



(CASE REPORT)



## Promoting healthcare workers' well-being in maternity wards: A case study on physical workload management

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### Abstract

This case study analyzes the physical workload regulation strategies adopted by healthcare staff in a specialized hospital facility in Algeria, facing staffing shortage challenges. The objective is to understand how medical teams manage the balance between care demands and their capabilities while preserving their well-being and quality of care.

The methodological approach combined a global analysis of organizational arrangements and a detailed analysis of individual and collective practices through interviews and field observations. The results reveal various regulations implemented at different levels: progressive staff assignments, adapted positions, task delegation, collective responsibility sharing, and activity grouping and prioritization.

Although these strategies allow caregivers to adapt to overload, they raise questions about their long-term impact on care quality. Absenteeism, perceived as a passive regulation mechanism, also reflects the limitations of individual solutions to structural problems.

This study advocates for a systemic approach integrating organizational, collective, and individual interventions to sustainably promote healthcare workers' well-being and quality of care in maternity wards within a context of staff shortage.

**Keywords :** Workload; Organizational regulation; Adaptation strategies; Nursing care.

### 1. Introduction

Human resource management in maternity services poses a global challenge, particularly in resource-limited settings. In Algeria, specifically in the Batna region, healthcare teams face significant physical and mental workloads due to chronic staff shortages. This situation jeopardizes both caregiver well-being and the quality of care provided. Specialized facilities such as maternity units are therefore compelled to develop and implement effective strategies to regulate workload pressures.

In understaffed contexts, workload regulation is essential to balancing professional demands with caregivers' capacities. However, the mechanisms of workload regulation—whether organizational, collective, or individual—remain understudied in maternity services within developing countries. This knowledge gap limits the understanding of workplace dynamics and hinders the identification of tailored interventions for improving human resource management.

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This study examines the workload regulation strategies adopted by caregivers in maternity units to adapt to growing constraints. It aims to assess the effectiveness of these mechanisms and provide practical recommendations to enhance team resilience while optimizing care quality.

By exploring this specific working context, the research contributes to the scientific literature on systemic approaches to human resource management in under-resourced hospital settings. It offers new perspectives for sustainable health policies in similar environments.

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## 2. Materials and Methods

This study was conducted in the maternity services of the Batna region in Algeria, utilizing a mixed-methods approach that combined qualitative and quantitative methodologies. The objective was to comprehensively evaluate the strategies adopted by healthcare personnel to regulate their physical workload.

### 2.1. Overall Analysis

A thorough document review was carried out, examining human resource management policies, internal regulations, and operational procedures within maternity services. This phase identified organizational measures implemented to manage workload, such as staff allocation rules and adaptation strategies. Additionally, semi-structured interviews were conducted with senior management and human resource officers to gather insights on institutional practices.

Quantitative data related to staffing levels, work schedules, absenteeism rates, and activity indicators were analyzed to assess the tangible impact of these regulations on workload management.

### 2.2. Detailed Analysis

In-depth semi-structured interviews were conducted with a representative sample of healthcare staff, including nurses, auxiliary staff, and midwives. Participants were selected based on criteria such as their role, tenure, and availability, ensuring a diverse range of perspectives.

Direct field observations were performed to analyze tasks performed, workplace organization, and real-life working conditions. Observations were conducted across various timeframes, including peak and non-peak periods, and covered different professional categories to ensure a comprehensive understanding of the working environment.

### 2.3. Data Analysis

**Qualitative Data** : Interview transcripts and observation notes were transcribed verbatim and analyzed thematically. Key themes related to workload regulation strategies were identified and categorized systematically.

**Quantitative Data** : Descriptive statistical methods were used to analyze the quantitative data, exploring relationships between human resource indicators such as absenteeism rates and workload distribution.

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## 3. Results

This study identified a variety of strategies for regulating physical workload adopted by healthcare staff at the maternity unit of Batna. These strategies, derived from an analysis of actual practices, were grouped into three main categories : organizational regulations, collective regulations, and individual regulations. Each type of regulation addresses specific needs and plays a crucial role in adapting to workload overload. (Table 1)

**Table 1** Types of Regulation, Observed Strategies, and Their Role/Impact at the Maternity Unit of Batna

Type of Regulation	Observed Strategies	Role/impact
Organizational Regulations	Gradual allocation of new staff to demanding units	Facilitates the integration of new caregivers while limiting their workload.
	Reassignment of experienced staff	Eases the physical burden on senior caregivers, prolonging their efficiency.
	Adjusted workstation assignments	Allows for positions to be adapted to individual physical capacities, reducing injury risks.
	Task delegation	Improves collective efficiency through better distribution of responsibilities.
	Transition to ambulatory care	Reduces pressure on teams by shortening hospitalization durations.
Collective Regulations	Task sharing	Promotes an equitable distribution of workload, reducing conflicts among colleagues.
	Sequential time-sharing of duties	Provides regular rest periods, decreasing fatigue and risk of burnout.
	Geographical distribution of responsibilities	Minimizes unnecessary movements, optimizing energy and available time for care.
Individual Regulations	Task consolidation	Reduces repetitive movements and enhances efficiency in complex tasks.
	Task segmentation	Facilitates the management of heavy activities by breaking them into simpler steps.
	Prioritization of care	Prioritizes urgent care, ensuring a rapid response to critical needs.
	Streamlining procedures	Saves time and avoids cognitive overload related to unnecessary steps.

