Work Environment Problems of Hospital Nurses and its Relation to their Professional Commitment

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Abstract

Background

Nursing is an essential component in the functionality of the health system. Nurse's shortage is recognized as worldwide issue. So, understanding the problems that faces them and overcome these problems is crucial in retaining them. This study aimed to identify the most important work environment problems (WEPs) of hospital nurses and its relation to their professional commitment.

Methods

This a descriptive explorative study included a convenience sample of 245 nurses from ICUs, medical, special medical, surgical, and obstetrics and gynecological units in Qena General Hospital. The WEPs questionnaire, professional commitment scale and socio demographic characteristics questionnaire were used for data collection.

Results

Showed that the highest mean score in WEPs was related to lack of material and moral incentives (28.89 ± 7.41) while lowest was related to Poor physical environment and support services (11.36 ± 3.22).There were a statistically significance negative correlations between work environment problems and professional commitment of hospital nurses.

Conclusion

WEPs of hospital nurses have a strong impact on their professional commitment.

Recommendations:

Improving the image of nursing in the media for the purpose of awareness and to clarify the role of nursing and its importance in the medical field. Nursing managers must provide support for nurses and spread the organizational culture that encourages cooperation, participation and teamwork, develop strategies for clarify the tasks and provision of appropriate standards and develop ethical rules for the profession that clarify the limits and standards for the nurses.

Introduction

Nursing services are considered one of the most important elements of the success of the health care process, and the nursing profession is the backbone of health activity in health care institutions due to its clear and tangible impact on the health services provided, as nursing represents the largest professional
group working in health care organizations (Bordignon & Monteiro, 2018) [1]. In spite of the huge efforts made by the health policy makers in Egypt and the countries of the whole world in the development and preparation of manpower in the field of nursing, statistics indicate a shortage of nurses is a worldwide problem. This indicates that there is a need to improve the conditions of work environment of nurses in the health care setting (Haddad & Toney, 2020) [2].

Nursing profession can be very rewarding but it is equally challenging and it entails a huge level of dedication and commitment. Because nurses spend a lot of time with patients, they affect patient care. Nursing practice today is confronted by various challenges such as the age and increase ill segment of the population of hospitalized patients, the burden of healthcare expenses and the need to stay up to date with the medical knowledge and technology advancements. In addition, nurses do not get appropriate financial reward and respect according to their duties. These demands are aggravated by a notable increasing shortage of nurses and an aged nursing labor force. In addition, novice designs of holistic healthcare services are being created to tackle a wide variety of demands in healthcare and influence the structure of the workforce and care delivery (Hofler & Thomas, 2016; Fawaz et al., 2018 and Alsadaan et al., 2021) [3, 4, 5].

Nurses play an integral role in the healthcare settings, providing care to the patients and carrying out leadership roles in hospitals, health systems and other health care organizations. Research has shown that the nursing work environment is a determining factor. It seems that when patients have positive experiences of nursing care, nurses also experience a good, healthy work environment and they become more commitment to their work and their profession (Chhugani & James, 2017 and Cao & Naruse, 2019) [6, 7]. A healthy work environment can be defined as a work setting in which nurses are able to both achieve the goals of the organization and derive personal satisfaction from their work. It fosters a climate in which nurses are challenged to use their expertise, skills and clinical knowledge. Furthermore, nurses who work in such an environment are encouraged to provide patients with excellent nursing care (Kieft et al., 2014) [8].

The profession of nursing is the most unfair profession, as it is still suffering from a lack of demand for it on the one hand, and a dropout from it after practicing it on the other hand, and despite it being a global problem that health care settings suffer everywhere, it appears to us more seriously when nursing suffers mainly from a lack of staff, which makes matters worse. Upon examining this deficiency, we find that the inappropriate work environment is one of the basic in this case. It implicitly leads to a lack of desire for the profession or leaving it after practicing it, this calls to focus to identify this environment and identify the most prominent problems that nurses’ face in it is an important matter to know the nature of these problems and thus work to confront them or reduce their severity (Alluhidan et al., 2020 & Er & Sokmen, 2020) [9, 10].

**Significance of the Study**

From the researchers’ long experience in supervising Faculty Nursing students during the training and direct contact with nurses, they observed that nurses’ tend to complain from many problems related to their work environment such as; work overload, lack of resources, support, cooperation, participation, incentives
and flexibility at work, weak leadership, role ambiguity lack of respect from others, and exposure to infection, which in turn affects their professional commitment. Moreover, no studies to date were done to identify the most important WEPs of hospital nurses and its relation to their professional commitment in Qena General Hospital. So, that the researchers were conducted this study.

**Aim of the Study:**

To identify the most important WEPs of hospital nurses and its relation to their professional commitment.

