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ABSTRACT

Health sectors are always in pursuit of finding ways to enhance their performance. One among the ways is to enhance employee performance by incorporating job characteristics that contribute to a balanced volume of employees workload, thus enhancing employee motivation, satisfaction and commitment. This study aimed at identifying the influence of workload on performance of nurses in regional hospitals in Tanzania. The study adopted descriptive survey research design using both quantitative and qualitative approaches. The theories used in the study were Job Demand Resource Theory and Herzberg's two-factor theory. Questionnaires were used for primary data collection. To ascertain the validity and reliability of the questionnaire, a pre-test was conducted on two of the regional hospitals where the cut-off for Cronbach alpha was taken as a value of 0.7 and the aggregate alpha value of 0.755. A target population of 410 from which a sample size of 387 was randomly selected through stratified random sampling method Pearson correlation, independent t- test, one-way Analysis of Variance (ANOVA), and linear regression method were employed to analyze data. The findings showed a significant correlation between nurse workload with all nurses' performance factors (r=0.443, p<0.05). From the findings, job rotation and job sharing were found to affect the nurses' performance, while part time working did not significantly affect nurse's performance. The results also indicated a significant mediation of leadership support on nurses' performance. The study recommended that hospital management should design proper work systems to facilitate improvement of quality and safety of care. Also, adequate supply of nurses, improved working environment, voluntary overtime, and reduction in patient length of stay were cited as some of the ways in which the regional hospitals could utilize in improving nurses workload, hence improve performance.

Keywords: Flexible Workload, performance, Job rotation, Job sharing, Organization

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INTRODUCTION

In recent years the assessment of nurse performance has been crucial in guaranteeing high quality clinic care to achieve desired patient outcomes (Lu, Barriball, Zhang, & While, 2011). As a result of the increasing levels of demand and patient expectations, coupled with budgetary constraints enforced on healthcare service, healthcare managers have been keen on right measures to maintain service quality and ensuring employee satisfaction (Maura, Dahinten & Havaei, 2017). Similarly, the impact of technological, social and demographic have resulted in a blurring of the boundaries between paid working time and both the times and spaces that are normally reserved for personal life (ILO, 2011). Devi, (2012) asserts that, in order to meet their goals, deliver the products and services they specialized in, and finally achieve competitive advantage, organizations need highly performing individuals. Performance is important for the individual because it can be a source of satisfaction, source of financial rewards, career development and success in the labor market (VanScotter, Motowidlo, & Cross, 2000).

The study by Maestad, Torsvik, and Aakvik, 2009; Moyo (2012) indicates that, Tanzania has a severe shortage of health workers, pointing at high workload as a main reason for sub-standard clinical performance. Therefore, the nurses' performance assessment is particularly vital in the wake of organizational workload pressures that have increased due to organizational restructurings and right-sizing (Witt *et al.,* 2002; Toh, Ang, & Devi, 2012). To enhance employee retention, reduced absenteeism, increasing productivity, employee commitment and loyalty is crucial for employers to monitor the workloads placed on employees. As noted by Lu, Barriball, Zhang, and While, (2011), nurses are often overburdened with other non-nursing duties, but continue to perform such tasks for the sake of patient care (Chhugani & James, 2017). Worse still, the provision of 24-hour nursing care inevitably revolves around heavy workloads including "long days" or 12-hour shifts (Zondwa & Aswegen, 2017). To ensure that, services being provided are available around the clock nurses regularly work outside the normal daytime hours.

As a matter of concern, the search for the influence of workload on performance of nurses has a long history and remains a global challenge (Aiken, *et al.,* 2012). Among the major difficulties in achieving a desirable workload is to select items which job-level perceptions of heavy workloads provide the most representative description of effective nurse performance. As proposed by Toh, Ang, and Devi, (2012), there has been a diversification in working hours arrangements at different unit, job and task levels; with a movement away from fixed working hours each day for a fixed number of days and towards various forms of "flexible" working time arrangements (e.g. compressed workweeks, hours averaging, flexi-time arrangements, new forms of shift work, on-call work) with widely divergent effects depending on the specific arrangement (Maura, Dahinten & Havaei, 2017). In modern health sector, the nature of work has dramatically changed, decreasing or increasing physical demands especially in work that mostly involves offering services (Kacmar *et al.,* 2009). However, chronic nurse shortages in health care settings coupled with the sensitive nature of health services means that nurses are overloaded with multiple responsibilities, operate in shifts and generally employee performance tends to be worse on the night shift due sleep deprivation (Holden, Scanlon ,& Patel, 2011). In addition to the higher patient acuity, work system factors and expectations also contribute to the nurses' workload due to the fact that, apart from their professional duties, nurses are expected to perform nonprofessional tasks which compromise the service quality (Printz, 2013; McFadzean & McFadzean, 2005).

