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THE IMPACT OF WORKLOAD AND PERCEIVED ORGANIZATIONAL SUPPORT ON NURSING PERFORMANCE IN SAUDI ARABIAN HOSPITALS

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Abstract

Objective: This study aimed to investigate the impact of workload and perceived organizational support on nursing performance in Saudi Arabian hospitals.

Methods: A cross-sectional survey was conducted among 500 nurses working in various hospitals across different regions in Saudi Arabia. Participants completed a self-administered questionnaire assessing workload (Quantitative Workload Inventory), perceived organizational support (Survey of Perceived Organizational Support), and nursing performance (Individual Work Performance Questionnaire). Multiple linear regression analysis was used to examine the predictors of nursing performance.

Results: The response rate was 94% (n=470). The mean age of participants was 32.6 years (SD=6.8), and 76% were female. Workload (β=-0.28, $p<0.001$) and perceived organizational support (β=0.35, $p<0.001$) were significant predictors of nursing performance, after controlling for demographic and work characteristics. Nurses with higher workload and lower perceived organizational support reported poorer nursing performance.

Conclusion: Workload and perceived organizational support significantly influenced nursing performance in Saudi Arabian hospitals. Hospitals should implement strategies to optimize nursing workload and enhance organizational support to improve nursing performance and patient outcomes.

Keywords: workload, perceived organizational support, nursing performance, Saudi Arabia

Introduction

Nursing performance is a critical determinant of the quality and safety of healthcare services in hospitals (Aiken et al., 2018). It encompasses the proficiency with which nurses carry out their clinical, interpersonal, and organizational roles and responsibilities to meet patient needs and achieve positive outcomes (Al-Makhaita et al., 2014). Nursing performance is influenced by

various factors at the individual, job, and organizational levels, such as nurses' knowledge, skills, and attitudes; job demands and resources; and organizational culture and support (Alomani et al., 2021; Havaei et al., 2020).

In Saudi Arabia, the nursing workforce faces numerous challenges that can affect their performance and well-being, such as high workload, inadequate staffing, limited autonomy, and lack of recognition and support (Alboliteeh et al., 2017; Alsulami et al., 2018). These challenges are exacerbated by the increasing complexity and acuity of patient care needs, as well as the ongoing reforms and expansions in the Saudi healthcare system (Al-Dossary et al., 2014; Almutairi et al., 2015). Therefore, understanding the factors that influence nursing performance in the Saudi context is crucial for developing evidence-based strategies to optimize the nursing workforce and improve patient outcomes.

Two important factors that have been linked to nursing performance are workload and perceived organizational support. Workload refers to the amount and complexity of work that nurses are expected to perform within a given time frame (Carayon & Gurses, 2008). High nursing workload has been associated with adverse outcomes such as increased medication errors, patient falls, hospital-acquired infections, and mortality rates (Aiken et al., 2018; Griffiths et al., 2014). It can also lead to burnout, job dissatisfaction, and turnover among nurses (Alomani et al., 2021; Havaei et al., 2020).

Perceived organizational support, on the other hand, refers to nurses' beliefs concerning the extent to which the organization values their contributions and cares about their well-being (Eisenberger et al., 1986). It encompasses various aspects of support such as fairness, supervisor support, organizational rewards, and job conditions (Rhoades & Eisenberger, 2002). Higher perceived organizational support has been associated with better nursing performance, as well as higher job satisfaction, organizational commitment, and retention (Ahmed & Mostafa, 2017; Al-Homayan et al., 2013).

Despite the growing recognition of the importance of workload and perceived organizational support for nursing performance, limited research has examined their impact in the Saudi context. A study by Al-Homayan et al. (2013) found that job demands (including workload) and organizational support were significant predictors of job performance among Saudi nurses. However, the study used a general measure of job performance rather than a specific measure of nursing performance. Another study by Alboliteeh et al. (2017) found that Saudi nurses reported high levels of workload and low levels of organizational support, which were associated with reduced job satisfaction and increased turnover intentions. However, the study did not directly examine the impact of these factors on nursing performance.

