

ASSESSMENT OF NURSES' OCCUPATIONAL LOAD EXPERIENCES AND PATIENT SAFETY INCIDENTS IN CLINICAL SETTINGS OF KARACHI: ACROSS-SECTIONAL STUDY

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Abstract

Nurses are crucial to ensuring patient safety in clinical environments because they provide ongoing care, keep an eye on patients' illnesses, give medication, and attend to their needs, nurses are crucial to ensuring patient safety in clinical environments. High patient-to-nurse ratios and higher workloads, however, may make it more difficult for nurses to deliver safe and efficient care. This study sought to characterize nurses' experiences with patient safety issues and workload in clinical settings. The replies of the nurses were compiled and presented in numerical form using a quantitative descriptive study design. Those who were available and willing to take part in the study were chosen using a convenience sample technique. There were thirteen nurses in all. A standardized questionnaire with questions about workload, patient-to-nurse ratio, workload factors, patient safety incidents, types of incidents seen, and workload management techniques was used to gather data. Descriptive statistics, such as minimum, maximum, mean, standard deviation, skewness, and kurtosis, were used to analyze the data. The findings revealed that, with the highest mean score of 3.69, workload-related factors were the most common concern mentioned by nurses. High patient-to-nurse ratios, patient safety issues connected to workload, varied incident kinds, and different workload management techniques were all reported by nurses. To improve patient safety in clinical settings, the study suggests increasing staffing numbers, lowering excessive workloads, enhancing communication, and providing nurses with efficient task management techniques.

Introduction:

Nursing workload is a significant issue in clinical practice, as nurses are responsible for continuous patient care and are directly involved in monitoring, medication administration,

communication, documentation, infection prevention, fall prevention, and early identification of patient deterioration. Nurses in practice are working under pressure due to high demand from patients, staff shortage, long

working hours, increased documentation and complex patient needs. The State of the World's Nursing Report 2025 states that nurses are the largest health care occupational group and are critical to delivering life-saving services and building health systems (WHO, 2025). This means that the quality and safety of patient care largely depend on the availability, performance and working conditions of nurses. High workload for nurses may influence their ability to provide timely, complete and safe care. Therefore, it is important to understand the experiences of nurses regarding workload for improving patient care and ensuring safety in clinical settings.

Workload in nursing can be defined as the number of patients assigned to one nurse, the severity of patients' conditions, the number of nursing tasks required, shift patterns, overtime, interruptions, emotional demands, and the availability of support staff and resources. Higher perceived workload was associated with staffing levels, overtime, longer shift length, and number of days worked among registered nurses in acute care hospitals, as reported by Martins et al. (2025). This indicates that the workload of nurses is not only related to the number of patients but also to the organization of work and the conditions under which nurses provide care. Likewise, Babaii et al. (2025) mentioned that missed nursing care is due to many factors, one of which is high workload, especially in the emergency department where nurses have to respond urgently to patients' needs. Missed nursing care is defined as nursing care that is delayed, incomplete, or not performed at all when it should have been. It is viewed as a significant indicator of patient safety and quality of care.

Patient safety is a central task in health care, as patients have to be protected from avoidable harm during treatment and care. Patient safety incidents in nursing practice include medication errors, patient falls, pressure injuries, infections, delayed care, poor communication and failure to monitor changes in patient condition. The important patient safety goals in nursing care such as correct patient identification, safe medication use, infection prevention, fall prevention, and pressure injury prevention are stated by the Joint