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According to Myny, Van Goubergen, and Gobert, (2012), workload is often associated with the volume of nurses' work, and there have been many attempts to quantify nurses' work in relation to health human resource management (Hinno, Partanen, Vehviläinen-Julkunen, 2012). Despite the great relevance of nurses performance in quality and safety of care, relatively little effort has been spent on clarifying the determinants of nurses performance (Hinno, Partanen, Vehviläinen- Julkunen, (2012). Still, most of literatures surveyed originated from developed countries (Dielman *et al.,* 2006) with little emphasis on developing countries.

Study Objective

The general objective of this study was to examine the influence of workload on Performance of nurses in regional hospitals in Tanzania.

Statement of the Problem

There has been tremendous decline of performance of nurses in regional hospitals in Tanzania due to unknown influence of workload and performance of Nurses (Tibandebage *et al.,* 2016).

For instance, the study by Ingrid, *et al.,* (2018) revealed that, nurses in Tanzania experienced several performance challenges linked to shortage of staff, overcrowded wards and lack of medical equipment failing to provide optimal quality nursing care. According to Carayon and Gurses, (2008:97) the common nurse workload which should be 1:1 or 1:2 in intensive care unit, and 1:5 in the general hospital ward (Kamati, Cassim & Karodia, 2014). But with a very far lower density of nurses and midwifes translated into a the nurse/midwife to population ratio is 0.4 per 1,000 (WHO 2015), to practice nursing care according to professional code of conduct can be challenging in Tanzania (Moyo, 2011; Tanzania Nursing and Midwifery Council, 2014).

From Working Families (2011) report, patients who used private health facilities registered a higher level of satisfaction at 82% higher than those who used government of Tanzania facilities (63%). Also, the customers/patient satisfaction index for certified public referral hospitals, showed lower level of customer dissatisfaction at 67% compared to 80.2% satisfaction with private health centers (Songstad, Rekdal, Massay & Blystad, 2011, Shannon *et al.,* 2014). As indicated by Adams, and Hirschfeld (2013), nurses who works in units with long shifts reports high rate of patients' infection, high medication errors, abuses, high rate of patients falls and injuries, poor patients record keeping and high number of patient complaints. Reports by (Kwesigabo *et al.,* 2012; Manzi *et al*., 2012), shows that, 73% of nurses in public hospitals in Tanzania cited pressure of work and staff shortages, patients' unrealistic expectations, effects of fatigue due to extended work hours to provide continuous, work overload and poor resource supply (Kwesigabo, *et al.,* 2012). To improve nurses' performance, studies (Kahabuka & Hinderaker, 2012; Howard, 2012) recommend the use of balanced workloads as an opportunity for performance improvements (Kwesigabo *et al.,* 2012).

Despite the fact that, the employee normal working hours in Tanzania are 9 hours per day and 45 hours per week (Answegen, 2017; ELRA, 2004; Mmbaga, 2015) nurses work more than 12 hours in public hospitals (Songstad *et al*.,2013; Darby, *et al.,* 2014). Also, despite the comprehensive policies and guidelines on flexible working, translation from policy into practice is a challenge and still, nurses' performance is a common problem in public hospitals (Chimhutu, 2014; Mussauet, 2012; Printzet, 2013). According to Mmbaga, 2015; Nelson, & Tarpey, 2011), little is known about the influence of workload on nurses performance in regional hospitals in Tanzania. It is against this backdrop that this study intended to assess the influence of workload on performance of nurses in regional hospitals in Tanzania.