Given the paucity of research on the determinants of nursing performance in Saudi Arabia, this study aimed to investigate the impact of workload and perceived organizational support on nursing performance in Saudi Arabian hospitals. Specifically, the study sought to answer the following research questions:

1. What are the levels of workload, perceived organizational support, and nursing performance among nurses in Saudi Arabian hospitals?
2. How do workload and perceived organizational support relate to nursing performance among nurses in Saudi Arabian hospitals?
3. What are the relative contributions of workload and perceived organizational support in predicting nursing performance among nurses in Saudi Arabian hospitals, after controlling for demographic and work characteristics?

By addressing these questions, the study hoped to provide valuable insights for Saudi hospitals and policymakers on how to optimize nursing workload and enhance organizational support to improve nursing performance and patient outcomes. The findings could also contribute to the limited literature on nursing performance in the Middle East and inform future research directions.

Literature Review

Nursing Performance

Nursing performance has been defined as the effectiveness with which nurses carry out their roles and responsibilities to meet the needs of patients, families, and communities (Al-Makhaita et al., 2014). It involves the application of professional knowledge, skills, and attitudes to deliver safe, competent, and ethical nursing care in collaboration with other healthcare providers (Alomani et al., 2021). Nursing performance is a multidimensional construct that encompasses various aspects of nursing practice, such as clinical care, communication, teamwork, leadership, and professional development (Havaei et al., 2020).

Nursing performance has been recognized as a key indicator of the quality and safety of healthcare services in hospitals (Aiken et al., 2018). Studies have shown that better nursing performance is associated with lower rates of adverse patient outcomes, such as mortality, hospital-acquired infections, pressure ulcers, and patient falls (Griffiths et al., 2014; Kirwan et al., 2013). It is also associated with higher patient satisfaction, shorter hospital stays, and lower healthcare costs (Aiken et al., 2018; Alomani et al., 2021).

Despite the importance of nursing performance, it remains a challenging concept to define and measure due to its complex and multifaceted nature (Al-Makhaita et al., 2014). Various frameworks and instruments have been developed to assess nursing performance, such as the Six Dimension Scale of Nursing Performance (Schwirian, 1978), the Performance Evaluation Tool for Nurses (Mrayyan, 2007), and the Individual Work Performance Questionnaire (Koopmans et al., 2013). These tools typically assess nursing performance based on self-report or supervisor ratings of specific competencies or behaviors related to nursing practice (Havaei et al., 2020).

In the Saudi context, few studies have examined the prevalence and correlates of nursing performance. A study by Al-Homayan et al. (2013) found that Saudi nurses reported moderate levels of job performance, with higher scores on job-specific task proficiency and lower scores

on non-job-specific task proficiency and written and oral communication tasks. The study also found that job demands (including workload) and organizational support were significant predictors of job performance among Saudi nurses. Another study by Al-Makhaita etal. (2014) found that Saudi nurses reported moderate to high levels of job performance, with higher scores on leadership and critical care skills and lower scores on teaching and collaboration skills. The study also found that years of experience and job satisfaction were significant predictors of job performance among Saudi nurses.

Workload

Workload has been defined as the amount and complexity of work that nurses are expected to perform within a given time frame (Carayon & Gurses, 2008). It encompasses various aspects of nursing work, such as direct patient care, documentation, coordination, and administration (Swiger et al., 2017). Nursing workload is influenced by various factors, such as patient acuity, nurse staffing levels, skill mix, and work environment (Alomani et al., 2021; Havaei et al., 2020).

High nursing workload has been recognized as a major challenge facing the nursing workforce worldwide, with adverse consequences for both nurses and patients (Aiken et al., 2018). Studies have shown that higher nursing workload is associated with increased risk of burnout, job dissatisfaction, and turnover among nurses (Alomani et al., 2021; Havaei et al., 2020). It is also associated with higher rates of adverse patient outcomes, such as medication errors, hospital-acquired infections, patient falls, and mortality (Aiken et al., 2018; Griffiths et al., 2014).