Commission (2026). These safety areas are directly related to nurses' daily tasks. This can lead to nurses having less time to assess, communicate, educate patients, document care, or respond to patient needs in a timely manner. Consequently, workload may contribute to patient safety incidents in the clinical setting. Evidence continues to mount that nurse staffing and workload are important to patient outcomes. Lasater et al. (2025) found that higher patient-to-nurse ratios were linked to worse hospital outcomes, more adverse events, more missed nursing care, and lower patient safety ratings. The study said minimum nurse-to-patient staffing ratios could improve safety of patient care and nurse retention. Missed nursing care is linked to adverse patient outcomes, such as falls, infections, pressure ulcers and medication errors, as per Breno et al. (2025). These results indicate that workload is both a staff and patient safety issue. When nurses have too many patients or too many tasks, important elements of care may be delayed or missed, increasing the risk of harm to patients. The workload of nurses affects their wellbeing, which may have an indirect effect on patient safety. Getie et al. (2025) state that nurse burnout has a negative impact on the quality of care, patient safety, patient outcomes, job satisfaction and nurse retention. Burnout might exhaust nurses' attention, energy, motivation and ability to deal with demanding clinical situations. Ma et al. (2025) also analysed the relationship of burnout, nurse safety behaviours and patient safety competence and found that nurses' psychological and work-related conditions are important for the safe care. These findings suggest that patient safety cannot be separated from the nurses' working conditions. The high demand clinical environment for nurses can lead to increased stress, fatigue, burnout and the possibility of errors. Thus, describing nurses' experiences of workload can help to identify the challenges they face and where support is needed. Another important concept that relates to workload and safety incidents is patient safety culture. Patient safety culture is the shared values, beliefs, communication, reporting practices, teamwork and leadership support that affect safe care.

Fekadu et al. (2025) found that patient safety culture was poorly developed in the public hospitals studied in Ethiopia with challenges including absence of incident reporting systems, severe resource constraints, limited awareness, poor communication, poor management support, and blame-oriented culture. These challenges are relevant to the nursing workload as overworked or unsupported nurses may be less able to report incidents, communicate risks or participate in safety improvement. Kakemam et al. (2025) also highlighted the importance of systems thinking and patient safety competencies among nurses, and pointed out that patient safety is dependent on the way nurses understand and respond to complex health care systems.

Also, team work and organizational support are critical to help nurses manage workload. According to the American Hospital Association and Press Ganey (2025), a hospital's culture of safety impacts patient safety, patient experience, workforce experience, and staff well-being. In their report, they also pointed out that teamwork is a key driver of patient experience and safety outcomes. The findings suggest that nurses need supportive systems, adequate staffing, effective communication and leadership support to manage workload and prevent patient safety incidents. The American Nurses Association (2026) identified protection of the nursing workforce and improvement of health care outcomes as key policy priorities. These recent reports support the need to examine nurses' experiences of workload as their experiences can provide practical information about the pressure they face and the strategies they use to continue providing care.

Staffing, missed nursing care, burnout and patient safety have all been studied but there is a need to describe nurses' experiences in specific clinical settings. A descriptive quantitative study is appropriate for this topic because it will allow the researcher to describe the nurses' responses regarding workload, patient-to-nurse ratio, workload factors, observed patient safety incidents, types of incidents, and strategies used to manage workload. This study does not try to establish causality. But rather it seeks to describe nurses' experiences in terms of workload and

patient safety incidents. The results may help hospital managers, nurse leaders and health care staff to understand the main workload concerns expressed by nurses and identify possible areas for improvement in staffing, support, communication and safety practices. Thus, the significance of this study focuses on the direct experiences of nurses on the issues of workload and patient safety incidents in clinical settings.

Research Objectives

To describe nurses' experiences of occupational load and patient safety incidents in clinical settings.

Research Question

What are the nurses' experience of occupational load and patient safety incidents in clinical settings?

Problem Statement

In the clinical setting, nurses are at the bedside caring for patients, monitoring conditions, administering medications, and responding to patient status changes, so patient safety is a major concern. The State of the World's Nursing Report 2025 indicates that nurses are the largest occupational group in health care and are essential for providing life-saving services and strengthening health systems (WHO, 2025). But nurses may not be able to provide safe and complete care when they have heavy workload, inadequate staffing and high patient to nurse ratios. Recent evidence also shows that staffing and work pace are still important dimensions of patient safety culture among nursing staff (Alharbi et al., 2025).