**Specific objectives:**

1. To determine nurses' perception regarding their WEPs.
2. To determine nurses' perception regarding their professional commitment.
3. Explore relationship between nurse's perception of their WEPs and their professional commitment.
4. Explore relationship between nurse's perceptions of their WEPs, their professional commitment and their personal characteristics.

**Research questions:**

1. What is nurses' perception regarding their WEPs at Qena General Hospital?
2. What are the most problems that face nurses in their work environment at Qena General Hospital?
3. What is nurses' perception regarding their professional commitment at Qena University Hospital?
4. Is there a relation between nurse's perceptions of their WEPs and their professional commitment?
5. Is there a relation between nurse's perceptions of their WEPs, their professional commitment and Socio demographic characteristics?

**Materials And Methods**

**Ethics**

Research protocol was agreed by the Nursing Administration Department and ethical committee in the Faculty of Nursing at south Valley University (approval number: 2022/3. Oral agreements were attained from participants and they informed that their participation is voluntary on that they have the right to agree or disagree to participate in the study without providing any reason and that they were free to withdraw from the study at any time. Completing the questionnaire was considered as consent for participation. In addition, confidentiality of gathered information and privacy of the participants was assured. Moreover, to conduct this study at selected study settings an official permission obtained from the responsible authorities. The researchers met with units’ managers to clarify study aim to them, to obtain their approval and support and organizing the participants based on nature of their work of each unit.

**I-Technical design**
Study Design: A descriptive explorative design was used.

Study Setting: This study was carried out in ICUs, medical, special medical, surgical, and obstetrics & gynecological units at Qena General Hospital.

Study Duration: The present study took about one year from November 2020 until October 2021.

Sample size: The study involved convenient sample comprised of 245 nurses representing all available nurses who are on duty in selected study settings, nurses were recruited based on the following inclusion criteria; staff nurses had at least one year of experience in their working place at the time of study.

Instruments:

Three tools were used:

Tool I: socio-demographic questionnaire consisted of 11 items related to demographic data of studied nurses such as (Age, sex, marital status, children and adult affiliation, qualification, years of experience, number of work shift, monthly income, and place of work, job title, and training courses in nursing).

Tool II: WEPs questionnaire, it was developed by Al-Tuwaijri, (2011) [11]. to measure the problems facing nurses in their work environment. It contains 47 items divided into seven types of problem; poor level of education and awareness (6 items), difficulty in the profession and the impact of work pressures (9 items), poor physical environment and supportive services (4 items), lack of cooperation and participation (4 items), lack of material and moral incentives (10 items), lack of flexibility at work and weak leadership (7 items), and role ambiguity and lack of standards (7 items).

The response for each of the items is on a four-point Likert type scale: strongly agree, agree, disagree, and "strongly disagree." The scoring was accordingly from four to one for each item respectively. A score of each type is determined by calculating the average value of all responses for the items in the type. Each mean score is linked with each type of problems; a total of seven mean scores obtained are compared. The highest score on problem indicates the most often problem.

Tool III: Professional commitment questionnaire, it was developed by Lu et. al., (2007) [12]. to assess professional commitment among hospital nurses. Score response for questions include: four-point Likert type scale; never, rare, sometimes, and often. The scoring was accordingly from one to four for each item respectively.

Validity of the study tool: The draft of questionnaire was reviewed for face validity by five experts from faculties of nursing in the field of education from administration and community nursing department at
Qena and Storage Universities. Content validity was measured using confirmatory factors analysis to assure (importance, clearance and accountability) of all items of study tools, all items obtained more than 1.5 so all of tools items were confirmed.

II-Administrative Design: Formal permission was obtained from the responsible authorities. The researchers met departments' supervisors to explain study aim to them, to obtain their approval and support, and to organize the nurses' contribution based on the nature of work on each department.

III-Operational Design: It includes preparatory phase, pilot study, and field work.

Preparatory phase: It took about two months started in November 2020 until December 2020 which included reviewing related literatures. Tools were translated into Arabic and retranslated into English for correctness.

Pilot Study:

A pilot study was conducted on a sample of 10% of participants to assess clarity, applicability, reliability of the study tool and to evaluate the time required for reply it. It also assisted to assess the feasibility and suitability of the study settings. Data attained from the pilot study were analyzed; no alterations were done so, contained within the number of study sample.

Reliability: Reliability of the study tool was evaluated in pilot study by measuring their internal consistency using Cronbachs alpha is ($\alpha = 0.867$) for study tool, thus pointing to a high degree of reliability.

