

A descriptive study on nursing practice environment among public sector nurses in Lahore

Zunira Amir,¹ Shama Maroof,²
Shahbaz Haider³

¹Assistant Nursing Instructor, Lady Aitchison Hospital, Lahore, Pakistan;

²Superior College of Nursing, Lahore, Pakistan; ³Superior University, Lahore, Pakistan

Abstract

Pakistan is a country where the nursing profession still has to get a good working environment as it is directly related to improved patient care. The nursing practice environment is a key factor that contributes to retention. Bearing in mind the importance of the issue the present study is designed to know the current state of the nursing practice environment. The data were collected from the nurses working in the medical wards and critical care units in the Pakistan Institute of Neurosciences, Lahore. Convenience sampling was used to select the respondents and collect the data. A total of 150 questionnaires were distributed among the nurses and 110 questionnaires were used for the data analysis in Statistical Package for Social Sciences. Frequency, descriptive statistics, reliability, and validity analyses were performed. As per the results of the study, the questionnaire used in the study was reliable and valid. Additionally, the results of the study established that the nursing practice environment is poor asking for concrete steps to make it better for improved patient care delivery. Nurse leaders can dedicate their efforts to the improvement of the nursing practice environment to improve the nurse job outcomes. Further, they can also arrange the trainings for the professional development of the nurses to ensure the better healthcare services delivery. The perceptions of the good nursing practice environment can be fostered among the nurses by having their active participation in the hospital matters and decision making because they are also the key staff in the hospital environment.

Introduction

Environment exerts influence on the nurses, patients and organizational outcomes as well where healthcare services are provided to the patients. The authorized nurses in the hospital tend to increase a sense of responsibility among them. The

resources availability in the hospital environment is necessary to deliver the patient care and address their needs related to the care provided. Additionally, the effective communication can be maintained in a good working environment in hospitals.¹

Continuing on environment it is worthy to mention that the nursing practice environment is a key factor that contributes to the retention and recruitment of nurses, at the same time it has a significant impact on nurse missed nursing care and directly or indirectly influences the quality of nursing care.² Shift work among nurses may reduce their well-being³ quality of sleep that causing medication errors in nurses.

Besides the shift work, previous research indicated that the conflict between nurses and physicians in the ward reduces the impact of quality of care and leads to negative patient outcomes.⁴ A study was conducted to find out the relationship between adequate staff and resources' impact on patient satisfaction. The study finding reveals that increased workloads, inadequate nurse-patient ratios, long time for work, and increased documentation cause stress, fatigue, and disappointment in nurses and their levels of care. An adequate number of staff nurses and the availability of proper resources positively affect nurse performance and the quality of patient care.⁵ Accordingly, global shortages of nurses are the main reason for role overload, job dissatisfaction, and poor nursing practice environment among nurses.

Moreover, Wilson enlightened the fact that inadequate availability of health care professionals has been recognized as a global issue. Rivaz *et al.*⁵ suggested that an adequate number of staff nurses and the availability of proper resources positively affect nurses' performance and quality of patient care. Wang *et al.*⁶ concluded that the negative perceptions of nursing practice environments were also significantly associated with intentions to leave their jobs. Bawakid *et al.*⁷ suggested that patients will satisfy and cure early if they patient is happy with the health services provided by health care providers. Rivaz *et al.*⁵ studied that due to poor management, work overload, lack of time, and improper hospital strategies impact proper care delivery on the other hand adequate number of staff nurses and proper availability of resources positively affect nurse performance and quality of patient care.

Nurse performance will be optimal in a better environment that contributes to giving proper care to the patient which ultimately leads to patient satisfaction and nurse job satisfaction.⁶ The collaborative teamwork of nurses and physicians leads to

Correspondence: Shahbaz Haider, Superior University, Lahore, Pakistan.
Tel.: +923086149902
E-mail: Shahbazhaider199@gmail.com

Key words: Nursing practice environment; staffing adequacy; nurse leader; nurse training and development; nurse-physician collegial relationship.

Acknowledgment: We acknowledge all the nurses who participated in the study voluntarily.

