Scientific Paper Entitled: The Effect of Workload Imposed on the Performance of Health Cadres in the Saudi Health Sector

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Abstract:

The goal of the current study was to examine the complex interaction between work engagement and perfectionistic concerns, as well as how workload—via workaholism—affects job performance. Specifically, a positive correlation was found between workaholism and workload and lower levels of perfectionistic concerns, while a negative correlation was found between workaholism and job performance and lower levels of work engagement. The previous results indicate that managers should keep an eye on and encourage job engagement, particularly in situations when workload and the potential risk of workaholism are

unavoidable. The quality of health services is threatened in many low-income nations by a paucity of medical personnel. There won't be enough time to properly identify and treat every patient when the ratio of patients to healthcare professionals reaches a certain point.

Keywords

- workload, performance, health cadres.

Introduction

Health cadres are male or female, willing, appointed by the community, guided, able, and have the time to organize health activities voluntarily to address individual or community health problems and work in places of health services. Based on that background the government must increase the role of health cadres by taking into account the factors that affect performance. good human resource management is needed to increase the productivity of an organization. One of the strategies to increase productivity and improve human resource management is to use an integrated and comprehensive employee performance measurement. Training on leadership and effective communication is needed to support the role of Community Health Volunteers (CHVs) to motivate the community to use the facilities for better health status (Rinayati et al., 2023).

One of the most researched topics in industrial-organizational psychology and human resource management is the question of what factors predict great work performance. Workplace circumstances and setting changes have sparked intriguing new study directions that may offer guidance for implementing organizational interventions meant to promote and sustain productive and healthy work environments. In particular, the widespread use of information and communication technology along with a number of evolving working conditions (such as intense competition, increased change and instability, requests for flexibility, and continuous learning) have increased the demands placed on employees by their jobs in recent years, to the detriment of other spheres of their lives, like their health and private lives (Spagnoli et al., 2020).

Overwhelming oneself with tasks in an inadequate amount of time is commonly referred to as a heavy workload, and research has indicated that it can impact performance in

opposing ways as well. Workload expectations on an individual who may not have the resources (time, for example) to meet them, therefore on the one side, it could be seen as a dangerous stressor that negatively affects performance. However, when high achievers take on additional responsibilities and tasks and are driven to complete them successfully, high workloads can also result.

In this case, workload may be viewed as a challenging stressor that influences performance in a positive rather than a negative way. The impact of workload on job performance is ambiguous, making it a strategic work condition that managers must "handle with care." (Spagnoli et al., 2020).

In the past, Community Health Workers (CHWs) have mostly provided primary health care (PHC), emphasizing illness prevention, health promotion, gathering health data, and managing issues related to mother and child health. A wide range of specific tasks are carried out by CHWs, such as home visits, community development, promoting safe water and sanitation, first aid, treating common and simple illnesses, health education, nutrition promotion, disease surveillance, supporting maternal and child health, improving family planning, controlling communicable and non-communicable diseases, patient referrals, record-keeping, and gathering data on significant events (Musoke et al., 2022).

It's critical to comprehend the difficulties they face. However, policymakers, researchers, and non-governmental organizations (NGOs) that collaborate with CHWs have been the main players involved in decision-making about them. There is evidence about the difficulties CHWs face, such as those connected to training, supportive supervision, compensation, data collection, supply availability, and community engagement. However, it is imperative to investigate the issues that have gotten less attention, particularly from the viewpoint of CHWs themselves. These worries include the excessive workload that various stakeholders place on CHWs, the challenges that they face in their work due to religious and cultural customs, and the gendered barriers to care in the community (Musoke et al., 2022).

Community health workers (CHWs) may have difficulties in their perception since, contrary to reality, they are frequently seen as paid government employees who receive a regular income and suitable material assistance to do their work-related activities. Despite calls from the international

community to fairly compensate them, the myth that all CHWs are paid persists (Scott et al., 2018).

Stress at work is becoming a more widespread issue globally. It impacts not just the health and happiness of workers but also an organization's production. When a person's ability to handle different kinds and combinations of work demands is exceeded, work-related stress results. Long hours, a demanding workload, job uncertainty, and disagreements with superiors or coworkers are just a few of the numerous factors that contribute to stress at work. A decline in productivity at work, sadness, worry, and trouble sleeping are some of the symptoms. In addition to being linked to a host of health illnesses, sleep disturbances raise safety concerns since they are linked to work-related injuries (Olawale et al., 2017).