Field Work:

After warranting the simplicity and suitability of study tool, the researchers met with participants' to clarify study aim to them and to request oral consent for contribution; then, they distributed the questionnaire to them, one researcher remained with them for any explanation. Data were collected in different shifts based on work schedule of each unit. The questionnaire took about 20 minutes for each participant to be filled. Data collection stage took about three months started in January 2021 until the end of March 2021.

Statistical Analysis:

Data were collected and fed into computer for analysis and presentation. Data entry and analysis were done using SPSS version 19. Data were presented using descriptive statistics as number, percentage, mean, standard deviation. Spearman correlations were done to measure correlation between quantitative variables. P-value considered statistically significant when $P < 0.05$.

Results

The results section includes the frequency and percentage distribution of the studied nurses according to their demographic characteristics. This information provides insights into the characteristics of the studied nurses, which can be further analyzed to understand the nursing workforce in the context of the study. This includes data on the nurses' age, experience, education, and other relevant factors that may influence their performance or role in the study. The details of this frequency and percentage distribution are likely presented in tables and figures to facilitate a clear understanding of the data.
<table>
<thead>
<tr>
<th>Variables</th>
<th>No. (245)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 25</td>
<td>92</td>
<td>37.6%</td>
</tr>
<tr>
<td>25 - 30</td>
<td>77</td>
<td>31.4%</td>
</tr>
<tr>
<td>&gt; 30</td>
<td>76</td>
<td>31.0%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>197</td>
<td>80.4%</td>
</tr>
<tr>
<td>Female</td>
<td>48</td>
<td>19.6%</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>119</td>
<td>48.6%</td>
</tr>
<tr>
<td>Married</td>
<td>126</td>
<td>51.4%</td>
</tr>
<tr>
<td><strong>Have you married, did you have children?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>114</td>
<td>90.5%</td>
</tr>
<tr>
<td>No</td>
<td>12</td>
<td>9.5%</td>
</tr>
<tr>
<td><strong>Related Adults</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>229</td>
<td>93.5%</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>6.5%</td>
</tr>
<tr>
<td><strong>Type of work shift</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day</td>
<td>71</td>
<td>29.0%</td>
</tr>
<tr>
<td>Three</td>
<td>174</td>
<td>71.0%</td>
</tr>
<tr>
<td><strong>Monthly income (L.E.)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt; 2000</td>
<td>173</td>
<td>70.6%</td>
</tr>
<tr>
<td>≤ 2000</td>
<td>72</td>
<td>29.4%</td>
</tr>
<tr>
<td><strong>Fields of work</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General</td>
<td>27</td>
<td>11.0%</td>
</tr>
<tr>
<td>Medical</td>
<td>40</td>
<td>16.3%</td>
</tr>
<tr>
<td>Special medical</td>
<td>61</td>
<td>24.9%</td>
</tr>
<tr>
<td>Surgical</td>
<td>69</td>
<td>28.2%</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>48</td>
<td>19.6%</td>
</tr>
<tr>
<td><strong>Title</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td>151</td>
<td>61.6%</td>
</tr>
<tr>
<td>Assistant nurse</td>
<td>64</td>
<td>26.1%</td>
</tr>
<tr>
<td>Head nurse</td>
<td>30</td>
<td>12.2%</td>
</tr>
<tr>
<td><strong>Number of training courses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>121</td>
<td>49.4%</td>
</tr>
<tr>
<td>Two or more</td>
<td>124</td>
<td>50.6%</td>
</tr>
</tbody>
</table>

Table (1): Revealed that the studied nurses were 245, It was found that more than one third (37.6%) of them aged < 25 years, about (80.4%) of them were female, slightly more than half of them (51.4%) were married, about (71.0%) of them were working three shift, more than two third (70.6%) of them had their income < 2000. It was noticed that about (61.6%) of them were nurses and slightly more than half of them (50.6%) had Two or more training courses:
Figure (1): illustrated that more than half of the studied nurses (57.2 %) had nursing secondary school diploma, about (42.8%) of them had technical institute of nursing and only (12.2 %) holders of bachelor degree of nursing.

Figure (2): revealed that slightly more than half (52.7 %) of the studied nurses had their years of experience >5 years.

Table (2): showed that with regard to poor level of education and awareness problems about (33.5) of studied nurses' agreed that lack of confidence in the abilities of nurses by patients and lack of nurses' awareness of their legal rights, and about (31.8%) of them agreed that lack of patient understanding the role of nurses. In relation to difficulty in the profession and the impact of work pressures problems, it was found that about (46.1) of studied nurses' strongly agreed that too much work pressure, about (39.6) of them strongly agreed that the working with coworkers and patients from opposite gender and the existence of the system of night shifts in the nursing profession and about (38.8%) of them strongly agreed that working hours are long and exhausting. In relation to, Poor physical environment and supportive services problems, it declared that about (44.1) of studied nurses' strongly agreed that inappropriate work environment (e.g. inadequate office space, toilet areas), about (39.2%) of them strongly agreed that lack of transportation for nurses to and from the workplace and about (36.3%) of them lack of nurseries in the workplace. Regarding to lack of cooperation and participation problems about (47.3) of studied nurses' agreed that medical practitioners lacking professional trust in the ability of nurses, about (44.9) of them agreed that lack of team work and cooperation within the medical team and about (42.0) of them difficulty in communicating with nursing administration and management.