Contributions: All the authors have equally contributed.

Conflict of interest: The authors declare no conflict of interest.

Funding: This research study is not funded by any institute/agency.

Clinical trial registration: This does not apply to the present study as it is not an experimental study or clinical trial.

Availability of data and materials: Data is available from the corresponding author on request.

Ethics approval: The research study is approved by the research committee of Superior College of Nursing, Lahore (Ref. # SCN/RC/2021-RN08)

Informed consent: This does not apply to the present study as data were not collected from the patients.

Permission to reproduce material from other sources: All the materials have been cited and permissions obtained if necessary.

Received for publication: 7 June 2022.

Revision received: 8 January 2023.

Accepted for publication: 12 January 2023.

This work is licensed under a Creative Commons Attribution 4.0 License (by-nc 4.0).

©Copyright: the Author(s), 2023

Licensee PAGEPress, Italy

Healthcare in Low-resource Settings 2023; 11:10658
doi:10.4081/hls.2023.10658

Publisher's note: All claims expressed in this article are solely those of the authors and do not necessarily represent those of their affiliated organizations, or those of the publisher, the editors and the reviewers. Any product that may be evaluated in this article or claim that may be made by its manufacturer is not guaranteed or endorsed by the publisher.

proper patient care and a work environment that results in positive organizational outcomes.⁷ During the patient's stay in the hospital nurse's polite behavior, attitude, timely

solving of the patient's problem, and empathy toward the patient can build up trust in health care providers to improve the patient's condition, and patient satisfaction.⁸ Nurse managers improve the clinical practice environment by proper balancing of resources, bed allocation, positive attitude towards subordinates and teamwork leads to a positive practice environment which leads to the positive patient, nurse, and organizational outcomes. Nurse behavior toward patients is the key to positive patient outcomes and nurses will lead to compassion satisfaction.⁹

Therefore, the study has the objective to assess the state of nursing practice environment in the public sector hospital in Lahore, Pakistan. The significance of this study lies in the fact that it has considered the nursing practice environment comprising of many factors including staff adequacy, resources, nurse-physician collegial relationship, quality of care, and nurse perception that results in positive organizational outcomes such as quality of care. The study is also significant since it measures the perceptions of the nursing practice environment of nurses. It is argued that the nursing practice environment denotes the surroundings in which a nurse works and influences the control of quality to deliver nursing care. It is also important for nurses to develop an awareness about their perception of the working environment that has a positive impact on their performance and enhances the patients' satisfaction.¹ Accordingly, it becomes necessary to know the current state of perceptions of the nurses regarding their nursing practice environment so that the administration may take necessary steps for its improvement ultimately aiming for a higher quality of patient care.

Materials and Methods

The study aims to assess the current state of the nursing practice environment. The current section describes the research methods adopted to complete the study.

Population and sample size

The current study is quantitative and follows the deductive approach. In this regard, the study was designed in the Tertiary care hospital of Lahore. All the nurses in the medical and critical care departments were the population of the study. Accordingly, nurses were selected from medical care and critical care departments as a sample to represent the population of the study.

Questionnaire and measurement

Data were collected by using the previously validated questionnaire of the nursing practice environment. There are different questionnaires for the assessment of the nursing practice environment, for instance, the Korean General Unit-Nursing Work Index,¹⁰ Revised Nursing Work Index,¹¹ and Nursing Practice Environment.¹² It is worthy to note that the nursing practice environment is one of the widely used scales and the present study adapted it for data collection. It has been previously used by different studies in Pakistani nursing context as well.¹³

Lake¹³ developed a scale to measure the nursing practice environment containing the five dimensions. The nurse participation in hospital affairs was measured by five items (*i.e.*, staff nurses are not involved in the internal governance of the hospital). The nursing foundation for quality of care was measured by adapting five items (*i.e.*, nursing care is not based on a nursing, rather a medical, model in this hospital). Nurse Manager Ability, leadership, and support of nurses were measured by adapting eight items (*i.e.*, supervisors do not use mistakes as learning opportunities, rather as criticism). Staffing and resource adequacy was measured by adapting five items (*i.e.*, there is not enough time and opportunity to discuss patient care problems with other nurses), finally, three items were used to measure the collegial nurse-physician relations (*i.e.*, there is less functional collaboration, that is, joint practice, between nurses and physicians). After preparing the questionnaire it was then sent to the academicians and practicing nurses to ensure the face validity of the questionnaire. After the review, necessary minor adjustments were made before distribution of the questionnaire for data collection.