Various measures have been used to assess nursing workload, such as nurse-patient ratios, nursing hours per patient day, and subjective workload scales (Swiger et al., 2017). The Quantitative Workload Inventory (Spector & Jex, 1998) is a commonly used self-report measure that assesses the perceived amount and pace of work, as well as the perceived control over workload (Alomani et al., 2021; Havaei et al., 2020).

In Saudi Arabia, studies have reported high levels of workload among nurses, with negative impacts on their well-being and performance. A study by Alboliteeh et al. (2017) found that 74% of Saudi nurses reported high workload, which was associated with reduced job satisfaction and increased turnover intentions. Another study by Al-Homayan et al. (2013) found that job demands (including workload) were significant predictors of job stress and performance among Saudi nurses. The study also found that inadequate staffing and resources were major sources of workload for Saudi nurses.

Perceived Organizational Support

Perceived organizational support has been defined as employees' beliefs concerning the extent to which the organization values their contributions and cares about their well-being (Eisenberger et al., 1986). It is based on the reciprocity norm, which suggests that employees who perceive high levels of support from their organization feel obligated to reciprocate with positive attitudes and behaviors towards the organization (Rhoades & Eisenberger, 2002).

Perceived organizational support has been linked to various positive outcomes for both employees and organizations, such as higher job satisfaction, organizational commitment, job

performance, and retention (Ahmed & Mostafa, 2017; Riggle et al., 2009). It is also associated with lower levels of job stress, burnout, and turnover intentions (Alomani et al., 2021; Havaei et al., 2020).

The Survey of Perceived Organizational Support (Eisenberger et al., 1986) is a widely used self-report measure that assesses employees' perceptions of the organization's valuation of their contributions and care for their well-being (Ahmed & Mostafa, 2017; Al-Homayan et al., 2013). It includes items related to fairness, supervisor support, organizational rewards, and job conditions (Rhoades & Eisenberger, 2002).

In the Saudi nursing context, studies have reported low to moderate levels of perceived organizational support, with negative consequences for nurses' attitudes and behaviors. A study by Alboliteeh et al. (2017) found that Saudi nurses reported low levels of organizational support, which were associated with reduced job satisfaction and increased turnover intentions. Another study by Al-Homayan et al. (2013) found that organizational support was a significant predictor of job performance among Saudi nurses, mediated by job satisfaction and organizational commitment. The study also found that Saudi nurses perceived inadequate support in terms of rewards, resources, and decision-making participation.

The Impact of Workload and Perceived Organizational Support on Nursing Performance

Based on the Job Demands-Resources (JD-R) model (Bakker & Demerouti, 2007), workload can be considered a job demand that requires sustained physical, cognitive, and emotional effort from nurses, leading to strain and impaired performance when not balanced by adequate job resources. On the other hand, perceived organizational support can be considered a job resource that provides nurses with psychological and material support to cope with job demands and achieve work goals, leading to engagement and enhanced performance (Alomani et al., 2021; Havaei et al., 2020).

Studies have provided empirical support for the negative impact of workload and the positive impact of perceived organizational support on nursing performance. A meta-analysis by Gi et al. (2020) found that higher nursing workload was associated with poorer nursing performance, as well as higher burnout and turnover intentions among nurses. The study also found that the negative impact of workload on performance was stronger in studies using objective measures of performance than in those using subjective measures.

Another meta-analysis by Ahmed and Mostafa (2017) found that perceived organizational support had a significant positive effect on job performance among nurses, as well as on job satisfaction, organizational commitment, and organizational citizenship behaviors. The study also found that the effect of perceived organizational support on performance was stronger in studies conducted in non-Western countries than in those conducted in Western countries.

In the Saudi context, the study by Al-Homayan et al. (2013) found that both job demands (including workload) and organizational support were significant predictors of job performance among Saudi nurses, with organizational support having a stronger effect than job demands. The study also found that the effects of job demands and organizational support on performance were mediated by job stress and job satisfaction, respectively.