As regard to lack of material and moral incentives problems, the result demonstrated that bout (48.2 %) of studied nurses strongly agreed that lack of incentives and benefits for nursing in comparison to other medical professions and about (45.7%) of them strongly agreed that low level of moral incentives in the profession. With regard to lack of flexibility at work and weak leadership problems, it was noticed that about (38.0%) agreed that lack of flexibility in organizing shifts in the profession, about (35.9%) of them agreed that lack of adequate feedback regarding job performance. In relation to, role ambiguity and lack of standards problems the result explain that about (48.2%) of studied nurses agreed that lack of specific job descriptions and criteria, about (42.0%) of them agreed that lack of clarity of tasks and the role assigned to the nurse practitioner and about (41.2%) them agreed that there was lack of standards of justice in promotions and salaries.
Table (3): Revealed that the high mean score was related to lack of material and moral incentives problem (28.89 ± 7.41), while low mean score was related to poor physical environment and support services problem (11.36 ± 3.22).

Table (4): Illustrated that slightly less half of studied nurses' (51.0%) perceived their professional commitment as never in the following item, i strongly associate with the nursing profession followed by, i feel happy to be a nurse (39.6%), about (45.7%) of them perceived their professional commitment as sometimes. in one item, i feel strong relationships with my coworkers in the nursing profession. It was found that slightly more than half (52.7%) of them perceived their professional commitment as often in two items, i feel that the nursing profession is going backwards/hindering me followed by, i bothers me to say that i am a member of the nursing profession (50.2%), about (47.3%) of them feel try to hide their affiliation with the nursing profession and about (42.0%) of them make excuses for being a nurse.

Figure (3): declared that the WEPs had negative statistically significant correlation with professional commitment (r = -0.684; p = 0.000*).

Table (5): WEPs and Professional Commitment according to Socio Demographic Characteristics of Studied Nurses' N = (245)
<table>
<thead>
<tr>
<th>Variables</th>
<th>WEPs</th>
<th>Professional Commitment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;25</td>
<td>17.05 ± 3.42</td>
<td>24.15 ± 6.13</td>
</tr>
<tr>
<td>25 - 30</td>
<td>18.74 ± 3.79</td>
<td>20.48 ± 7.28</td>
</tr>
<tr>
<td>≥30</td>
<td>20.02 ± 4.29</td>
<td>18.12 ± 7.34</td>
</tr>
<tr>
<td>Value</td>
<td>0.000*</td>
<td>0.000*</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>17.42 ± 3.54</td>
<td>22.27 ± 7.40</td>
</tr>
<tr>
<td>Female</td>
<td>18.76 ± 4.07</td>
<td>20.85 ± 7.28</td>
</tr>
<tr>
<td>Value</td>
<td>0.037*</td>
<td>0.227</td>
</tr>
<tr>
<td>Marital status:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>17.90 ± 3.39</td>
<td>22.26 ± 7.18</td>
</tr>
<tr>
<td>Married</td>
<td>19.07 ± 4.45</td>
<td>20.06 ± 7.31</td>
</tr>
<tr>
<td>Value</td>
<td>0.021*</td>
<td>0.018*</td>
</tr>
<tr>
<td>You married, did you have children?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>19.57 ± 4.36</td>
<td>19.01 ± 6.74</td>
</tr>
<tr>
<td>No</td>
<td>14.32 ± 1.66</td>
<td>30.00 ± 4.61</td>
</tr>
<tr>
<td>Value</td>
<td>0.000*</td>
<td>0.000*</td>
</tr>
<tr>
<td>Related Adult:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>18.62 ± 4.08</td>
<td>20.80 ± 7.25</td>
</tr>
<tr>
<td>No</td>
<td>16.77 ± 2.09</td>
<td>25.81 ± 6.85</td>
</tr>
<tr>
<td>Value</td>
<td>0.073</td>
<td>0.008*</td>
</tr>
<tr>
<td>Qualification:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secondary school of nursing</td>
<td>17.12 ± 3.88</td>
<td>22.67 ± 7.08</td>
</tr>
<tr>
<td>Technical institute of nursing</td>
<td>19.28 ± 3.28</td>
<td>21.00 ± 7.09</td>
</tr>
<tr>
<td>Bachelor of nursing</td>
<td>23.01 ± 1.87</td>
<td>14.23 ± 4.58</td>
</tr>
<tr>
<td>Value</td>
<td>0.000*</td>
<td>0.000*</td>
</tr>
<tr>
<td>Years of experience in nursing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;5</td>
<td>17.29 ± 3.31</td>
<td>22.74 ± 6.21</td>
</tr>
<tr>
<td>≥5</td>
<td>19.58 ± 4.27</td>
<td>19.67 ± 7.93</td>
</tr>
<tr>
<td>Value</td>
<td>0.000*</td>
<td>0.001*</td>
</tr>
<tr>
<td>Type of Work shift:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day</td>
<td>18.97 ± 4.47</td>
<td>19.23 ± 7.60</td>
</tr>
<tr>
<td>Night</td>
<td>18.31 ± 3.80</td>
<td>21.90 ± 7.07</td>
</tr>
<tr>
<td>Value</td>
<td>0.244</td>
<td>0.009*</td>
</tr>
<tr>
<td>Monthly income: (L.E.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>17.34 ± 3.52</td>
<td>23.62 ± 6.71</td>
</tr>
<tr>
<td>2002</td>
<td>21.29 ± 3.73</td>
<td>15.14 ± 4.83</td>
</tr>
<tr>
<td>Value</td>
<td>0.000*</td>
<td>0.000*</td>
</tr>
<tr>
<td>Title:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table (5): demonstrated that there were statistically significant differences between WEPs, age, sex, marital status, having children, qualification, Years of experience in nursing, monthly income, and number of training courses with $(P$-value = 0.000*, 0.037*, 0.021*, 0.000*, 0.000*, 0.000*, 0.000*, and 0.001*) respectively. Also, there were statistically significant differences between professional commitment, age, marital status, having children, related adult, qualification, years of experience in nursing, number of Work shift, monthly income, and number of training courses with $(P$-value = 0.000*, 0.018*, 0.000*, 0.008*, 0.000*, 0.001*, 0.009*, 0.000*, and 0.017*) respectively.

