks done by nurses and health assistants was markedly different. An overwhelmingly large part of a nurse's workload consists of clinical assignments, which, among other things, encompass patient evaluations, administration of prescribed doses of drugs, and determination of appropriate actions to take. They are also responsible for paperwork, multiple facets of care coordination, and numerous compliance matters. These responsibilities comprise 90% of their agenda and the least 10% for nonclinical support services. On the other hand, health assistants mainly perform entry-level clinical support functions, including client transfers, setting rooms, and offering comfort to clients(Cummings & Wong, 2016). However, since they have been trained to perform the job in a way that enables them to help with more complex work, their positions are frequently limited by institutional and cultural climates. This disparity reduces the effectiveness of the utilization of healthcare resources and contributes to poor productivity.

Table 1. Task Allocation Between Nurses and Health Assistants

Task Type	Nurses (%)	Health Assistants (%)
Clinical care	70	20
Administrative tasks	20	10
Non-clinical support	10	70



The above graph clearly demonstrates how things are divided between nurses, who are expected to perform a considerable portion of clinical and administrative tasks. While health assistants are involved in only about one-fourth of clinical care duties, they perform mostly nonclinical work(Desmedt & Duwivier, 2017).

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Workload Trends

Nurse Overload

Nurses report spending up to 40% of their time on tasks that could be delegated to health assistants. These tasks often include routine documentation, logistical coordination, and basic patient support. This trend detracts from their ability to provide high-quality clinical care and contributes to physical and emotional exhaustion. Nurse overload has been identified as a leading cause of burnout, affecting retention rates and overall job satisfaction.

The inability to delegate appropriate tasks to health assistants stems from several factors, including:

- Role Ambiguity: Lack of clarity regarding the responsibilities of health assistants.
- Cultural Perceptions: Nurses are often viewed as the primary caregivers, leading to reluctance to delegate tasks.
- Policy Gaps: Absence of standardized guidelines for task allocation.

Underutilization of Health Assistants

Despite their training and potential, health assistants are often relegated to routine tasks such as bed-making, patient transportation, and housekeeping support. This underutilization represents a missed opportunity to enhance efficiency and redistribute workloads effectively. Many health assistants can handle more advanced tasks, such as assisting with patient monitoring, administering basic treatments, or supporting documentation processes. However, institutional barriers and hierarchical workplace cultures prevent them from assuming these roles.

The underutilization of health assistants wastes human resources and exacerbates the workload imbalance for nurses. By failing to capitalize on the full range of health assistants' skills, healthcare systems limit their ability to provide comprehensive and efficient care.

Impact on Care Quality

The imbalance in workload distribution directly affects the quality of patient care. Overloaded nurses can focus less on their clinical responsibilities, which increases the risk of errors, care delays, and reduced patient satisfaction. Health assistants, meanwhile, are often confined to support roles, leaving a gap in the collaborative delivery of care.

Patient Safety

Studies have shown that excessive nurse workloads correlate with higher incidences of medical errors. For instance, overburdened nurses may miss critical signs of patient deterioration, leading to delayed interventions and adverse outcomes. Additionally, high workloads can compromise adherence to safety protocols, increasing the risk of errors(McHugh & Stimpfel, 2012).

Patient Satisfaction

Patient satisfaction is a key metric of healthcare quality and is significantly influenced by the availability and attentiveness of nursing staff. Patients who receive prompt, personalized, and compassionate care are more likely to report positive experiences. However, when nurses are overwhelmed by administrative and non-clinical tasks, their ability to provide such care diminishes.

Graph 1: Relationship Between Nurse Workload and Patient Satisfaction

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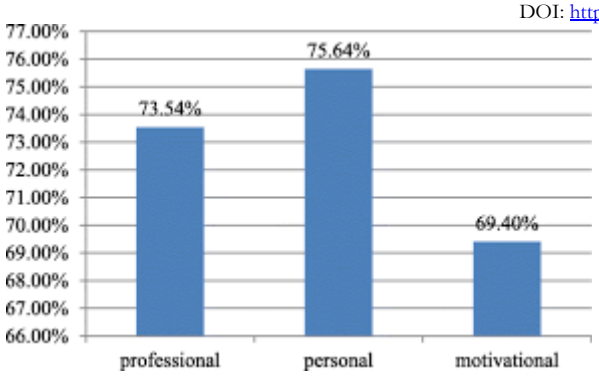

Graph 1 illustrates the relationship between nurse workloads and patient satisfaction scores. As nurse workloads increase, patient satisfaction scores exhibit a downward trend. This decline reflects the negative impact of high workloads on the quality of interactions between nurses and patients. Overworked nurses may appear less attentive or empathetic, leading to dissatisfaction and a perception of lower-quality care(Wulff & Thiel, 2020).