Nursing workload is strongly associated with missed nursing care and issues with patient safety. Babaii et al. (2025) say that missed nursing care has serious implications for patient safety and well-being and that high workload is one of the causes of missed care among emergency department nurses. In a similar vein, Breno et al. (2025) found that missed nursing care was associated with preventable adverse events in hospitals including falls, infections, pressure ulcers, and medication errors. In addition their systematic review identified workload, staffing, and resources as key

organizational factors in missed nursing care. The findings indicate that understanding nurses' experiences of workload is important because they may impact the quality and safety of patient care. Recent studies have examined nursing workload, staffing, missed care, and patient safety, but there is still a need to describe the direct experiences of nurses in specific clinical settings. "Nurses' views can provide data on how often high patient-to-nurse ratios occur, the workload factors that affect nurses the most, the types of patient safety incidents that nurses observe, and the ways in which nurses deal with workload. A recent cross-sectional study of hospitals in British Columbia also found that the minimum nurse-to-patient ratio policies may improve patient care safety and nurse retention (Lasater et al., 2025). Therefore, the need for this descriptive quantitative study is to describe nurses' experiences of workload and patient safety incidents in clinical settings.

Literature Review

Nursing workload is a major issue in the clinical setting. Nurses are continuously engaged in monitoring patients, administering medications, documenting, communicating, preventing infections and falls, and identifying early deterioration in patients. The global nursing workforce remains central to health service delivery and the State of the World's Nursing Report 2025 highlights the importance of investing in nursing education, employment, leadership, and service delivery to strengthen health systems (World Health Organization [WHO], 2025). In the hospital setting, workload is not only related to the number of patients assigned to a nurse but also to the patient acuity, shift pattern, overtime, interruptions, administrative responsibilities, emotional demands, and available resources. The study by Martins et al. (2025) showed that the workload perceived by nurses in acute care hospitals was related to the patterns of shift work and the staffing levels, indicating that workload is affected by staffing and the organization of nursing work. This evidence supports the need to explore nurses' experiences of workload in clinical settings.

Recent studies have shown that nurse staffing and patient-to-nurse ratios are closely associated with patient safety outcomes. Lasater et al. (2025) found that higher numbers of patients per nurse were associated with poorer hospital mortality and readmission outcomes, more adverse events, more missed nursing care and poorer ratings of patient safety. Their findings indicate proper staffing is necessary for safe patient care and nurse retention. Similarly, Clarke and Depesa (2025) observed that reduced nurse coverage, overtime and the use of agency nurses might affect the quality of care patients receive and may have an impact on patient outcomes. The findings are important for descriptive studies on nursing workload as they indicate that the patient-to-nurse ratio is an important factor of workload that nurses may experience in their daily clinical practice.

A missed nursing care is one of the most common ways in which workload can affect patient safety. Missed nursing care is care that is required but is delayed, incomplete or not done. Babaii et al. (2025) found an association between missed nursing care and emergency department nurses' nursing workload and patient safety competency. Their study suggests that a high workload for nurses may result in some aspects of care being missed, as nurses are forced to prioritize urgent tasks over routine but important care. In the systematic review by Breno et al. (2025), missed nursing care was also described as an indicator of care quality and contributor to adverse events among hospitalized patients. The findings of this study suggest that missed care is directly relevant to the present study as nurses' workload experiences may include delayed care, incomplete documentation, medication delays, and reduced patient monitoring.