Data collection

Data were collected by using the questionnaire. A total of 150 questionnaires were distributed among the nurses working in public hospital in Lahore. All the nurses voluntarily participated in the data collection. A total of 110 valid questionnaires were used for data analysis. The participants were selected by using convenience sampling for data collection. Every nurse that was readily available in the ward was approached and informed. The participants were all able to converse, read, write and speak English so the questionnaire was not translated into the Urdu language. The sample size was sufficient for the study as it resulted in 73% response rate approximately. The study adopted the questionnaire for data collection and previously studies

reported that the response rate of the nurses as follows for the questionnaire mailed, e-mailed and handed out the response rate of nurses was 58%, 57.4% and 71.8% respectively.¹⁴

Ethical considerations

For the study, a structured questionnaire was distributed to collect data. Prior permissions for conducting the study were obtained from the Superior College of Nursing. Participation in the study was voluntary and no nurse was forced to participate in the data collection procedure. No personal information was requested and respondents were made assured that their data would only be used for the academic study purpose with complete secrecy.

Results

First of all, the frequency analysis was performed to know the distribution of the different attributes of the respondents of the study. As per the findings reported in the table majority of the respondents belonged to the age group with having higher Post RN BSN qualifications. Additionally, the majority of the respondents were found to be working night shifts (Table 1).

Data normality

Once the attributes of the respondents (Nurses) were assessed then the descriptive statistics were performed to assess the data normality. In this regard, the Skewness and Kurtosis are reported in the following Table 2. The values of the Skewness and Kurtosis for all the measuring instrument items fall between the ranges of -2 to +2 indicating the data normality. Additionally, Table 3 shows the overall data normality for the computed variables.

Reliability and validity

Cronbach's alpha was assessed to know the reliability of the data. As per the standard, the value of Cronbach's alpha should be greater than 0.7. As per the findings reported in table 4 all the values of Cronbach's alpha are greater than 0.7 indicating the reliability. Additionally, Table 4 shows the validity of the constructs. KMO Bartlett's test was performed. As per the parameters, the values of KMO for all the variables are greater than 0.5 and all the values are significant. Hence, both reliability and validity are established.

State of nursing practice environment

Since all the data collected is valid and reliable so the assessment of the nursing

Table 1. Profile of respondents (nurses).

Demographic variables	Categories	Frequency	Percentage
Age	21 to 30	39	35.5
	31 to 40	45	40.9
	41 to 50	25	22.7
	51 to 60	1	.9
Qualification	Diploma in Midwifery	21	19.1
	Diploma in General Nursing	34	30.9
	Post RN BSN	45	40.9
	BSN Generic	10	9.1
Shift	Morning	30	27.3
	Evening	53	48.2
	Night	27	24.5
Experience	1 to 3 year	19	17.3
	4 to 6 year	29	26.4
	7 to 9 year	35	31.8
	10 to 12 year	17	15.5
	12+ year	10	9.1
Department	Medical Ward	63	57.3
	Critical Care	47	42.7

Table 2. Descriptive statistics (individual items of constructs).