Team Dynamics and Efficiency

This also applies to teamwork and overall productivity in different health facilities since workload differences are noticeable among healthcare teams. The high workloads make it challenging for the nurses to work with other caregivers, so communication errors occur frequently. Likewise, employing few health assistants also leads to absences in tasks and assignments that worsen health care teams' already dysfunctional interprofessional relationships.

Opportunities for Improvement

While the findings reveal significant disparities, they also highlight opportunities for improvement:

Redistribution of Tasks: All these recurrent and administrative tasks can be offloaded to health assistants, thus leaving the nurses with more time for clinical duties and minimizing the exhaustion caused by the process.

Training and Development: If additional skills can be imparted to the health assistants, they may be allowed to do more for the health care team.

Policy Reforms: Stakeholders should agree on their approach to defining responsibility, especially where role confusion and workload imbalance arise.

Technology Integration: Using tools like the task management software Discussion

Analysis of Disparities

Discussion

Analysis of Disparities

The nutrition and health analysis shows that workload is divided quite unevenly between nurses and health assistants. The graph makes the following observations: The present workload trends indicate that nurses are found to be burdened with both clinical, administrative, and non-clinical work routines. The above disparities are attributed to antecedent factors such as role ambiguity, inadequate policies, and cultures.

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Role Ambiguity

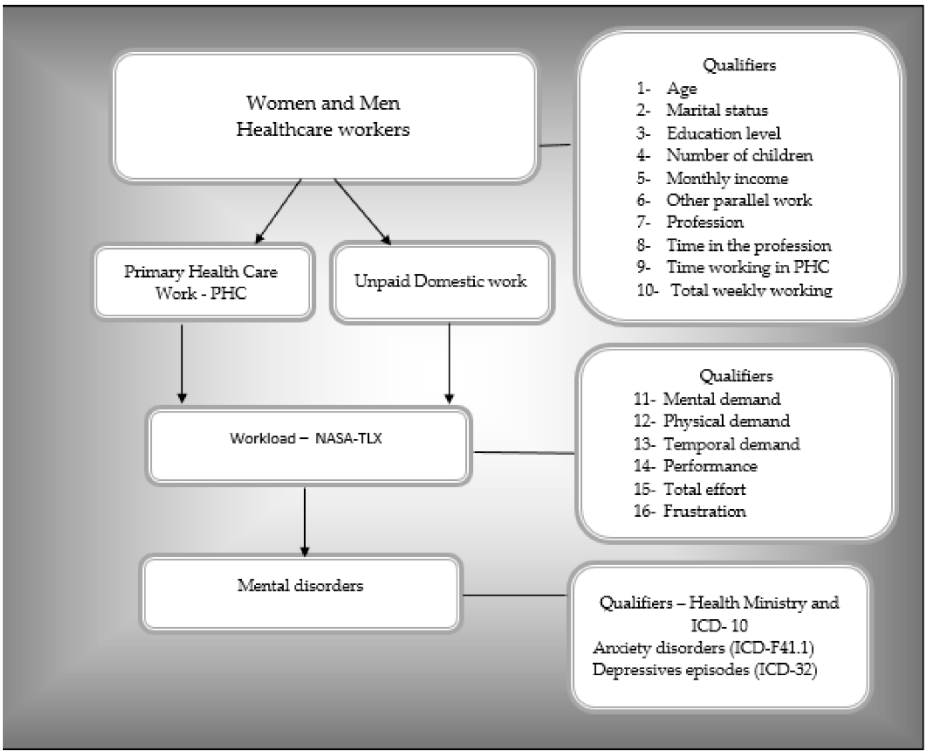
This situation can be attributed to the lack of a well-defined, comprehensive, and distinguishing division between nurses and health assistants. In most care organizations, the responsibilities of each provider category are described vaguely, hence role blurring. This leaves nurses who, in theory, should be strictly clinical to undertake clinical and administrative tasks and nonclinical support roles like helping patients mobilize or undertake some basic care tasks that a health assistant could do(Whitehead & Anderson, 2015). There are blurred roles; hence, tasks cannot be delegated well, with the outcome of calling on nurses and not utilizing health assistants.