Workload has also been studied in specialized clinical areas, such as the neonatal intensive care units. (2025) Tubbs-Cooley et al. examined nurse workload and missed nursing care in neonatal intensive care units and found that high nurse workload may compromise quality of care resulting in preventable harm and poorer clinical outcomes. Workload and staffing ratios also influenced reliable delivery of care, so the personal perception of workload of the nurse is an

important consideration for safety. The importance of this lies in the fact that nurses' perception of staffing is not just dependent on the objective number of staff, but also on their perception of care demands, and this is relevant to descriptive nursing research. Thus, responses to workload factors can provide a means to identify the most difficult areas of clinical work for nurses. Another factor related to workload and patient safety is burnout. In an umbrella review, Getie et al. (2025) found that nurse burnout has a negative impact on the quality of care provided to patients, patient safety, patient outcomes, job satisfaction, and nurse retention. Burnout can affect nurses' ability to focus, be motivated, communicate and respond effectively to patient needs. Ma et al. (2025) also performed a study on burnout, nurse safety behaviors, and patient safety competence among nurses. The study showed that safety-related behavior and competence are related to burnout. These studies suggest that heavy workload may affect nurses and patients. If nurses are physically and emotionally tired, then the risk for patient safety incidents may be higher because nurses may have less time and energy to provide care safely.

Nurses' perceptions of workload are also affected by the work environment. High perceived workload and unsupportive practice environments were associated with higher odds of burnout among emergency nurses (Brassington et al., 2025). They found that high perceptions of workload were associated with burnout, and that an unsupportive practice environment mediated the relationship between workload and burnout. Therefore, workload cannot be understood outside of the hospital environment. Factors that can decrease or increase the workload experiences of nurses include leadership support, teamwork, adequate resources, communication and staffing policies. This is why including nurses' perceptions of workload factors and strategies used to manage workload is important in research on workload.

Another important area in the literature is the patient safety culture. The culture of patient safety involves teamwork, communication, incident reporting, leadership support, and a non-punitive response to errors. Fekadu et al. (2025) found that

the absence of incident reporting systems, limited resources, poor communication, poor management support and blame-oriented organizational culture affected the patient safety culture in resource-limited healthcare settings. Such barriers may inhibit nurses from reporting incidents of patient safety or discussing workload risks. Furthermore, Sadeghi et al. (2025) showed that patient safety culture affects nurses' professional responsibility and a stronger safety culture may result in better nursing practice. These studies point to the need to consider workload and patient safety incidents in the broader safety culture of the clinical setting.

Patient safety competence is also reflected in the way nurses respond to workload and safety risks. Kakemam et al. (2025) found that the nurses' perceptions of systems thinking were associated with patient safety competencies. Systems thinking provides the nurse with an understanding of how staffing, resources, communication, leadership, and patient needs interact within health care settings. This is important for workload because patient safety incidents are rarely the result of one factor alone; they are more often the result of several system factors combining, such as high patient volume, limited staff, interruptions and poor communication. Thus, the description of nurses' experiences of workload and patient safety incidents can provide useful information about the system-level challenges nurses face in clinical practice.

Recent patient safety standards also emphasize the importance of staffing and safe nursing care. The Joint Commission (2026) lists patient safety goals related to correct patient identification, safe medication use, infection prevention, fall prevention, and pressure injury prevention. These fields are closely related to the duties of nurses. Nurses working in a high workload situation may have less time to check patient identity, administer medications safely, complete infection control measures, prevent falls or monitor skin integrity. Additionally, the recent 2026 updates also identify nurse staffing as a significant performance area for hospitals, which means that adequate nursing staff are needed to meet patients' needs and provide

safe care. This emphasizes the importance of studying nurses' experiences of workload in research on patient safety.

In summary, the reviewed literature indicates that nurses' workload is closely associated with staffing levels, patient-to-nurse ratio, missed nursing care, burnout, patient safety culture, and patient safety competence. Recent evidence (2025-2026) supports that the high workload may affect nurses' ability to provide safe and complete care. However, there is a need to describe nurses' experiences in specific clinical settings, in particular the extent to which high patient-to-nurse ratios were common, the most salient workload factors, the types of patient safety incidents observed, and the strategies used to manage workload. Hence, the importance of the present descriptive quantitative study that addresses the direct clinical experience of nurses on workload and patient safety incidents.