	N Statistic	Std. Deviation Statistic	Skewness		Kurtosis	
			Statistic	Std. Error	Statistic	Std. Error
A nurse manager or immediate supervisor who is a good manager and leader	110	1.23505	0.158	0.230	-0.873	0.457
A nurse manager who backs up the nursing staff in decision making, even if a conflict is with a doctor	110	1.03145	0.292	0.230	-0.530	0.457
A senior nursing administrator who is highly visible and accessible to staff	110	1.05780	0.463	0.230	-0.715	0.457
Supervisors use mistakes as learning opportunities, not criticism	110	1.06897	0.055	0.230	-0.589	0.457
A supervisory staff that is supportive of the nurses	110	0.87291	-0.179	0.230	-0.409	0.457
Administration to listens and responds to employee concerns	110	1.02223	0.361	0.230	-0.593	0.457
Praise and recognition for a job well done	110	0.95154	0.352	0.230	-0.115	0.457
Nursing administrators consult with staff on daily problems and procedures	110	1.06428	0.147	0.230	-0.337	0.457
Career development/clinical ladder opportunity	110	1.08964	-0.016	0.230	-0.646	0.457
Opportunities for advancement	110	1.05040	-0.021	0.230	-0.528	0.457
Nurses have the opportunity to serve on hospital and nursing committees	110	0.98703	-0.084	0.230	-0.203	0.457
Opportunity for nurses to participate in policy decisions	110	0.85065	0.030	0.230	-0.328	0.457
A senior nursing administration equal in power and authority to other top level hospital executives	110	1.07609	0.057	0.230	-0.628	0.457
Enough staff to get work done	110	0.91799	0.000	0.230	-0.037	0.457
Enough registered nurses on staff to provide quality patient/client/resident care	110	1.02902	0.251	0.230	-0.587	0.457
Adequate support services allow me to spend time with my patients	110	1.01712	0.186	0.230	-0.514	0.457
Enough time and opportunity to discuss patient/client/resident care problems with other nurses	110	1.13217	-0.039	0.230	-0.856	0.457
Working with nurses who are clinically competent	110	1.12059	0.361	0.230	-0.616	0.457
Written, up to date nursing care plans for all patients/clients/residents	110	1.06381	-0.104	0.230	-0.777	0.457
High standards of nursing care are expected by the administration	110	1.14361	0.169	0.230	-0.788	0.457
Valid N (listwise)	110	-	-	-	-	-
Patients/clients/residents care assignments that foster continuity of care	110	1.12300	0.197	0.230	-0.685	0.457
Nursing care is based on a nursing model, rather than a medical model	110	1.13878	0.385	0.230	-0.677	0.457
An active quality improvement program	110	1.21380	0.301	0.230	-0.937	0.457
Doctors and nurses have good working relationships	110	1.04670	0.269	0.230	-0.623	0.457
A lot of team work between nurses and doctors	110	1.10609	0.341	0.230	-0.600	0.457
Collaboration between nurses and doctors	110	1.07454	0.397	0.230	-0.501	0.457

practice environment was done by categorizing it as poor, average, and good. As per the findings reported in Table 5, only 30% of nurses reported having a good nursing practice environment as compared to 70% of nurses who did not report having a good nursing practice environment.

Additionally, cross-tabulation was performed to know the state of the nursing practice environment concerning the attributes of the respondents. As per Table 6, only a minor number of respondents regarded the nursing practice environment as good in both the medical wards (17) and critical care units (16). On the other hand, the majority of the nurses working the evening shift regarded the nursing practice as good as compared to the majority of the nurses working morning and night shifts who regarded the nursing practice environment as average. There was a mixed response regarding the nursing practice environment when it comes to the experience and only nurses having aged between 31 to 40 years reported it as a good.

Discussion

The purpose of the study was to examine the current state of the nursing practice environment. In this regard, data were collected from the nurses working in the medical wards and critical care units. Data were subjected to the SPSS for data analysis.