Discussion

The nurses' workforce is vital to the core functionality for health care system, they compose the largest section of healthcare professionals, and it is appraised that approximately 90% of direct patient care is provided by nurses. Despite this relevant participation in the composition of the health care staff, the nurses suffer from many problems Smyth et al., (2016) and Amamah et al., (2021) [13, 14].This descriptive explorative study was conducted in an attempt to identify the most important WEPs of hospital nurses and its relation to their professional commitment. The subjects of study were 245 staff nurses from ICUs, medical, special medical, surgical, and obstetrics & gynecological units at Qena General Hospital. Data was collected using WEPs questionnaire, professional commitment scale and socio demographic characteristics of studied nurses.

The findings of the current study concerning to poor level of education and awareness problems revealed that, slightly more than third of studied nurses' agreed that the most problems were lack of nurses' awareness of their legal rights, lack of confidence in the abilities of nurses by patients and slightly less than third of them agreed that lack of patient understanding the role of nurses were most problems (Table 2). This may explain by the fact that, nurses don't provided by training programs and guide books that help them to become aware their legal rights, lack of social and professional awareness about the importance of nursing work and the role of nurses. In contrast this finding, Yildiz & Utkualp, (2016) [15] asserted that awareness and implementation of institutional and legal regulations in hospital are responsibilities for all health care team including nurses is very crucial to prevent legal problems. Also Merakou & Dalla-Vorgia, (2018)[16] emphasized that nurses and physicians need to be aware their rights.
and what basic patient rights in order to become able to provide care for patients ethically and holistically. In addition, Verghese et. al., (2016[17] concluded that nurses should have adequate knowledge in the legal and ethical aspects to provide comprehensive care to the patients and, to safeguard themselves and their patients from the legal and ethical consequences. Moreover, Mahran & Al-Nagshabandi, (2012) [18] mentioned that the importance of nursing profession must be emphasizing through the visual, audio and print media, as well as emphasizing the importance of this profession and its place in educational curricula, to educate and enable members of society of different classes to become aware the value of nursing work.