### 3.1. Organizational Regulations

Organizational strategies focused on redistributing the physical workload to better match staff capabilities. Gradual integration of new staff into demanding services, under the supervision of experienced teams, facilitated skill development while minimizing risks of overburdening. Similarly, experienced staff were reassigned to less physically taxing roles to alleviate their workload. Adjustments to workstations and delegation of tasks to auxiliary staff also helped tailor workloads to individual capacities. Additionally, the hospital's shift towards ambulatory care and reduced hospitalization durations effectively alleviated pressure on healthcare teams.

### 3.2. Collective Regulations

Collective strategies emphasized teamwork and coordination. Task sharing within pairs or small groups promoted equitable workload distribution. Sequential time-sharing, particularly in emergency services, balanced active work periods with rest. Geographical distribution of responsibilities reduced unnecessary movement, thereby optimizing physical effort and enhancing efficiency.

### 3.3. Individual Regulations

Healthcare providers also employed individual strategies to manage their daily workloads. Task consolidation and segmentation allowed better organization of activities, while prioritization ensured that urgent care was addressed first. Streamlining procedures minimized redundant steps, conserving both time and energy.

### **3.4. Absenteeism as an Indirect Regulation**

Although not a deliberate strategy, absenteeism emerged as a passive mechanism for managing excessive workloads. Frequent absences, often due to physical or mental health issues, reflected a coping response when other strategies proved insufficient. This highlights the long-term limitations of existing mechanisms and underscores the need for systemic solutions.

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## **4. Discussion**

The study conducted at the maternity unit of Batna has revealed a diverse set of strategies for regulating the physical workload of healthcare providers, operating at organizational, collective, and individual levels. These findings emphasize the importance of a systemic approach to effectively address the challenges associated with workload overload in hospital settings.

### **4.1. Organizational Strategies**

The organizational mechanisms identified, such as the gradual assignment of staff and the adaptation of workstations, reflect an institutional commitment to safeguarding the health of caregivers. However, their long-term effectiveness warrants further evaluation. The shift to outpatient care is particularly noteworthy as it helps reduce hospitalization durations and alleviates pressure on hospital services. This transition aligns with recommendations from the World Health Organization (WHO) and the International Labour Organization (ILO), which advocate for strategies that enhance both patient care and staff well-being (1). While outpatient care optimizes resource utilization, it raises questions about its long-term impact on care quality and the workload associated with follow-up care (2,3).

### **4.2. Collective Regulations**

Collective practices based on solidarity and shared responsibilities are crucial for preventing burnout among healthcare providers. The study highlights effective mechanisms such as task sharing and time allocation among caregivers, which foster cooperation and coordination within teams (4). However, these practices require adequate supervision to prevent them from becoming merely temporary solutions. Institutionalizing these strategies into daily routines can lead to sustainable adaptations by teams facing work constraints (5).

### **4.3. Individual Strategies**

On an individual level, the adaptive strategies employed by caregivers illustrate their resilience in managing daily workloads. Techniques such as prioritizing care, task fragmentation, and activity grouping allow healthcare providers to enhance their efficiency while mitigating physical fatigue. Nevertheless, some individual strategies may raise ethical concerns regarding the quality of care delivered. It is essential to equip professionals with the necessary resources to maintain high standards of care without compromising their well-being (6).

### **4.4. Absenteeism as a Regulatory Strategy**

Absenteeism, often viewed as a challenge in workforce management, can also be interpreted as a potential regulatory strategy in response to excessive workload. In high-pressure environments like maternity units, healthcare providers may resort to absenteeism as a means of coping with overwhelming demands. This phenomenon can be seen as a form of self-regulation where caregivers take necessary time off to preserve their mental and physical health.

When faced with unsustainable workloads, caregivers might choose to be absent rather than risk burnout or decline in care quality. This decision underscores the need for organizations to recognize absenteeism not merely as an issue to be managed but as an indicator of systemic problems within the workplace (7). High absenteeism rates can signal that employees are overwhelmed and that existing support mechanisms may be inadequate.

To mitigate absenteeism effectively, healthcare organizations must adopt proactive measures that promote a healthier work environment. Implementing wellness programs, fostering open communication between staff and management, and adjusting workloads can help reduce absenteeism rates (8). For instance, offering flexible scheduling options or providing mental health resources can empower employees to manage their responsibilities more effectively while maintaining their well-being.

Moreover, management plays a critical role in addressing absenteeism by creating a supportive culture that values employee health. By regularly engaging with staff about their workloads and making adjustments based on feedback,

managers can help alleviate stressors that contribute to absenteeism (9). This approach not only benefits individual employees but also enhances overall team performance and patient care quality.

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## 5. Conclusion

In conclusion, this study underscores the multifaceted nature of workload regulation strategies employed by healthcare staff in maternity settings. An integrated and sustainable approach is necessary for effectively managing workload in hospital environments. Supporting existing regulations while developing innovative interventions tailored to specific service needs will be crucial for enhancing both caregiver health and patient care efficiency.

Organizational mechanisms such as gradual staff assignment and adapted workstations demonstrate an institutional commitment to protecting caregiver health; however, their long-term effectiveness needs further evaluation. Collective practices based on solidarity and shared responsibilities are vital for preventing burnout but require adequate oversight to ensure they do not become temporary fixes.

Furthermore, absenteeism should be viewed not only as a challenge but also as a potential strategy for managing excessive workload. Recognizing this phenomenon allows organizations to address underlying issues contributing to absenteeism while promoting a healthier work environment.

This study emphasizes the need for an integrated approach to managing workload in hospital settings by supporting existing regulations and developing innovative interventions tailored to service specifics. Continuous evaluation of these strategies will be vital for ensuring the sustainability of the healthcare system.

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## Compliance with ethical standards

### *Disclosure of conflict of interest*

The authors declare that there are no conflicts of interest to disclose regarding the publication of this manuscript.

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