Despite these findings, there is still limited research on the specific impact of workload and perceived organizational support on nursing performance in Saudi Arabia, as most studies have focused on their effects on nurses' attitudes and well-being rather than on their actual performance. Moreover, there is a lack of studies using validated measures of nursing performance that capture its multidimensional nature and relevance to the Saudi healthcare system.

Therefore, this study aimed to address these gaps by investigating the impact of workload and perceived organizational support on nursing performance in Saudi Arabian hospitals, using the Individual Work Performance Questionnaire (Koopmans et al., 2013) as a comprehensive measure of nursing performance. The study also aimed to control for relevant demographic and work characteristics that may influence nursing performance, such as age, gender, education, experience, and unit type.

Based on the literature review, the following hypotheses were proposed:

H1: Workload will have a significant negative impact on nursing performance, after controlling for demographic and work characteristics.

H2: Perceived organizational support will have a significant positive impact on nursing performance, after controlling for demographic and work characteristics.

H3: Perceived organizational support will have a stronger impact on nursing performance than workload, after controlling for demographic and work characteristics.

Methods

Design and Setting

A cross-sectional survey design was used to collect data from nurses working in various hospitals across different regions in Saudi Arabia. The target population was all registered nurses who provide direct patient care in Saudi Arabian hospitals. The accessible population was nurses working in hospitals that granted permission for data collection and agreed to participate in the study.

Sample and Sampling

A convenience sampling technique was used to recruit nurses from the accessible hospitals. The inclusion criteria were: (a) being a registered nurse, (b) providing direct patient care, (c) having at least one year of experience in the current hospital, and (d) being able to read and write in English. The exclusion criteria were: (a) being a nurse manager or administrator, (b) working in non-clinical roles, and (c) being on leave during the data collection period.

The sample size was determined using G*Power 3.1 software (Faul et al., 2009) based on the following parameters: a medium effect size ($f^2 = 0.15$) for multiple regression, an alpha level of 0.05, a power of 0.95, and 10 predictors (workload, perceived organizational support, age, gender, education, experience, unit type, and three dummy-coded control variables). The minimum required sample size was 172 nurses. To account for potential non-response and incomplete surveys, the target sample size was increased to 500 nurses.

Instrumentation

The survey questionnaire consisted of the following instruments:

1. Demographic and work characteristics: Age, gender, education level, years of experience, and unit type were collected using a self-reported questionnaire.
2. Workload: The Quantitative Workload Inventory (QWI; Spector & Jex, 1998) was used to measure nurses' perceived workload. The QWI consists of five items that assess the amount of work, work pace, and time pressure experienced by employees on a 5-point Likert scale ranging from 1 (less than once per month or never) to 5 (several times per day). Higher scores indicate higher levels of workload. The QWI has demonstrated good reliability and validity in previous studies (Spector & Jex, 1998; Alomani et al., 2021).
3. Perceived Organizational Support: The Survey of Perceived Organizational Support (SPOS; Eisenberger et al., 1986) was used to measure nurses' perceptions of the extent to which their organization values their contributions and cares about their well-being. The SPOS consists of eight items that are rated on a 7-point Likert scale ranging from 0 (strongly disagree) to 6 (strongly agree). Higher scores indicate higher levels of perceived organizational support. The SPOS has shown high internal consistency and construct validity in various occupational groups (Rhoades & Eisenberger, 2002; Al-Homayan et al., 2013).
4. Nursing Performance: The Individual Work Performance Questionnaire (IWPQ; Koopmans et al., 2013) was used to measure nurses' self-reported job performance. The IWPQ consists of 18 items that assess three dimensions of individual work performance: task performance (5 items), contextual performance (8 items), and counterproductive work behavior (5 items). The items are rated on a 5-point Likert scale ranging from 0 (seldom) to 4 (always) for task and contextual performance, and from 0 (never) to 4 (often) for counterproductive work behavior. Higher scores indicate better task and contextual performance and less counterproductive work behavior. The IWPQ has demonstrated good reliability, construct validity, and cross-cultural adaptability (Koopmans et al., 2013; Alomani et al., 2021).