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LITERATURE REVIEW

Performance is a multi-dimensional concept conceptualized in action (i.e., behavioral) aspect and an outcome aspects (Campbell, 1990; Campbell, McCloy, Oppler, & Sager, 1993; Kanfer, 1990; Roe, 1999). Because performance is what the organization hires one to do, and to do well"(Campbell *et al.,* 1993, p. 40) it is not defined by the action itself but by judgmental and evaluative processes. In various literatures, (Witt *et al.,* 2002; Toh, Ang, & Devi, 2012), nursing job performance reflects the quality of delivered care and consequently patient outcomes, poor job performance is considered a risk factor for patient safety. It has been emphasized that, nursing work environment is associated with dynamic task demand. However, various researches have largely considered the association of task demand and nurses performance using conditions of stable task demand. The study was guided by Job-Demand Resource (JDR) theory which defines various aspects of the job that require sustained effort and, as such incur certain costs as a result (Beutell, 2010). In nurses working environment there four types of job demands that are purportedly able to contribute to job stress and hence job performance ranging from quantitative demands, physical demands, emotional demands and shift work (Mohammad, *et al.,* 2013) .This study specifically focused on job demands which refers to the amount of work that individuals perceive is expected of them (Coetzer and Rothmann, 2007) within a little time. A concept associated with quantitative demand is workload. Broadly speaking, workload may refer to work time commitments such as the number of hours devoted to paid work and work-related activities (Jimmieson *et al.,* 2004). In the present study, Job resources was defined as "those physical, psychological, social, or organizational aspects of the job that (a) are functional in achieving work goals; (b) reduce job demands and the associated physiological and psychological costs; or (c) stimulate personal growth, learning and development" (Demerouti *et al.,* 2001). Here, flexible

workload in the form of part time working, job sharing and seasonal working were related to job resources. However, studies insist that, there is a comparatively limited understanding of the influence dynamic workload and nurse's performance. The study by Munga and Maestad (2009) asserts that, the current shortage of health workers in many low-income countries poses a threat to the quality of health services. When the number of patients per health worker grows sufficiently high, there will be insufficient time to diagnose and treat all patients adequately.

 In Literatures, there have been many attempts to quantify nurses' work in relation to health human resource management related to nurses' performance, including quality of care and productivity (Zondwa & Aswegen, 2017). However, the relationship between the two terms is unclear not only in nursing but also in other fields (Printz, 2013). Also, workload is nurses 'subjective experiences reflecting the combined effects of both task demands while performing direct and indirect care activities and demands imposed on them by the obstacles in the work system (Carayon and Gurses 2005). The multidimensional workload concept covers issues of the amount of work and the physical, mental, emotional, and temporal demands of the work). Past studies (McFadzean & McFadzean) have comprehensively explored the concept of these terms within nursing profession (Maura, Dahinten & Havaei, 2017). Flexible workload has been recognized as a core component of professional standards (Hinno, Partanen, Julkunen, 2012) and effective application of knowledge and skills.

The increasing proliferation of standard workload for organizational members has been a global employment phenomenon in which a growing number of employers are experimenting with a wide range of flexible work schedules as they are transforming employment systems and work processes across time zones and cultures (Hinno,

Partanen, Vehviläinen-Julkunen, 2012). This would require various policies promoting the reduction of working excessive long hours, as to benefit both workers and enterprises. Despite the obvious importance of reducing overall hours of work, the ways in which those hours are structured is also of great importance (Toh, Ang, & Devi, 2012). According to Leone, Bruyneel, and Anderson (2015), three dimensions of workload, namely: task-level, job-level and unit-level has an effect on burnout, job dissatisfaction and medication errors likelihood among nurses. In this manner therefore, workload is predicted by quantifying the effect of patient characteristics or characteristics of the treatment on workload.

The most common used measures of nurse workload is nursing hours per patient day (NHPPD) or the nurse to patient ratio (Carayon and Gurses, 2008:97) which should be 1:1 or 1:2 in intensive care unit, and 1:5 in the general hospital ward (Kamati, Cassim & Karodia, 2014). Duffield and colleagues contribute a further method of using patient dependency or patient acuity systems (Queensland Health, 2008; Toh, Ang, and Devi, 2012). The heavy workload of hospital nurses is a major problem facing majority of health care system (Myny, Van Goubergen , Gobert, 2011) due to the increased demand for nurses, inadequate supply of nurses, reduced staffing and increased overtime, and reduction in patient length of stay (Magaka & Swere, 2016). Due to the dramatic change of nature of work associated with decreasing or increasing physical demands services products (Kacmar *et al.,* 2009) most of the hospitals tries alternative shifts to ensure a constantly supply of staff (Rotundo and Sackett, 2002). Despite the use of shift schedules, chronic nurse shortages in health care settings coupled with the sensitive nature of health services means that staff are overloaded with multiple responsibilities, operate in shifts and generally employee performance tends to be worse on the night shift due sleep deprivation (Toh, Ang, & Devi, 2012).