2. Inadequate Policies

The other is a lack of clear directions, rules, or measures defining the workload distribution. A shocking number of healthcare organizations lack systematic methods to guarantee that tasks are allocated in conjunction with the competence of healthcare persons. When these guidelines are not predetermined, the distribution of work is attended without order and, as such, depends on managerial prerogatives or organizational culture, leading to inequity. This also means there are no clear policies, and the workload is managed unsystematically across various healthcare settings.

Cultural Perceptions

Culture comes into plain contributing to workload disparities. Nurses predominantly occupy primary caregiving roles, while health assistants are considered subordinate personnel with relatively limited tasks. This view results in not delegating clinical or administrative tasks that a health assistant can perform to them, even though health assistants can perform these tasks. Because nurses are primary caregivers, they are required to perform more tasks, and thus, the role of a health assistant can do little to ease the nurses' load in their duties.



(Trinkoff et al., 2013)

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Implications for Healthcare Systems

Patient Outcomes

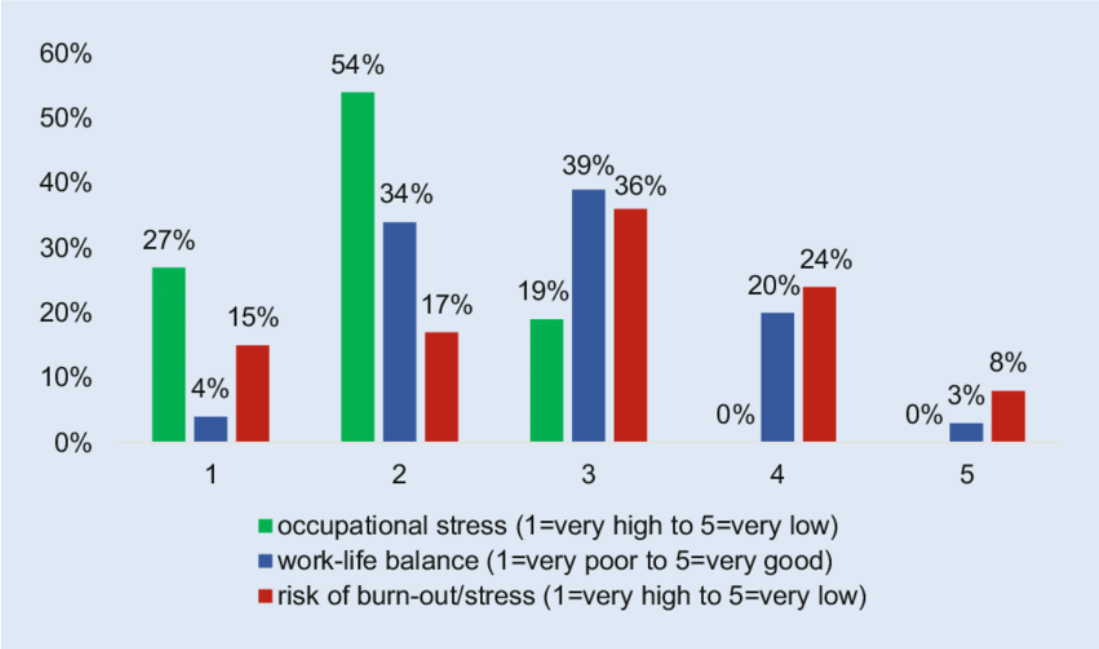
Contrary to the optimal workload distribution, their proposal entails an overburden of some employees and, inevitably, a direct impact on the quality of patient care. , When faced with a lot of work, many nurses most nurses most likely to make mistakes because they are tired, stressed, and have limited time. Better still, professionals such as nurses who are overworked may fail to notice deterioration of a patient's condition or even delay care that would enhance a patient's safety. Journal of Nursing Administration (2020) suggested that excessive working pressure in nurses led to increases risk of medical errors, more delays in care services provision, and dissatisfaction in patients. Thus, reforming workloads could immediately yield an increase in the quality and safety of patient care.