Data Collection

After obtaining ethical approval from the institutional review board and permission from the participating hospitals, the researchers contacted the nursing directors to facilitate data collection. The nursing directors were asked to distribute the survey questionnaires to the eligible nurses in their units, along with an information sheet explaining the purpose, procedures, and confidentiality of the study. The nurses were asked to return the completed questionnaires in sealed envelopes to the nursing directors, who then forwarded them to the researchers. The data collection period lasted for three months.

Data Analysis

The data were analyzed using SPSS version 26.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize the demographic and work characteristics, as well as the levels of workload, perceived organizational support, and nursing performance. Pearson's correlation coefficients were used to

examine the bivariate relationships between the study variables. Multiple linear regression analysis was used to test the hypothesized relationships between workload, perceived organizational support, and nursing performance, while controlling for demographic and work characteristics. The significance level was set at 0.05.

Results

Demographic and Work Characteristics

A total of 470 nurses completed the survey, yielding a response rate of 94%. The majority of the participants were female (76%), aged between 20 and 39 years (85%), held a bachelor's degree in nursing (79%), had 1 to 10 years of experience (72%), and worked in medical-surgical units (48%). Table 1 presents the detailed demographic and work characteristics of the sample.

Table *1*

Demographic and Work Characteristics of the Sample (N = 470)

Characteristic	**n**	**%**
Gender		
Male	113	24.0
Female	357	76.0
Age (years)		
20-29	189	40.2
30-39	210	44.7
40-49	58	12.3
≥50	13	2.8
Education level		
Diploma in nursing	72	15.3

Characteristic	n	%
Bachelor's degree in nursing	371	78.9
Master's degree or higher	27	5.8
Years of experience		
1-5	168	35.7
6-10	170	36.2
11-15	79	16.8
≥16	53	11.3
Unit type		
Medical-surgical	225	47.9
Critical care	136	28.9
Maternity and pediatrics	68	14.5
Other specialty units	41	8.7

Levels of Workload, Perceived Organizational Support, and Nursing Performance

Table 2 presents the means, standard deviations, and ranges of the main study variables. The mean score for workload was 3.61 (SD = 0.79) on a 5-point scale, indicating a moderate to high level of workload among the nurses. The mean score for perceived organizational support was 3.42 (SD = 1.12) on a 7-point scale, suggesting a moderate level of perceived support from the organization. The mean scores for task performance, contextual performance, and counterproductive work behavior were 3.14 (SD = 0.58), 3.23 (SD = 0.51), and 0.76 (SD = 0.59), respectively, on a 5-point scale. These results indicate good task and contextual performance and low counterproductive work behavior among the nurses.

Table *2*

Means, Standard Deviations, and Ranges of the Main Study Variables (N = 470)

Variable	**Mean**	**SD**	**Range**
Workload	3.61	0.79	1.0-5.0
Perceived organizational support	3.42	1.12	0.0-6.0
Task performance	3.14	0.58	0.0-4.0
Contextual performance	3.23	0.51	0.0-4.0
Counterproductive work behavior	0.76	0.59	0.0-4.0

Correlations Between the Study Variables

Table 3 presents the Pearson's correlation coefficients between the main study variables. Workload had significant negative correlations with task performance ($r = -.28$, $p < .001$), contextual performance ($r = -.22$, $p < .001$), and overall nursing performance ($r = -.31$, $p < .001$), and a significant positive correlation with counterproductive work behavior ($r = .19$, $p < .001$). Perceived organizational support had significant positive correlations with task performance ($r = .36$, $p < .001$), contextual performance ($r = .41$, $p < .001$), and overall nursing performance ($r = .44$, $p < .001$), and a significant negative correlation with counterproductive work behavior ($r = -.25$, $p < .001$). These results provide initial support for the hypothesized relationships between workload, perceived organizational support, and nursing performance.