Therefore, one way to ensure a proper fit between patient needs and nursing staff is to work with a workload management method (Silva *et al.,* 2011). Results from the United Kingdom's "Why do Midwives Leave" found that more than a third of midwives who had left the profession in 2000 felt that " they had not usually been able to provide the type of care they had wished", just under a third felt "women had not received an appropriate standard of care" and more than a quarter felt they had "ceased to be able to develop meaningful relationships with their clients" (Lu, Barriball, Zhang, & While, 2011). As indicated by Lu *et al.,* (2011), nurses regularly go to work to ensure that the services being provided are available around the clock while working outside the normal daytime hours. As a result, nursing can be a highly physical, stressful and demanding job (Marquis, & Huston, 2011; McFadzean and McFadzean, 2005) associated with both emotional and psychological demands (Witt *et al*., 2002). Thus, as a result of unpredictable changes associated with technological advancements and customer expectations, more flexible approaches are needed to deal with nurses work pressure (Lu *et al.,* 2011).

Therefore, as a strategy to balance nurse workload and ensure that the services being provided are available around the clock, various arrangements including job rotation, part time working and job sharing are recommended in health settings among others (Lorber & Skela, 2012). Health care organizations interested in encouraging and supporting part-time nursing staff to consider working full-time may have some sources of leverage. However, despite part-time nursing staff showing generally lower levels of commitment, involvement and engagement they are considerable source of balancing workload in health care settings ((Hayes, Bonner, & Pryor, 2010). Secondly, job rotation within

the same workplace inspires nurses to achieve higher performance, allowing continuous growth and development of new knowledge and skills (Ho, *et al.*, 2009), and increasing the quality of care (Lu *et al.,* 2011). Despite various critics facing the practice, job rotation helps employees to acquire multiple capabilities and expand their vision, hence reducing the risk of burnout (Hsieh & Su, 2007).

Various factors such as experience, learning status and job familiarity should be taken into account when establishing rotation frequency (Lu, Barriball, Zhang, & While, 2011). On the other hand, Gliss (2000) describes job sharing as a situation in which two employees share the responsibilities and benefits of a single full-time position through shared knowledge and skills, experience and other resources. The practice which boosts nursing staff retention and allows flexibility within the workplace (Maestad, Torsvik , & Aakvik, 2010)

METHODOLOGY

This study used explanatory research design using both quantitative and qualitative approaches. The study adopted the positivist paradigm where scientific processes were followed in hypothesizing fundamental laws then deducing the observations so as to determine the truth or falsify the said hypothesis about the relationship that workload and the performance of public hospitals in Tanzania (Saunders *et al.,* 2009). The target population for this study consisted of all 28 regional hospitals in Tanzania. The unit of observation was 1375 nurses in 8 regional hospitals. Nurses were grouped into three categories namely; assistant Nursing Officers, Assistant Nursing Officers and Enrolled Nurses. Eight hospitals, which formed 30% of the total regional hospitals, were randomly selected. The following formula according to Cochran (1963) was used to determine the sample size:

$$n = \frac{Z^2 pq}{\varepsilon^2}$$

Equation 1: Sample Size Determination Formula

Where;

N_0= Sample size when the population is > 10,000

Z^2 = Standard normal deviant required at confident level of 95% which is 1.96.

p = Proportion of people influenced by performance management which is set at 0.5 each.

q = 1-p

ε= 0.5 error of margin allowed.

$$N_0 = \frac{(1.96)^2 \times 0.5(1 - 0.5)}{(0.05)^2} = 404$$

A ratio of proportional allocation was used to allocate the 404 respondents to each of the 8 regional hospitals in the study.

Data collection was done using a Self-administered questionnaire focusing on Registered Nurse Performance Appraisal Tool designed by Hader *et al., (1999).* This tool consists of 33 main performance criteria ascribed to three major criteria including professional practice, leadership and education. However, the tool was modified to fit the need of the study. The total performances score were measured in 5 point Likert Scale and nurses who scored above the mean were considered having good performance while nurses who scored below the mean considered having poor performance. To ensure that the study was ethically conducted, and objectives hospital authorities' permission and verbal consent of individual nurses were taken prior to explaining the benefits of the study and ensuring confidentiality of the information. Data analysis was performed using the Statistical Package for Social Science (SPSS) version 21 and presented in the form of tables.