Aim

To know the impact of increased workload on the performance of health practitioners and bad results of it

Literature review

Healthcare professionals in the fields of medicine, nursing, or allied health who offer individuals, families, or communities systematic preventive, curative, promotional, or rehabilitative healthcare services are known as health-care workers. Health workers are "all people primarily engaged in actions with the primary intent of enhancing health," according to the World Health Organization's 2006 report. According to the global profile, there are over 59 million health workers worldwide, although they are dispersed unevenly between and within nations (Olawale et al., 2017).

Lack of access to vital health services like preventive, information, medication distribution, crises, clinical care, and life-saving interventions is one of the effects of the health worker shortage on the populace. The result is an excessive workload and stress for healthcare professionals, which can cause demotivation, exhaustion, absenteeism, breakdowns, illness, migration, or even a change in career path away from the medical area (Olawale et al., 2017).

The health care sector has a high rate of occupational stress due to a number of factors, including low staffing levels, long work hours, exposure to contagious diseases and dangerous drugs that can cause illness or death, and, in certain cases, the possibility of malpractice and legal action. Health care workers have greater rates of substance misuse and suicide than workers in other professions. They also have elevated levels of depression and anxiety connected to workplace stress,

according to the National Institute of Occupational Safety and Health in the USA and a national report in Canada. Additionally, increased rates of burnout, absenteeism, diagnostic mistakes, and lower patient satisfaction have all been associated with elevated stress levels (Olawale et al., 2017).

It has been determined that employment in healthcare institutions carries a high risk of developing Work-Related Musculoskeletal Disorders (WMSDs). Employees in the Sterile Processing Department (SPD) are subjected to physically and emotionally taxing circumstances, which may increase the risk of WMSD development. However, this aspect of their work has received little attention. Previous research has demonstrated that intricate connections between an individual's physical, psychological, biological, and biological traits can result in WMSDs. Healthcare facility employment has been identified as a high-risk occupation for WMSD development. As the largest group in the healthcare industry, nurses have received the majority of attention aimed at reducing the hazards connected with WMSDs. A wide variety of non-clinical jobs are employed by healthcare institutions, such as administrators, maintenance personnel, food service personnel, cleaning and laundry personnel, and sterile processing department personnel. (Nino et al., 2020).

Medical errors are a result of clinical workloads that wear down and mentally tire healthcare professionals. Worldwide, hospital errors that could have been prevented result in around 98 000 patient deaths because of the burden on medical professionals. Most errors are caused by well-intentioned individuals working under subpar environments, processes, or systems. One such circumstance is having too much clinical training to complete. Doctors are subject to work-hour restrictions due to the correlation between rising medical errors and workloads that are too heavy to avoid physician burnout. A recent cross-sectional study of nurses found a strong correlation between low employment and patient mortality. Fourteen states have passed legislation or implemented regulations to address nurse employment. (Alonazi et al., 2022).

Hospital staff are facing more demanding tasks due to a number of circumstances, such as the severity of illnesses brought on by demographic shifts, increased operational requirements, and the need for innovative and helpful procedures. The work schedule and working environment have an impact on patient safety, the standard of care, and doctors' safety at work (Alonazi et al., 2022).

The reduction in nurses' health has made stress and occupational fatigue—as well as their links to depression risk, employee satisfaction, and life at work—more significant. Stress also affects patient safety and satisfaction and care. The problem has a global aspect because numerous work conditions are the subject of global research. Numerous research has demonstrated that one of the main factors contributing to the birth of this phenomenon is the rising demand for healthcare, even in the face of the discovery of protective qualities. Given the features of the patient seeking assistance, this data suggests a growing trend in the years to come (Alonazi et al., 2022).