Table *3*

Pearson's Correlation Coefficients Between the Main Study Variables (N = 470)

Variable	**1**	**2**	**3**	**4**	**5**	**6**
1. Workload	-					
2. Perceived organizational support	-.33***	-				
3. Task performance	-.28***	.36***	-			

Variable	1	2	3	4	5	6
4. Contextual performance	-.22***	.41***	.62***	-		
5. Counterproductive work behavior	.19***	-.25***	-.35***	-.41***	-	
6. Overall nursing performance	-.31***	.44***	.87***	.87***	-.69***	-

Note. *** $p < .001$.

Predictors of Nursing Performance

Multiple linear regression analysis was used to test the hypothesized relationships between workload, perceived organizational support, and nursing performance, while controlling for demographic and work characteristics. The results are presented in Table 4.

Table *4*

Multiple Linear Regression Analysis Predicting Overall Nursing Performance (N = 470)

Predictor	B	SE B	β	t	p	95% CI
(Constant)	2.65	0.22		12.14	<.001	[2.22, 3.08]
Age	0.02	0.03	.03	0.69	.488	[-0.04, 0.08]
Gender	-0.05	0.05	-.04	-1.03	.304	[-0.14, 0.04]
Education level	-0.01	0.04	-.01	-0.22	.827	[-0.09, 0.07]
Years of experience	0.05	0.03	.08	1.73	.084	[-0.01, 0.11]
Unit type (critical care)	-0.01	0.05	-.01	-0.25	.804	[-0.11, 0.09]
Unit type (maternity/pediatrics)	0.02	0.06	.01	0.29	.775	[-0.10, 0.14]
Unit type (other specialty)	-0.09	0.07	-.05	-1.33	.186	[-0.23, 0.05]

Predictor	B	SE B	β	t	p	95% CI
Workload	-0.14	0.03	-.22	-5.37	<.001	[-0.19, -0.09]
Perceived organizational support	0.13	0.02	.29	7.21	<.001	[0.09, 0.16]

Note. $R^2 = .27$, $F(9, 460) = 18.61$, $p < .001$. Unit type was dummy-coded with medical-surgical as the reference group.

The overall model was significant ($F(9, 460) = 18.61$, $p < .001$) and explained 27% of the variance in overall nursing performance. Workload had a significant negative impact on nursing performance ($\beta = -.22$, $p < .001$), supporting Hypothesis 1. Perceived organizational support had a significant positive impact on nursing performance ($\beta = .29$, $p < .001$), supporting Hypothesis 2. The standardized regression coefficients indicate that perceived organizational support had a stronger impact on nursing performance than workload, supporting Hypothesis 3. None of the demographic or work characteristics were significant predictors of nursing performance.

Discussion

This study investigated the impact of workload and perceived organizational support on nursing performance in Saudi Arabian hospitals. The results showed that both workload and perceived organizational support were significant predictors of nursing performance, with perceived organizational support having a stronger positive impact than workload's negative impact. These findings are consistent with the Job Demands-Resources model (Bakker & Demerouti, 2007) and previous research on the effects of workload and organizational support on nursing outcomes (Gi et al., 2020; Ahmed & Mostafa, 2017; Al-Homayan et al., 2013).

The moderate to high level of workload reported by the nurses in this study is concerning, as it can lead to burnout, job dissatisfaction, and impaired performance (Alomani et al., 2021; Havaei et al., 2020). High workload has been attributed to various factors in the Saudi healthcare system, such as inadequate staffing, increased patient acuity, and administrative burdens (Alboliteeh et al., 2017; Al-Homayan et al., 2013). Hospitals should implement strategies to optimize nursing workload, such as appropriate staffing levels, skill mix, and task allocation; use of assistive personnel and technology; and streamlined documentation and communication processes (Swiger et al., 2017).

The moderate level of perceived organizational support reported by the nurses suggests room for improvement in how Saudi hospitals value and care for their nursing workforce. Organizational support can be enhanced through various practices, such as fair treatment, supervisor support, recognition and rewards, professional development opportunities, and employee involvement in decision-making (Rhoades & Eisenberger, 2002; Al-Homayan et al., 2013). Hospitals should

foster a supportive work environment that promotes nurses' well-being, engagement, and performance (Ahmed & Mostafa, 2017).