Workforce Retention

There is a general agreement that workload significantly impacts staff burnout, especially nurses. High turnover, caused by burnout and comprised of emotional exhaustion, depersonalization, and reduced personal accomplishment, is a significant determinant of HC turnover in the healthcare industry. Cohort II III Hypothesis 1: Overworked nurses are likely to resign from the workplace or the profession, increasing human resource gaps that worsen workload imbalances. If workload inequalities have not only the workload sources but also the right areas of specialization identified, staff turnover could be reduced, as well as the financial and organizational costs accompanying it(Stone, 2010).

Operational Efficiency

Skewed workload allocation affects employee health, patients' health, and the functionality of healthcare facilities. This is because when nurses are assigned with the administration or clinical support, the resources are not well utilized, hence high operating costs and poor service delivery to clients. Suppose sub-tasks of a socio-technical system are poorly assigned to the appropriate roles or resources. In that case, output enables patients to wait longer, patient satisfaction decreases, and organizational costs to the healthcare organization rise.



(Sloan et al., 2017)

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Challenges in Implementation

While equitable workload distribution is necessary, several challenges hinder its successful implementation.

Resistance to Change

Another challenge is the attitude of organizational staff toward change by adopting a traditional working culture. The training and socialization process may create some barriers. For example, because nurses can fully manage patient care, they may not like to delegate work to health assistants. On the other hand, health assistants may perceive that special assignments erode the current task description or result in overload without rewards or incentives. This is due to the need to fight the cultural resistance that continues to exist in most healthcare teams, especially due to a lack of effective teamwork.

Limited Resources for Training and Policy Development

This is another reason that stops the elimination of workload inequalities; there is not enough training and policies to develop. Most healthcare facilities cannot afford to provide high-quality training for the health assistants or provide well-defined workload distribution policies. Moreover, the constant change in healthcare technologies/comparative patient care models may make developing set and flexible policies difficult(Lin & Li, 2019).

Variability in Healthcare Settings

Lastly, the intense variability of healthcare settings presents a problem in adopting consistent workload distribution models. It's important to understand that there are differences in the size of the healthcare system, staff charge, patients being treated, and resources available. Such differences require customized approaches toward efficient workload management within different ranges of healthcare organizations. Solutions identified in one study may not be implementable or constructively address local issues in a different setting.

Conclusion

Ensuring fair workload distribution between nurses and health assistants remains crucial, improving the future stability and efficiency of health systems. A review of current workload practices increases concern about how tasks are distributed; the results show that nurses bear the highest and the most extensive clinical and official workload burden. Only health assistants continue to be under-deployed even though they could ease the burden on the existing health workforce. Many of these imbalances affect the quality of the services provided to patients, the staff's morale, and productivity. The groups of overloaded nurses are under higher pressure and may have poorer health outcomes and produce more medical mistakes while serving their patients.

In addition, the lack of efficient use of health assistants means a loss of resources and, therefore, the fighting capacity of healthcare teams. Closing these gaps by providing a better definition of personnel responsibilities, simplifying workload protections, and fostering organizational culture changes within the healthcare teams benefits patients, staff, and organizations(Anderson & Flores, 2016). Furthermore, offering health assistants chances for certification and making them assume additional roles will also assist in approaching task assignments and reducing pressure on nurses. Accordingly, when the mentioned changes are introduced, healthcare organizations will implement a more collaborative, partiality-free, and productive approach to benefit the patients and healthcare workers.

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Recommendations

Policy Reforms

Proper policies should describe the functions of the nurse and the health assistant. Policies must target a fair distribution of workload and include measures to address violations.

Training and Development

Provide training for Health Assistants to increase the scope of their work and assume more tasks. Other areas that need to undergo strategic development include continuous professional development for nurses(Aiken et al., 2012).

Technological Interventions

Implement the contract of routines and protocols, which will help the management save time by using the appointments of the task management accurately and decrease the load on the nurses. Examples include EHRs since they can easily facilitate the recording and retrieval of individual and collective patient data, and scheduling software for managing will help identification of available physicians to attend to more patients.

Collaborative Practices

Consider the following points to strengthen the relations between the nurses and the health assistant. Support the adoption of a team approach to delivering healthcare that assigns duties about skills rather than junior or seniority.

Further Research

Future studies should focus on:

- Long-term impacts of workload distribution reforms.
- Regional differences in task allocation.
- The effectiveness of technological interventions in reducing workloads.

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