Due to a tiny workforce, doctors' long hours, and financial constraints on hospitals and healthcare facilities, healthcare workers and physicians have been dealing with heavy workloads. On the other hand, not much study has been done on the relationship between patient safety and the workload of healthcare professionals. Thus, our goal was to create a systematic review that assessed the impact of a health practitioner's increased workload on patients' safety (Alonazi et al., 2022).

health workforce and workload in Saudi Arabia

The health system nearly experiences a talent gap, which leads to inefficiencies and regional disparities since population-based health workers are underutilized in remote and rural locations. Additionally, there is an uneven distribution of the health workforce in metropolitan areas, especially in larger cities. There is no diversity in the health workforce, in contrast to other nations. There are hurdles between health care personnel and patients due to differences in religion, culture, social values, and language, as the majority of the health workforce is recruited from other nations. Because the majority of healthcare professionals lack cultural competence, recent systematic research highlights the persistent communication hurdles that exist between patients and doctors. In order to enhance clinical management procedures and reduce patient adverse events, the research also suggested tactics for patient-provider communication (Albejaidi & Nair, 2019).

Large-scale pilgrimages during the Haj season have the potential to significantly alter the ratio of the health workforce to the population because these professionals are attracted from all across the nation, including doctors, nurses, pharmacists, and allied health professionals. The pilgrimage presents unique challenges due to the large number of

participants as well as the unique health issues this varied group is known to have. The Saudi health system is unique in that medical consultations are overwhelmingly doctor-patient encounters, unlike in other settings where there is different pattern of health workforce mix like for example physicians, clinicians, and nurse practitioners in the United States; physicians and barefoot doctors in China; and physicians and medical auxiliaries in most Asian and African countries. Within the country, access to health workforce is also unequal. Many factors influence geographical variation that is observed in health worker density. Regions with teaching hospitals and population that can afford to pay for health services invariably attract more health workforce than regions without such facilities or organizations. Hence, health worker density is likely to be higher in urban areas where higher income is common (Albejaidi & Nair, 2019).

The effect of workload

An excessive workload can exacerbate existing conditions including weariness, sickness, and other problems that can impair performance. High job demands were found to be a predictor of fatigue in earlier research, with a larger workload translating into a greater subjective tiredness (Fan & Smith, 2017).

It was discovered that subjective reports of poor performance efficiency and presenteeism were substantially correlated with fatigue, which may raise the risk of accidents. Additionally, fatigue has been linked to detrimental effects on well-being in both daily and professional contexts, including life satisfaction, job satisfaction, stress, happiness, sadness, and anxiety at work, as well as life and job-related outcomes. Previous study revealed that workload was one of the strongest predictors of fatigue, and that weariness itself resulted in performance deficits. This begged the question of whether there are separate factors that can result in medical errors, or if workload induces weariness, which subsequently lowers performance (Fan & Smith, 2017).

Sleep deprivation (SD) on physician is also because of long shifts (on-call hours) and it affected medical staff performance and safety this can bring effects on patient care (Fan & Smith, 2017).

Future Directions

It will provide fresh perspectives on workload, particularly for physicians working in public hospitals. Due to a number of issues, doctors deal with a heavy burden every day at the hospital, making it difficult for them to handle their workload

when it is too much. Long-term, this will have an impact on their performance and can lead to mistakes or errors when conducting a patient inquiry. Researchers advised firms to periodically update their policies in order to solve the issues caused by employees' excessive workloads. The policy's implications have no effect on managing excessive workloads, thus neither the firm nor its employees will benefit from it (Abang Izhar, 2019).

When making judgments or taking action, policymakers must make sure that the outcomes will benefit workers and organizations more. Human resource professionals are concerned that if staff members lack proper training, whether it is during the practice time or otherwise, they may have difficulties when working in a clinical setting. Most of the time, they will be employing the incorrect technique, utilizing the incorrect tools, being ignorant of the patients' needs, and lacking the expertise and experience necessary to treat patients (Abang Izhar, 2019)

Aim of the study:

To know the impact of increased workload on the performance of health practitioners and bad results of it.

Objectives:

1) Evaluating workload among health cadres.
2) Evaluating performance of health cadres.
3) The effect of workload imposed on the performance of health cadres.

Research Questions:

The current study will answer the following question:

1. How is workload among health cadres?
2. What is performance of health cadres?
3. What is the effect of workload imposed on the performance of health cadres?

Methods

Research design:

Descriptive analytic cross sectional study design to discuss the effect of workload imposed on the performance of health cadres. This design is a systematic and structured technique to collecting data from a sample of persons or entities within a broader population, with the primary purpose of producing a thorough and accurate description of the features, behaviors, views, or attitudes that exist within the target group.

Research Setting:

The study will be conducted in Al Iman General Hospital in Saudi Arabia.