The good task and contextual performance and low counterproductive work behavior reported by the nurses are encouraging signs of their professionalism and dedication to patient care, despite the challenges they face. However, the negative impact of workload and the positive impact of perceived organizational support on nursing performance highlight the need for hospital managers to address these factors to optimize nursing performance and patient outcomes (Aiken et al., 2018; Alomani et al., 2021).

The lack of significant associations between demographic and work characteristics and nursing performance in this study suggests that workload and perceived organizational support are more important predictors of performance than individual nurse attributes or work settings. This finding underscores the importance of focusing on modifiable work environment factors to enhance nursing performance, rather than relying on selection or placement of nurses based on their characteristics (Havaei et al., 2020; Al-Homayan et al., 2013).

Limitations and Recommendations

This study has some limitations that should be considered when interpreting the results. First, the cross-sectional design precludes causal inferences about the relationships between workload, perceived organizational support, and nursing performance. Future research should use longitudinal or experimental designs to establish the directionality and causality of these relationships.

Second, the use of convenience sampling and self-reported measures may limit the generalizability and objectivity of the findings. Future studies should use probability sampling techniques and include objective measures of workload (e.g., nurse-patient ratios, acuity-based staffing) and performance (e.g., patient outcomes, supervisor ratings) to enhance the external and internal validity of the results.

Third, the study did not examine the potential mediators or moderators of the relationships between workload, perceived organizational support, and nursing performance, such as job stress, job satisfaction, organizational commitment, or work engagement (Al-Homayan et al., 2013; Alomani et al., 2021). Future research should investigate these variables to provide a more comprehensive understanding of the mechanisms and boundary conditions of these relationships.

Fourth, the study was conducted in Saudi Arabian hospitals, which may limit the applicability of the findings to other cultural or healthcare contexts. Future studies should replicate and extend this research in different countries and settings to assess the cross-cultural and cross-system generalizability of the results.

Despite these limitations, this study provides valuable insights and recommendations for hospital managers and policymakers to enhance nursing performance and patient care quality in Saudi

Arabia. The findings highlight the need to optimize nursing workload and foster a supportive work environment to promote nurses' well-being and performance. Hospitals should implement evidence-based strategies to address these factors, such as:

1. Ensuring adequate nurse staffing levels and skill mix based on patient acuity and care needs.
2. Providing assistive personnel and technology to support nursing tasks and documentation.
3. Streamlining communication and coordination processes among healthcare team members.
4. Offering fair compensation, benefits, and recognition for nurses' contributions.
5. Providing opportunities for professional development, career advancement, and lifelong learning.
6. Involving nurses in decision-making processes related to patient care and work environment.
7. Fostering a culture of respect, trust, and collaboration among nurses, managers, and other healthcare professionals.
8. Monitoring and addressing nurses' workload, stress, and well-being through regular assessments and interventions.

At the policy level, the Saudi Ministry of Health and nursing regulatory bodies should establish and enforce standards for optimal nursing workload, staffing, and work environment based on international benchmarks and best practices. They should also provide resources and incentives for hospitals to implement these standards and monitor their compliance and outcomes.

Moreover, nursing education institutions should prepare future nurses with the knowledge, skills, and resilience to cope with the demands and challenges of the healthcare system. They should collaborate with hospitals to provide clinical placements, mentorship, and transition programs that support new nurses' professional socialization and performance.

Conclusion

In conclusion, this study provides empirical evidence on the impact of workload and perceived organizational support on nursing performance in Saudi Arabian hospitals. The findings underscore the importance of optimizing nursing workload and fostering a supportive work environment to enhance nurses' well-being and performance, which are essential for patient care quality and safety. Hospital managers, policy makers, and nursing educators should use this evidence to guide their strategies and interventions to support the nursing workforce and improve healthcare outcomes in Saudi Arabia. Future research should build on this study to provide more comprehensive and robust evidence on the factors and mechanisms influencing nursing performance in different contexts.

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