Data reliability was measured using Cronbach's alpha correlation which ranges between 0 and 1 (Kothari, 2004) with alpha at least 0.70 or above (Hall, 2008). A workload index and performance of nurses' index were computed. Pearson correlation was used to test for correlation. Correlation between the independent and the dependent variables with values 0.0 to 0.2 was considered weak correlation, 0.2 to 0.4 was

considered moderate correlation while values of 0.5 and above being considered strong correlation (SSRL, 2010; Kent State University Libraries, 2017). Regression analysis was conducted to determine the significance relationship of workload and nurses performance. The relationship was tested using a simple regression model of the form $Y=\beta_0+\beta_1X_1+\varepsilon$. The test of hypothesis proceeded as follows. At a significance level, $\alpha = 0.05$, the hypothesized relationship was tested, Ha1: workload has a positive significant influence on performance of nurses. Conclusions and recommendations were made on the basis of the findings.

RESULTS

The findings showed that the nurses' job performance could be influenced by workload. At the same time, the findings supported the Job Demands and Resources (JD-R) model because it was revealed that, nurses' job performance could be modeled by the original constructs of the theory in addition to other significant variables derived from other related theories. With a total number of 373 respondents, the positive relationship was represented by correlation coefficient =0.439, p<0.05 with the precision under consideration being p=0.000 (Table 1). This that, once the nurse workload is balanced, there is a possibility of improving service delivery and career commitment. This corroborated the findings by (De Menezes & Kelliher, 2011) who found that, among the female nurses in surveyed in Turkey, it was concluded that, heavy workload restricted nurses from developing new skills and to solve work-related problems.

Moreover, the study found high support for the role of leadership support as a mediator in a relationship workload and nurses' performance. It was hypothesized that workload has a positive significant influence on performance of nurses in regional hospitals in Tanzania. The relationship was tested using a simple regression model of the form $Y=\beta_0+\beta_1X_1+\varepsilon$ as shown on Table 1. The test of hypothesis proceeded as follows. At a significance level, $\alpha = 0.05$, we test the hypothesized relationship, Ha3: workload has a positive significant influence on performance of nurses. The model was found to be statistically significant (F $(1, 372) = 89.031$, p-value < 0.001). Since p-value < 0.001, the alternative hypothesis was accepted and concludes that, at $\alpha = 0.05$ level of significance, workload has a positive significant influence on performance of nurses.

In this study, the number of nurses dissatisfied with workload was higher in maternity and pediatric wards than other wards, and this difference could be due to the high number and nature of patients attended per day in these wards. Likewise, job sharing, part time working and voluntary overtime was associated with improved job performance among nurses (mean = 3.5-4.0). Moreover, majority of nurses agreed that high workload affects nurses' job performance (mean =2.8). In a similar vein, the study noted that, majority of nurses (65%, n= 213) complained of heavy workload in their units due to handling multiple tasks both professional and non-professional at once. For instance, interview carried out noted that, apart from other out the roster duties, recording of information on multiple documents increase professional nurses' responsibilities and workload during working hours, requiring new office redesign. Further, high nurse-patient ratio (mostly noted in maternity and outpatient departments respectively) and poor working environment resulted into patients complain due to unnecessary delays. Thus an overworked nurse might fail to maintain quality documentation, control infection and improve service quality (Duncan & Pettigrew, 2012).

To support the findings, a study done at eThekwini District, in KwaZulu-Natal, found that professional nurses at PHC facilities suffered from high workload due to the daily integration of multiple PHC services, including new programmes being introduced from the government. Similarly, in three regions in Kenya,

findings indicated that, nurses experienced increased workload due to shortage of staff, insufficient training and as a result of staff movement from government to private institutions for better salaries (Ojakaa, Olango & Jarvis, 2014). Likewise, leadership support had a significant moderating effect on the relationship between workload and the performance of nurses. The results that, hospital leaders are responsible in formulating various policies, approving and allocation of resources, appraising staff; hence their support in various ways counts much in settings priorities related staff workloads. The adjusted R^2 value indicated that 15.5% of the total variation in the performance of nurses can be explained by the flexible work continuity. The adjusted R^2 value = 0.191 lied just below 0.2 and 0.4 and therefore considered moderate correlation.

Table 1: Model Summary for Workload and Nurses' Performance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.439[a]	.193	.191	.51400

a. Predictors: (Constant), Workplace Flexibility

b. Dependent Variable: Performance of Nurses

The Analysis of variance (ANOVA) results as shown in Table 2 further confirmed that the model fit is appropriate for this data since p-value of 0.000 which was less than 0.05. This implied that there was a significant positive relationship between workplace flexibility and nurses' performance.