Research Methodology

Research Design:

A quantitative descriptive research design was employed in this investigation. The study's goal was to describe nurses' experiences with workload and patient safety events in clinical settings, therefore this design made sense. There was no variable manipulation or intervention in this study. Rather, it concentrated on gathering numerical data from nurses and utilizing descriptive statistics like frequency, mean, standard deviation, minimum, maximum, skewness, and kurtosis to summarize their answers. A concise summary of nurses' workload experiences, patient-to-nurse ratios, workload-related factors, patient safety incidents seen, and workload management techniques was made possible by the descriptive approach.

Sampling Technique

Convenience sampling was employed in the study. Because participants were chosen according to their availability and desire to take part in the study, this sampling strategy was suitable. The

study involved 13 nurses in total. The researcher was able to gather data from nurses who fit the study requirements and were available in the chosen clinical environment because to convenience sampling. In this descriptive quantitative investigation, the small sample size was appropriate for characterizing the replies of the available participants

Research Tool

This study employed a structured questionnaire as its research tool. The purpose of the questionnaire was to gather information on the demographics of nurses as well as their experiences with workload and patient safety incidents. Age, gender, clinical experience, frequency of high patient-to-nurse ratios, workload factors impacting nurses, observed patient safety incidents associated with workload, types of incidents observed, and workload management techniques were all included. To enable quantitative analysis using descriptive statistics, the replies were numerically coded.

Ethical Consideration:

The investigation was conducted with ethical considerations in mind. Prior to data collection, permission was acquired from the appropriate authority. The study's goal was explained to the participants, and their involvement was entirely voluntary. Before completing the questionnaire, each participant gave their informed consent. Participants received guarantees that their answers would be kept private and used exclusively for study. The findings did not contain any names or personally identifiable information. Additionally, the participants were free to leave the research at any moment without incurring any fees.

Data Analysis:Data were analyzed using SPSS. Descriptive statistics were used to summarize the data. Frequencies and percentages were used for categorical variables, while mean, standard deviation, minimum, and maximum were used to describe coded questionnaire items.

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Age	13	2	4	3.00	.707	.000	.616	-.618	1.191
Gender	13	1	2	1.54	.519	-.175	.616	-2.364	1.191
Experience	13	1	4	2.62	1.044	-.101	.616	-.989	1.191
How often do you experience high patient to nurse ratio?	13	1	4	1.77	1.092	.988	.616	-.586	1.191
Which workload factor effect you most?	13	1	5	3.69	1.032	-1.959	.616	3.836	1.191
Have you observed patient safety incidents linked to workload?	13	1	2	1.23	.439	1.451	.616	.095	1.191
Types of incidents observed	13	1	4	2.54	1.050	.136	.616	-1.041	1.191
What strategies help you manage workload?	13	1	4	1.62	1.121	1.758	.616	1.838	1.191
Valid N (listwise)	13								

The aim of this study was to describe nurses' experiences of workload and patient safety incidents in clinical settings. Thirteen nurses were included in the study. Descriptive statistics were used to summarize demographic characteristics of the participants and their responses on workload, patient safety incidents and workload management strategies. The results showed that the mean age score was 3.00 and the standard deviation was 0.707, suggesting that the majority of respondents were in the middle age category as per the coding of the questionnaire. The mean score for gender was 1.54 (SD = 0.519), indicating the presence of both gender categories in the sample. The nursing experience mean score was 2.62 with a standard deviation of 1.044 showing diversity in the years of clinical experience of the participants.

Regarding workload, the mean score for high patient-to-nurse ratio experience was 1.77 with a standard deviation of 1.092. This suggests that nurses had different experiences with high patient-to-nurse ratios in clinical settings. The highest mean score (3.69, SD = 1.032) was obtained for the item related to the workload factor affecting nurses the most. This suggest that factors related to workload was an important issue among nurses. The mean of patient safety incidents observed related to workload was 1.23 with a standard deviation of 0.439. The responses ranged between 1 and 2 so the findings indicate that most of the participants selected one main response category. This indicates nurses had a common pattern of response in relation to workload with regards to observations of incidents of patient safety. The mean score for types of incidents

observed was 2.54 with a standard deviation of 1.050. This indicates variation in types of patient safety incidents reported by nurses. The mean score for strategies used to manage workload was 1.62 with standard deviation of 1.121 indicating that nurses used different strategies to manage workload in clinical settings.