Subject:

Purposive sample of 400 of health cadres , The sample will be selected according to certain inclusion criteria health cadres who working in Al Iman General Hospital in Saudi Arabia, male and female.

Sample size:

Study sample was selected via the systematic random sampling method.

The sample size is an important feature of any empirical study in which the goal is to make inferences about a population from a sample. In practice, the sample size used in a study is determined based on the expense of data collection and the need to have sufficient statistical power.

Inclusion Criteria:

The inclusion criteria were set as follows:

(1) health cadres who working in Al Iman General Hospital in Saudi Arabia.

(2) female and male.

(3) from Saudi Arabia.

Sampling Technique:

Participants submitted data through a survey. Data will be collected by questionnaire.

Tools for data collection:

It will concern with Participants demographic data as age, gender, marital status and educational level. And four questions about the use of information technology in health sector in Saudi Arabia. Also questions about the effect of workload imposed on the performance of health cadres.

Validity:

The revision of the tools were ascertained by a panel of experts to measure the content validity of the tools and the necessary modification was done accordingly.

Administrative design:

An official permission was obtained from the directors of the hospital. The official permission included the aim of the study, the tools of data collection and the characteristics of the study.

Ethical considerations

Data was provided by participants via surveys. Participants were advised that participation in the study would be optional and that their privacy would be maintained. Data will be gathered by a self-reported questionnaire. The ethics committee will provide approval for this project. Before the questionnaire was administered, each participant provided written informed permission.

Results

Validity and Reliability Tests:

Internal Consistency Reliability Calculation:

Pearson's Coefficient Correlation was calculated to verify the validity of the internal consistency between the statements of each goal and the total score for the belonging axis. This was done after the study tool had been constructed and its apparent validity had been established by presenting it to a group of arbitrators who were both specialized and experienced in the field.

The questionnaire was given to a pilot sample consisting of thirty members of the healthcare staff in order to verify its internal reliability. The researchers then calculated correlation coefficients in order to evaluate the study tool's internal validity, as the following tables demonstrate:

Table (1): Correlation coefficients of items in the first axis with the total score.

Statement number	r	Statement number	r
1	0.508**	7	0.657**
2	0.808**	8	0.506**
3	0.632**	9	0.721**
4	0.746**	10	0.470**
5	0.661**	11	0.759**
6	0.654**		

**: p value <0.001

It is clear from the previous table that all of the statements are significant at the 0.01 level, as the values of the dimensional correlation coefficients ranged between (0.470 - 0.808), which are excellent correlation coefficients, and this offers a hint of strong internal consistency coefficients as well. It provides strong validity indications that may be relied in utilizing the present research technique.

Reliability of the study tool:

As for testing the reliability of the questionnaire, we utilized Cronbach's alpha coefficient, and the accompanying table illustrates the reliability axis of the research instrument as follows:

Table (2): Cronbach's alpha coefficient reliability coefficient for the total score of the questionnaire

	No. of statements	Cronbach's alpha
comprehensive quality standards questionnaire	12	0.758

The table showed that the Cronbach's alpha reliability coefficient for the total score of the questionnaire was (0.758), which is a good reliability coefficient suitable for the study.

Application Method of the Study Tool:

After collecting the study data, the researchers reviewed it in preparation for inputting it into the computer for statistical analysis. Subsequently, they transcribed it onto appropriate tables, provided commentary, and linked it to previous studies. Responses were given five levels: strongly agree (5 points), agree (4 points), neutral (3 points), disagree (2 points), and strongly disagree (1 point). To determine the length of the pentavalent scale cells used in the study Phrases, the range (5-1=4) was calculated and divided by the number of questionnaire cells to obtain the correct cell length (4/5=0.80). This value was then added to the lowest value on the scale (or the beginning of the scale, which is one) to determine the upper limit of the cell. The following table illustrates the method for correcting the Likert pentavalent scale.

Table (3): Method for correcting the scale.

Scale	The weight	The average arithmetic mean value ranges
Strongly Disagree	1	From 1 to less than 1.80
Disagree	2	From 1.81 to less than 2.60
Neutral	3	From 2.61 to less than 3.40
Agree	4	From 3.41 to 4.20
Strongly agree	5	From 4.21 to 5.