Table 2: Analysis of Variance (ANOVA) for Workload and Nurses' Performance

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	23.522	1	23.522	89.031	.000[b]
	Residual	98.281	372	.264		
	Total	121.802	373			

a. Dependent Variable: Performance of Nurses

b. Predictors: (Constant), Workload Flexibility

By applying the standardized coefficients, the resultant regression equation $Y=\beta_0+\beta_1X_1 +\varepsilon$ yields Y= $0.439X_1$, where Y is the performance of nurses and X_1 is work load. The variable was significant with β_0 = 0.439, t = 17.993, p-value < 0.001 indicating that a unit improvement in workload flexibility contributed an improvement in performance of nurses by 0.439. This meant that the work practice which allows flexibility in terms of job sharing, job rotation and seasonal working or part time working improved the performance of nurses by being able to dedicate the required time in multiple responsibilities both at work and home settings. In their opinion, nurses could be able to advance their career, provide quality service in and integrity manner and being more curious in learning new ways of service provision.

Table 3: Coefficients for Workload and Nurses' Performance

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	T	Sig.
1	(Constant)	2.518	.140		17.993	.000
	WF	.370	.039	.439	9.436	.000

a. Dependent Variable: Performance of Nurses

In particular, the study interview noted that, with staff challenges and number of patients, it was difficult to avoid long and irregular shift in some departments. In some circumstances, nurses were forced to be recalled back from their rest days to cover the emergencies leading to postponement of family issues. This could compromise with service quality, independence of thoughts and creativity. Thus, they emphasized that, a well-balanced workload could enhance nurses' performance due to ability to learn, practice and concentrate. According to job demands-resources model, when demands are high it may not be easy for employees to allocate their attention and energy efficiently because they have to engage in greater activation and/or effort and this, in turn, negatively affects their performance (Bakker *et al.,* 2004) and vice versa.

CONCLUSION

The study investigated the influence of workload on nurses' job performance among the regional hospitals in Tanzania using Job Demands Resource theory. Pearson correlation coefficient was used to gauge the relationship between workload flexibility and performance of nurses. The nurses' opinions were measured on 5 point Likert scale. The findings indicated that, workload flexibility had a significant, moderate and positive correlation with the performance of nurses (β_0 0.439, n = 372). Workload flexibility, individually (F= 89.031) and as a joint predictor (F= 97.506), was also a significant predictor of the performance of nurses. Thus, leadership support had a significant moderating effect on the relationship between workload flexibility and the performance of nurses. The results indicated that leadership support explained 36% of nurses' performance in regional hospitals; hence flexible load balancing in the nursing environment would be expected to make significant improvements in the performance of nurses. Leadership support makes further improvements in the performance of nurses given its significant moderating effect. Similar to studies done in other countries mostly in the west, the results of this study suggest that supervisor support help to increase employee performance. Nurse's performance according to the present study was affected by poor working environment, long work shifts and limited career advancement.

RECOMMENDATION

The study recommended the following to improve nurse's performance in regional hospitals in Tanzania. First, hospital management should explore ways to ensure a good balance between patient needs and nursing staff size and expertise in order to deliver good quality care and excellent service to their patients while managing operational excellence. Equally important, it is recommended that hospital leaders and business professionals implement sound strategies for improving employee performance clearly defining, effectively communicating, and monitoring, and executing strategies throughout all levels of the organization to ensure employee commitment. This will help much in case of scarce resources. Work shifts and other work conditions should be re-examined to ensure more suitable work situation.

It was also recommended that hospital management build employee commitment illustrating that they are genuinely concerned about their 'opinions on work issues that may affect daily operations. This can be achieved through, creating a supportive work environment where managers support employees in their work and growth by providing education and learning opportunities, coaching, mentoring, training, and programs that support employees' personal development.

Suggestions for Future Research

The findings in this study provided important knowledge to guide the provision of nursing care in a resource-limited country like Tanzania. It also informed the nursing profession globally about how regional hospital nurses' experience their role and

care as far as the workload issues are concerned. High quality of nursing care is facilitated by adequate nurse workforce that is paramount for the success of any healthcare system. Therefore, comprehensive and integrated strategies involving individual, institutional, community and government levels should be called for to meet the challenges of such workplace deficiencies. Further, legal guidelines for nurses and midwifes covering many aspects of nursing workload, Flexible Work Arrangements is necessary in enhancing patient safety. Therefore, further research is needed on how these guidelines could be translated into practice especially in 24 hours around the clock work settings.

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