Overall, the results indicated that the nurses faced challenges related to workload in the clinical settings. The workload factor which impacted the nurses the most was the one that received the highest mean score, indicating that workload was a significant issue among the participants. Results also showed that nurses reported experiences related to patient safety incidents and used different strategies for workload management. Thus, the findings are consistent with the aim of this study as they describe nurses' experiences of workload and patient safety incidents in clinical settings.

Discussion:

This study aimed to characterize the workload and patient safety issues experienced by nurses in clinical settings. Thirteen nurses participated in the trial. According to the coding employed in the questionnaire, the majority of participants fell into the middle age category, as indicated by the demographic data, which revealed a mean score for age of 3.00 with a standard deviation of 0.707. Both gender groups were represented in the study, as seen by the gender mean score of 1.54 and standard deviation of 0.519. The participants' clinical experience varied, as indicated by the nursing experience mean score of 2.62 with a standard deviation of 1.044. Because nurses with varying years of clinical practice may view workload and patient safety issues differently, this diversity in experience is significant. According to Sadeghi et al. (2025), nurses' professional responsibility and comprehension of patient safety culture might be influenced by their age and work experience.

With a mean score of 1.77 and a standard deviation of 1.092, the results demonstrated that nurses had high patient-to-nurse ratios. Some nurses saw high patient-to-nurse ratios more frequently than others, according to the standard

deviation, which shows variance in reactions. The patient-to-nurse ratio is a crucial measure of nursing workload because it can limit the amount of time available for patient evaluation, medication administration, paperwork, communication, and monitoring when a single nurse is in charge of numerous patients. Higher patient numbers per nurse were linked to worse patient outcomes, more adverse events, more missed nursing care, and lower patient safety ratings, according to Lasater et al. (2025). Consequently, the results of this study corroborate recent findings that the patient-to-nurse ratio is a significant burden issue in clinical settings.

With a mean score of 3.69 and a standard deviation of 1.032, the item pertaining to the workload element that affects nurses the most had the highest mean score in this study. This suggests that the participants' main concerns were connected to workload. Many nurses recognized workload problems as a significant difficulty, as seen by the negative skewness value of -1.959, which indicates that responses were focused toward the higher categories. This result is in line with the findings of Martins et al. (2025), who discovered that increased perceived workload among nurses was linked to staffing levels, overtime, longer shifts, and the number of days worked. According to Brassington et al. (2025), burnout among emergency nurses was linked to registered nurse staffing, perceived workload, and practice environment. These results imply that workload is correlated with staffing assistance, work environment, shift burden, and resource availability in addition to the number of patients. The average score for workload-related patient safety incidents was 1.23, with a standard deviation of 0.439. The low standard deviation indicates that the majority of participants chose a single primary response category because the response alternatives ranged from 1 to 2. This implies that when asked if they had seen patient safety events related to workload, nurses responded in a similar manner. The questionnaire's coding, such as whether 1 meant "yes" or "no," determines the precise meaning. Nonetheless, the results still demonstrate that workload-related patient safety incidents had a

significant role in nurses' experiences. Workload and patient safety competency are linked to missing nursing care among emergency department nurses, according to Babaii et al. (2025). According to Breno et al. (2025), hospitalized patients may have adverse outcomes as a result of missed nursing care, which is a significant predictor of care quality.