In relation to difficulty in the profession and the impact of work pressures problems, the present study results illustrated that, slightly less than half of studied nurses' strongly agreed that the most problems were too much work pressure and more than third of them perceived that the working with coworkers and patients from opposite gender, the existence of the system of night shifts in the nursing profession and working hours are long and exhausting (Table 2). This may due to the reality of the difficulty of this profession that require high skill degree, staff shortage, difficulty in choosing the appropriate working hours, lack training courses about stress and conflict management. This finding, confirmed by Jahromi, (2017) [19] who pointed that the profession of nursing is one of the stressful professions, as a result of the fact that patient care demands require of nurses' are greater than their ability due to the shortage number of nursing staff, the frequency of patients and the complexities of the hospital's work, as the profession requires a high degree of commitment and the provision of services over twenty-four hours, Also Almeida, et. al., (2016) [20] mentioned that the nurses exposed to highly psychological pressure because, they dealing with critical and hopeless cases, death, patients who die on a daily basis. In the same context Legrain, et. al., (2015) [21] emphasized that problem of long working hours, impact on the ability of nurses to control their personal lives, as well as limiting their opportunities to engage in social activities and create supportive relationships outside work. In addition, Chhugani & James et. al., (2017) [6] highlighted short-staffing pattern in a healthcare unit often results in long working hours and double shifts of staff nurses. It evidently affects the health of the nurses.

As regard to poor physical environment and supportive services problems. The study results showed that, the slightly less than half of studied nurses' strongly agreed that, inappropriate work environment (e.g. inadequate office space, toilet areas), and more than half of them strongly agreed that, lack of transportation for nurses to and from the workplace and lack of nurseries in the workplace were problems faced them (Table 2). This may attributed to forgetting this aspect by the engineering administration at the beginning and when planning to build hospital, where sufficient attention is not given, which leads to the lack of spaces allocated to it. Which calls attention to policy maker at Qena General Hospital for redistribution of spaces within hospitals to allow providing support for nurses' with attention to budget distribution to allow the provision of such services. This result confirmed by Topcu et. al., (2021)[22] who found that the lack of a suitable work environment such as (toilets, rest rooms, places for prayer, places for food and others) one of the most prominent problems related to weakness of the physical environment and support services. Also, Chang et. al., (2019) [23] mentioned that the availability of transportation for nurses to and from the workplace achieves their satisfaction and increase their professional commitment.
In addition, Al Maqbali, (2015) [24] asserted that all hospitals should be forced to provide nurseries because of the importance it represent for the working mother and for the benefit of the child and society.

As indicated by the study results, slightly less than half of studied nurses' agreed that, lack of cooperation and participation problems were lack of team work and cooperation within the medical team, medical practitioners lacking professional trust in the ability of nurses and difficulty in communicating with nursing administration and management (Table 2). This may due to, result of the impact of the social culture that focuses on personal achievements and highlighting the individual and not the group, which is reflected in the work environment, the absence of an organizational culture that encourages cooperation and participation. This finding inconsistent with Ogbonnaya et al., (2019) [25] which emphasized that health care work environment requires spreading the culture of one team, the collaborative work and more cooperation than any other work environment. Also, Gatbonton, (2019) [26] mentioned that the nurse manager should provide opportunity for nurses to participate in decision making process to allow them to apply their knowledge and their skills in serving their patients. In addition to Rizany et. al., (2019) [27] asserted that policy makers at hospitals must be evaluate the current methods used in management and support them in new ways that contribute to creating an atmosphere of understanding and communication between health care team including nurses. Moreover, Essa et. al., (2021) [28] recommended that nurses' satisfaction must be increase through competitive salaries, encourage the teamwork spirit and conduct periodical meetings to discuss their problems.

Concerning to lack of material and moral incentives problems, the study results confirmed that slightly less than half of studied nurses' agreed that most problems were, lack of incentives and benefits for nursing profession in comparison to other medical professions and the low level of moral incentives in the profession and slightly less than half of them strongly agreed that low financial income for the nursing profession the most problems faced them (Table 2 continue). In Agreement Gizaw, (2017) & Alrobai, (2020) [29, 30] found that the problem of low salaries compared to the responsibilities and requirements of the nursing service, lack of allowances and the financial income of the profession in general is one of the major problems facing the practitioners of the nursing profession in their work environment. In the same line, Rudasingwa & Uwizeye., (2017) & Alharbi, et al., (2019) [31, 32] mentioned that the salaries of nursing practitioners, despite of the increase, are still fewer than their colleagues in the health sector which constitutes financial difficulties for them.

The present study revealed that in relation to lack of flexibility at work and weak leadership problems, about more than third of participants agreed that the most problems were lack of flexibility in organizing shifts in the profession and lack of adequate feedback regarding job performance (Table 2 continue). This may due to the occupation of unqualified people for management positions and lack of their powers that qualify them to make decisions, work pressures and the adopted systems are mostly bureaucratic that do not it is flexible. In contract Koning & Ronnberg, (2014) [33] mentioned that the manager must be decide the scheduling according to requirement and need of the unit, hence provides flexibility in determining shift scheduling. Also, Bok et al., (2016) [34] emphasized that feedback regarding job performance is important to increase productivity and improve the ability to perform work effectively. In addition, Reihaneh et al.,
performance management and mutual feedback, between the nurses and their supervisor, is one of important factors that consider future needs of the organization.