Table (4): Socio demographic characteristics of the studied participants

Sociodemographic variables	Cases (n=400)	
	No.	%
Age category (years)		
Less than 25 years	85	21.25%
From 26 to 35 years	130	32.5%
From 36 to 47 years	129	32.25%
More than 47 years	56	14%
Gander		
Male	240	60%
Female	160	40%
Marital status		
single	130	32.5%
married	148	37%

absolute	122	30.5%
Job		
doctor	60	15%
pharmaceutical	80	20%
specialist	55	13.75%
Technical	72	18%
nurse	96	24%
Administrative	37	9.25%
Educational status		
Diploma or less	72	18%
Bachelor's	180	45%
Postgraduate studies (PhD - Master)	148	37%
Years of experience		
1 – 5 years	65	16.25%
6 – 10 years	102	25.5%
11 - 15 years	128	32%
16 – 25 years	105	26.25%

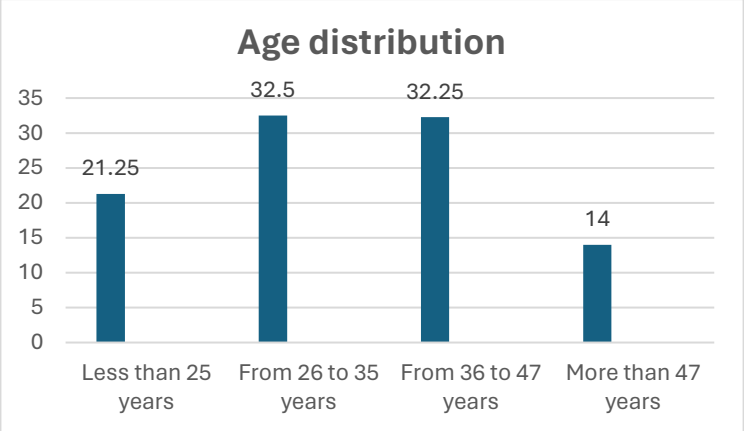

Fig (1): Age distribution among the studied participants

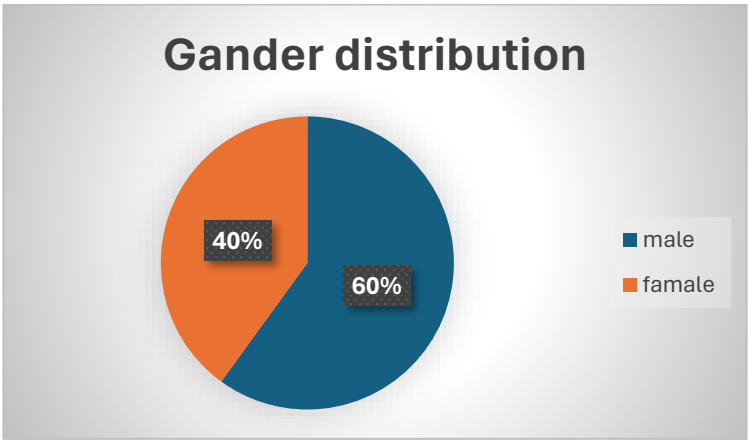

Fig (2): gander distribution among the studied participants

Table (1) & Figure (1-3) showed that 32.25% and 32.5 % of the studied participants were aged 36 -47 years and 26-35 years respectively. Regarding to the gander, more than half (60%) were males and 40% were females. 45% of the studied participants were bachelor's while only %18 was diploma or less. As regard to years of experience, 25.5% of the studied participants worked from 6 – 10 years.

Secondly: Results Related to the Axes of the Questionnaire:

Table (5): response of the studied participants regarding to Questionnaire

No.		Cases (n=400)			
		Mean	**SD**	**Category**	**Rank**
1-	Do you feel that your workload has increased than the past year?	4.21	0.81	**Strongly agree**	**3**
2-	Ineffective Workload Distribution is contributing to increase load.	3.52	0.85	**Agree**	**11**
3-	Do you feel that your workload affects your ability to perform your job effectively.	3.75	0.72	**Agree**	**10**
4-	Do you able to manage stress related to your workload?	4.13	0.68	**Agree**	**6**
5-	Do you agree that support systems or resources provided by your organization help manage workload-related stress?	4.01	0.79	**Agree**	**8**
6-	Do you feel adequately supported in your work environment?	4.02	0.74	**Agree**	**7**
7-	Is the level of collaboration among healthcare staff in your facility high?	3.95	0.76	**Agree**	**9**
8-	Do you feel overwhelmed by your workload frequently?	4.72	0.923	**Strongly Agree**	**2**
9-	Do you feel your workload affects negatively your overall performance in your role.	4.19	0.96	**Agree**	**4**
10-	Have you experienced any physical or mental health issues due to your workload?	4.8	0.96	**Strongly agree**	**1**
11-	Do you feel supported by the organization in addressing issues related to workload?	4.16	0.92	**Agree**	**5**
12-	Do you think employee feedback could improve workload among healthcare workers?	3.5	0.83	**Agree**	**12**
Total score		**4.20**	**0.86**	**Agree**	

From the results shown in Table (5), it is evident that there is variation in the agreement among the study participants regarding the comprehensive quality standards and the productivity of health personnel in the government health sector in the Kingdom of Saudi Arabia. The participants' agreement averages ranged from (3.52 to 4.8), falling into the fourth and fifth category of the Likert scale, indicating agreement to strongly agreement with the study tool. This demonstrates consistency in agreement among the study participants regarding the effect of workload imposed on the performance of health cadres in Saudi Arabia.

Phrase (10): Have you experienced any physical or mental health issues due to your workload? ranked first with an average agreement of (4.8)

Phrase (8): Do you feel overwhelmed by your workload frequently? ranked second with an average agreement of (4.72)

Phrase (1): Do you feel that your workload has increased than the past year? Ranked third with an average agreement of (4.21)

Phrase (9): Do you feel your workload affects negatively your overall performance in your role. ranked fourth with an average agreement of (4.19)

Phrase (11): Do you feel supported by the organization in addressing issues related to workload? ranked fifth with an average agreement of (4.16)

Phrase (4): Do you able to manage stress related to your workload? ranked sixth with an average agreement of (4.13)

And last rank came to phrase (12): Do you think employee feedback could improve workload among healthcare workers? with an average agreement of (3.5)

Discussion

Improved hospital performance may increase staff performance. The higher staff performance, the more services supplied to patients Employee performance is impacted by job motivation. Although the idea of workload is relevant to nursing practice, only a few nursing academics have focused on the problem of workload within the nursing setting (Kokoroko, E and Sanda, M. A, 2019).

The findings of this study are backed by research performed by Zuraida et al. (2013), who conducted research on the workload on Organizational Commitment to PDAM Mage lang City Employees. In this research, it was reported that the workload

had a favorable and substantial influence on the company's organizational commitment.

Arifin et al. (2019), in study on workload on organizational commitment, also indicated that workload has a positive and substantial influence on organizational commitment.

Then the results of this study are in accordance with the research conducted by Utami et al. (2019)in research on workload and competence on performance through organizational commitment stated that organizational commitment has a positive and significant effect on employee performance.

In addition, it is also in agreement with Ramli & Yudhisthira (2018)and which argues that organizational dedication has a favorable influence on performance.

Next, in the study of Kurniawan et al. (2018), who evaluated the influence of training, career development, and organizational commitment on employee performance, also discovered that organizational commitment had a effect on employee performance.

Conclusion

Performance deficits were linked to both workload and weariness. Workload is one of numerous factors that predict occupational weariness, according to the findings. One of the things that contributes to fatigue and therefore lowers performance is a heavy workload. The primary cause of performance impairments and higher fatigue performance declines is weariness.

The government must take strict measures and make significant investments in medical, nursing, and other specialized health education disciplines. The creation of more residential programs, the expansion of study abroad grants, and the encouragement of people to pursue careers in healthcare should all be prioritized. It is necessary to provide a clear career path for clinical and support workers, enhance employment laws, and provide opportunities to draw in more suitable candidates. In conclusion, the government should prioritize determining the regional needs for various health workforce categories in the future, as well as crafting a thorough plan for training, skill development, and the creation of capacities required to carry out various activities. Besides, it is also important to conduct a continuous evaluation of the performance of health workforce based on accepted criteria to measure the work efficiency.