The observed incident categories had a mean score of 2.54 and a standard deviation of 1.050. This suggests that in clinical settings, nurses reported a variety of patient safety issues. Responses varied, indicating that the episodes were not confined to a single group. These instances could include pharmaceutical errors, patient falls, delayed care, infection-related incidents, issues with documentation, or a failure to monitor patients, depending on the selections on the questionnaire. Important patient safety concerns, including safe drug use, infection prevention, communication, fall prevention, and other aspects of high-quality care, are identified by The Joint Commission (2026). These topics are directly tied to the day-to-day duties of nurses. Consequently, the extensive range of patient safety duties performed by nurses in clinical settings is reflected in the variety of incident types seen in this study.

The findings also revealed that the average score for workload management techniques was 1.62, with a standard deviation of 1.121. Although replies were primarily focused on the lower response categories, this suggests that nurses employed a variety of task management techniques. The standard deviation displays the range of participant strategies. Depending on the questionnaire coding, these tactics could include requesting for assistance from coworkers, prioritizing urgent care, teamwork, time management, and enhancing communication. Because patient safety depends on a number of interrelated aspects, such as staffing, communication, leadership, resources, and work processes, Kakemam et al. (2025) highlighted the need of systems thinking for enhancing nurses' patient safety competencies. This indicates that the clinical system's assistance should be used in addition to individual nurses to control workload.

The results of this study also imply that stress and burnout may be exacerbated by nurses' workload experiences. High workload factors and the patient-to-nurse ratio can put nurses under more physical and psychological strain, even though burnout was not specifically examined in this study. According to Ma et al. (2025), burnout is linked to nurse safety behaviors and patient safety competence, demonstrating the connection between patient safety and nurses' well-being. Additionally, care quality, patient safety, patient outcomes, job satisfaction, and nurse retention are all adversely affected by nurse burnout, according to Getie et al. (2025). As a result, the workload issues raised in this study may have an impact on nurses' health, motivation, and capacity to deliver safe care in addition to patient safety.

Overall, the results of this study demonstrate that nurses in clinical settings faced difficulties linked to workload. The workload characteristics that most affected nurses had the highest mean score, followed by clinical experience and incident kinds. The findings, which include nurses' experiences with workload and patient safety issues, corroborate the study's goal. The results are in line with prior research that demonstrates how patient safety can be impacted by a heavy workload, insufficient staffing, missing nursing care, fatigue, and poor safety measures. The results should be read cautiously and should not be applied to all nurses, though, as the study only included 13 nurses. Nevertheless, the study offers helpful descriptive data regarding the patient safety incidents and workload experiences of nurses in the chosen clinical context.

Conclusion:

According to the study's findings, nurses in clinical settings faced varying degrees of workload and patient safety issues. Given that this item had the highest mean score, the results indicated that workload-related factors were the most common problem mentioned by the participants. High patient-to-nurse ratios, varied patient safety problems, and different task management techniques were also noted by nurses. These findings suggest that workload is a significant issue

in nursing practice and may have an impact on nurses' capacity to deliver safe and efficient patient care.

The survey also discovered that nurses' answers varied, particularly when it came to workload management techniques, patient-to-nurse ratios, experience, and incident categories. This implies that different nurses may have different workload experiences depending on the clinical situation, staffing, patient demands, and accessible support. The results offer helpful descriptive information regarding nurses' experiences in the chosen clinical setting, despite the small sample size.

The study's goal of describing nurses' experiences with workload and patient safety issues in clinical settings is generally supported by the findings. In order to enhance patient safety and nursing care, the study emphasizes the necessity of adequate staffing, encouraging work conditions, efficient communication, and task management techniques. It is advised that bigger sample sizes be used in future research to have a deeper understanding of nurses' workload experiences and how these relate to patient safety results.

Recommendations:

- Hospital management should ensure adequate nurse staffing to reduce excessive workload and improve patient care.
- Nurse managers should monitor patient-to-nurse ratios regularly and adjust staffing according to patient needs and workload level.
- Workload should be distributed fairly among nurses to prevent stress, fatigue, and burnout.
- Training sessions should be arranged for nurses on patient safety, incident prevention, and workload management.
- Nurses should be encouraged to report patient safety incidents without fear of blame or punishment.

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