The finding of the present study discovered that, the problem of role ambiguity and lack of standards is one of the problems facing nurses in their work environment and slightly less than half of them agreed that most problems related it were lack of specific job descriptions and criteria, lack of clarity of tasks and the role assigned to the nurses and lack of standards of justice in promotions and salaries (Table 2 continue). This due to the absence of job description, which lead to the process of defining tasks subjected to personality judgments by administrators, which leads to different tasks depending on the difference work places and the difference of managers, also the lack of clear and specific standards, which causes the prevalence of injustice and unfairness as a result of being subjected to undeclared personal standards. This study findings confirmed by Dehghani et. al., (2012) [36] who asserted that the problem of absence of standards of justice in promotions and salaries is one of the problems that nursing practitioners suffer it in their work environment, and emphasized the importance of providing these standards. Also, Al-khasawneh, & Moh, (2013) [37] emphasized that nurses' time is spent in performing tasks that not related to the nature of the profession. so, nurses’ should contribute to reducing this problem by refusing works that do not fit with the nature of their work and job description must be available in all nursing units.

The finding of the present study revealed that, the high mean score in WEPs was lack of material and moral incentives problem (Table 3). This may be attributed to the current economic situation and the society’s inflation may be aggravating the existence of this problem. This finding in congruence with WHO, (2019) [38] stated that the primary challenges in nursing in Egypt are centered around education, performance, accommodation, an image which is not highly appreciated and a lack of motivation due to low salaries and incentives.

As regarding to studied nurses' perception regarding to their professional commitment, the present results indicated that slightly more than half of them perceived that often feel that the nursing profession is going backwards/hindering them, never strongly associate with the nursing profession, and it bothers they to say that they a members of the nursing profession (Table 4). This may explained by the fact, that the profession of nursing in Egypt is still suffering from a lacked appeal and prestige, lack of demand for it on the one hand and a dropout from it after practicing it on the other hand because the public image of the nursing profession in Egypt however, is negative and many female Egyptian nurses and their families are not happy with them caring for male patient. This confirmed by (Abdel El-Halem., et al 2011) [39] mentioned that the image of nursing as a profession in the Egyptian community was not improved significantly even after the nurse was university qualified.

In contrast, Chhabra, (2021) [40] found nurses’ commitment towards job is of profound importance for nurses' and managers in healthcare organizations due to the pivotal role they play in their organizational performance. In the same context Nifadkar & Dongre, (2015) [41] shown the commitment of employees to their work and their organization is considered one of the most important indicators for a successful organizational behavior.
The present study attempted to find relation between WEPs and professional commitment (Fig. 3). It was revealed that there was a negative statistical correlation between work environment problems and professional commitment. This means that professional commitment decrease as a result of increase work environment problems. These finding consistent with Saleh et al., (2021)[42] who stated that WEPs have a significant influence over staff nurses commitment and increasing the nurses work environment quality is essential in the improving nurses’ professional commitment and asserted that one of the essential reasons behind nurses’ intent to leave is their incompatibility with the healthcare organization environment. In addition Kone & Wodchis, (2013) [43] Nurses’ performance would improve once they are satisfied with their working environment.

According to study results in (Tables 5), it was noticed that there were positive statistical significant differences between WEPs and age, sex, marital status, have children, qualification, years of experience in nursing, monthly income and number of training courses. This may due to that nurses with more age and experience, and more of scientific qualification have more knowledge, skills and become more aware of their WEPs so, suffer more. Also, this finding confirmed that the married nurses studied and those who have children suffer from problems more and this may be a result of their many social and material responsibilities In contrast, Alotaibi et al., (2016) [44] found that there were negative statistical significance correlations between age, years of experience in nursing, qualification, monthly salary and nurses work environment problems. In the same line, Lorber & Savic, (2019) [45] mentioned that the problems facing nurses in their work environment differ according to their educational level and social status.

As illustrated by the study results, that there were positive statistical significant differences between professional commitment and age, marital status, have children, related adult, years of experience in nursing, qualification, number of work shift monthly income and number of training courses (Tables 5). This finding consistent with Hariyati & Safril, (2018) [46] indicated that nurses with more age, years of experience in nursing and monthly income, have the greater job satisfaction, and professional commitment. Also, Rabindarang, et. al., (2016) [47] found positive relationship between the ages of employees, years of experience in organization and the level of their commitment and emphasis that age creates a feeling of professional commitment. Also, Falatah, (2019) [48] pointed that nurses satisfaction and commitment varies according to their salary they receive. In addition, Rabindarang, et al., (2016 [47]) found that married people are more committed than single people because they need a stable job, due to their perceived responsibility for their families. In contrast, Choong, (2012[49] declared that education yet another factor which can influence organizational commitment in a way that people with lower educational level and qualification are more committed to their organizations, as they rarely change their jobs.