Reference

- Spagnoli, P., Haynes, N. J., Kovalchuk, L. S., Clark, M. A., Buono, C., & Balducci, C. (2020). Workload, workaholism, and job performance: Uncovering their complex relationship. International Journal of Environmental Research and Public Health, 17(18), 6536. https://doi.org/10.3390/ijerph17186536
- Musoke, D., Nyashanu, M., Bugembe, H., Lubega, G. B., O'Donovan, J., Halage, A. A., & Gibson, L. (2022). Contested notions of challenges affecting community health workers in low- and middle-income countries informed by the Silences Framework. Human Resources for Health, 20(1). https://doi.org/10.1186/s12960-021-00701-0
- Rinayati, R., Harsono, H., & Erawati, A. D. (2023). Knowledge, motivation, attitude, Job Design and Health Cadre Performance: A Cross Sectional Study. International Journal of Public Health Science (IJPHS), 12(1), 385. https://doi.org/10.11591/ijphs.v12i1.21930
- Scott, K., Beckham, S. W., Gross, M., Pariyo, G., Rao, K. D., Cometto, G., & Perry, H. B. (2018). What do we know about community-based health worker programs? A systematic review of existing reviews on community health workers. Human Resources for Health, 16(1). https://doi.org/10.1186/s12960-018-0304-x
- Nino, L., Marchak, F., & Claudio, D. (2020). Physical and mental workload interactions in a sterile processing department. International Journal of Industrial Ergonomics, 76, 102902. https://doi.org/10.1016/j.ergon.2019.102902
- Olawale, Oo., Taiwo, Oa., & Hesham, A. (2017). Quality of sleep and well-being of health workers in Najran, Saudi Arabia. Indian Journal of Psychiatry, 59(3), 347. https://doi.org/10.4103/psychiatry.indianjpsychiatry_241_16
- Alonazi, A. S., M, A. M., R, A. H., Almutairi, H. H., Almutari, M. D., Almutairy, S. A., Almutairi, M. M., & Almutairi, F. S. (2022). The effect of increasing the health practitioner's workload on patients and their safety. Saudi Journal of Nursing and Health Care, 5(12), 301–307. https://doi.org/10.36348/sjnhc.2022.v05i12.001
- Albejaidi, F., & Nair, K. S. (2019b). Building the health workforce: Saudi Arabia's challenges in achieving Vision 2030. The International Journal of Health Planning and Management, 34(4). https://doi.org/10.1002/hpm.2861
- Fan, J., & Smith, A. P. (2017). The impact of workload and fatigue on performance. Communications in Computer and Information Science, 90–105. https://doi.org/10.1007/978-3-319-61061-0_6
- Abang Izhar. (2019). (PDF) the impact of workload on job performance among ... researchgate.net. https://www.researchgate.net/publication/344279974_The_

Impact_of_Workload_on_Job_Performance_among_Doctors_in_Malaysian_Public_Hospitals_A_Case_Study

- Kokoroko, E., & Sanda, M. A. (2019). Effect of workload on job stress of Ghanaian OPD nurses: The role of coworker support. Safety and health at work, 10(3), 341-346.
- Zuraida, L., Novitasar, D., & Sudarman, A. (2013). The Influence of Leadership, Task Demand, Workload and Job Satisfaction on Organizational Commitment to PDAM Magelang City Employees. Journal of Islamic Economics and Business, VII(2), 245–261
- Arifin, MZ, Alhabsji, T., & Utami, HN (2019). The Effect of Workload and Compensation on Organizational Commitment in an Effort to Improve Employee Performance. Journal of Business And Management, 5(2), 136–145. https://doi.org/10.26905/jbm.v5i2.2393
- Utami, HN (2019). The Effect of Workload and Compensation on Organizational Commitment in an Effort to Improve Employee Performance. Journal of Business And Management, 5(2), 136–145. https://doi.org/10.26905/jbm.v5i2.2393
- Ramli, AH, & Yudhistira, R. (2018). The Effect of Career Development on Employee Performance through Organizational Commitment at PT. Infomedia Humanika Solutions in Jakarta. National Seminar of Scholars, 811–816. Retrieved from https://www.trijurnal.lemlit.trisakti.ac.id/semnas/article/viewFile/3339/2833
- Kurniawan, Y. (2018). The Influence of Compensation, Work Culture, and Personnel Commitment to Employee Performance and Its Impact on Career Development (Case Study on Employees of the Public Works and Public Housing Office, East Aceh Regency). ETD Unsyiah