The results of the present study revealed that there is no statistical significant difference between WEPs, professional commitment and Job title. This may explained by the fact that nurses face the difficulty of the profession and the impact of work pressure, they loss of powers and authorities necessary to perform work, and they loss of the ability to take action and decision regardless of their position on the job. In congruence with Demirel, & Yıldırım, (2013) [50] confirmed the relationship between job satisfaction and
commitment for nursing practitioners and their job title. This finding is not consistent with Konya et al., (2016) [51] study results found that participants performing educational and management jobs have highest scores, while participants performing operational jobs have lowest scores of commitment.

Lastly, the results of the present study revealed that there is no statistical significant difference between, professional commitment and sex. In agreement, Konya et al., (2016) [51] study results found no significant differences among males and females for any of the variables however, certain differences related to age, education, and tenure in the current organization.

**Conclusion**

According to the study findings, it was concluded that:

- A number of problems facing nurses in their work environment, which are as the following sequence: 1- lack of material and moral incentives, 2- difficulty in the profession and the impact of work pressures, 3- lack of cooperation and participation,

4-poor physical environment and supportive services, 5- lack of clarity of tasks and lack of standards, 6- lack of flexibility at work and weak leadership and problem of poor level of education and awareness.

- There was a negative statistically significant correlation between WEPs of hospital nurses and their professional commitment.

**Recommendations:**

1. Improving the image of nursing in the media for the purpose of awareness and to clarify the role of nursing and its importance in the medical field, and the necessity of dealing with its practitioners on the basis of competence and experience.

2. Hospital manager should provide nurses by training programs to improve their level of awareness about their legal rights and how to meet pressure and stress.

3. Nursing managers must provide support for nurses in various forms, such, the presence of responses on the level of performance, spread the organizational culture that encourages cooperation, participation and teamwork, paying attention to the provision of nurseries affiliated to hospitals, or at least close to them and commitment to providing safe transportation.

4. Confirmation that the bachelor’s degree should be the lowest level of nursing education, while adhering to the recommendation of the WHO to find one level of nursing practitioners, which is the professional nurse, and to reach that through a unified bachelor program.

5. Policy makers must pay attention to the material and moral incentives for nurses through: improve material incentives, salaries and allowances, presenting certificates of thanks and appreciation.

6. Conducting training courses for leaders to upgrade their administrative and cultural level and to develop the bureaucratic systems used, and replace them with modern systems that are more flexible.

7. Putting enough number of nurses needed for each unit, and setting specific schedules for organizing leaves to achieve justice and improve the ability of nurses to obtain feedback through holding periodic
meetings for communication, opening formal and informal channels of communication.

8. Nursing managers must develop strategies for clarify the tasks and provision of appropriate standards and develop ethical rules for the profession that clarify the limits and standards for the nurses.

9. The study was limited to the city of Qena only, and the researchers encourages others to do further studies for the rest of the regions of the Egypt, which helps in addressing the problem of lack of information and studies in this field.

Research limitations

A convenience sampling method was used in this study and participants were from the Qena General Hospital, thus limiting the generalizability of the study’s findings. The study could have benefitted from a longitudinal follow-up.

Abbreviations

WEPs: work environment problems; ICUs Intensive care units; WHO: World Health Organization

Declarations

Ethics approval and consent to participate

Nursing administration department and ethical committee in the Faculty of Nursing at South Valley University, Qena, Egypt, approved the study. All the participants provided an informed consent.

Consent for publication

Not applicable.

Availability of data and materials

The datasets generated during and/or analyzed during the current study are available from the corresponding author on rational request.

Competing interests

The authors declare no conflicts of interest.
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Authors’ contributions

HES: was the primary investigator and contributed in all facets of the study including study conception/design, data collection, and was the lead author for all drafts of the manuscript. Other authors: They contributed to study conception/design, revision and edited all drafts of the manuscript; all authors read and approved the final manuscript.

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Tables

Tables 2-4 are in the supplementary files section.

Figures

![Pie chart showing percentages distribution of studied nurses according to their qualification](image)

**Figure 1**

Percentages distribution of studied nurses according to their qualification(N= 245).

**Figure 2**
Percentages distribution of studied nurses according to their years of experience (N= 245).

Figure 3

Correlation between the WEPs and Professional Commitment among Studied Nurses’ at Qena General Hospital (N = 245)

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- Tables.docx