The results of the study revealed that the overall nurses do not consider the nursing practice environment in which they are working as good. These findings are similar to the previous studies which have also reported the nursing working environment as poor. The results of the study revealed that nurses have less participation in decision-making. Nurses with poor engagement tend to have poor experiences at work¹⁵. Previously a study contended that nurses must participate in hospital activities to improve nurses' practices and reduce the mistakes and improve nurses quality of care. Nurses discuss daily problems with leaders to improve clinical practices. Good nurse practices improve patient satisfaction.¹

On the other hand, the nursing foundation for quality of care, nurse manager ability, leadership, and support of nurses; staffing, and resource adequacy; and collegial nurse-physician relations were found to be poor as well. The results can be interpreted that the nurses are not satisfied with their nursing practice environment. For instance, the report does not have an appropriate system for their development to ensure the quality of care. They reported not having an appropriate system for learning and improving practices related to patient care. Previously a study reported that hospital staffing and resource adequacy is perceived by nurse respondents as unsatisfactory. Severe shortages in resources and staffing in the public sector hospitals of Pakistan critically undermine the efforts of medical practitioners to ensure patient safety¹³. Overall, the findings of the study revealed the perceptions of the nurses at the Pakistan Institute of Neurosciences (PINS).

The present study carries several practical implications for a better working environment at hospitals. First, the grievances

Table 3. Descriptive statistics (computed variables).

	N	Std. Deviation	Skewness		Kurtosis	
			Statistic	Std. Error	Statistic	Std. Error
Nurse manager support	110	0.71188	0.064	0.230	-0.267	0.457
Nurse participation	110	0.70616	0.199	0.230	-0.118	0.457
Staffing resource adequacy	110	0.74914	0.235	0.230	-0.069	0.457
Nurse foundation care	110	0.85846	0.217	0.230	-0.462	0.457
Collegial nurse physician relationship	110	0.90063	0.545	0.230	0.021	0.457
Valid N (listwise)	110	-	-	-	-	-

Table 4. Reliability and Validity.

Constructs	Cronbach's alpha	Reliability		Validity	
		Number of items	KMO	Significance	
NMLS	0.836	8	0.783	0.000	
NP	0.734	5	0.718	0.000	
SRA	0.762	5	0.683	0.000	
NFQC	0.811	5	0.751	0.000	
CNPR	0.786	3	0.665	0.000	

Table 5. State of nursing practice environment.

Rating	Frequency	Percent	Valid Percent	Cumulative Percent
Poor	36	32.7	32.7	32.7
Average	41	37.3	37.3	70.0
Good	33	30.0	30.0	100.0
Total	110	100.0	100.0	-

of the nurses can be reduced by getting them engaged in the decision-making. By doing so they will feel like a part of the larger hospital environment where their suggestions are taken up to the table as they spend maximum time with the patients. Secondly, there should be appropriate training for the nurses so they can get hands-on experience for better patient care. To have better nursing outcomes, a proper quality foundation should be established. Therefore, it is suggested that concerned government departments and hospital management should work toward ensuring a suitable and safe working environment for nurses by improving the accountability system. Authorities need to provide suitable opportunities for the professional development of the nurses to improve their competency. Thirdly, the literature identifies that most nurses are not satisfied with their nurse managers either he/she do not listen to them or are not able to take decisions in a critical situation. The nurse manager may lack the leadership ability and can't raise the voice of nurses at the hospital. Therefore, it is suggested that nurse managers should be trained enough in their leadership roles. Leadership development programs should be implemented to address the poor leadership concerns among

the nurses. Fourthly, the study also identified the nursing shortage as a serious concern so it is required that higher nursing authorities such as Pakistan Nursing Council should address this issue and find a possible solution. Based on the results of the study it is recommended that new nursing colleges should be established to boost the availability of the new workforce for this sector to curb the pressure on the healthcare delivery services. There is dire need to address the issues highlighted in the study for the betterment of the nursing practice environment so that the healthcare services delivery can be improved and patient satisfaction can be increased as well.

Conclusions

The descriptive research of the present study concluded that a better work environment can be beneficial for nurses, patients, and organizations. And it is necessary to provide all resources that lead to a productive work environment. The negative impact of the nursing practice environment can lead to patient death. So better nurse work environment leads to better patient care. It is worthy to note that a poor envi-

ronment caused harmful effects on nurses and patients. Therefore, an organization must provide a productive environment for the betterment of patients and nurses as well as the institute. The environment is a key factor for patient quality of care and enhancing the professional quality of life. Poor nurse job outcomes are attributed to poor practice environments and high patient-to-nurse ratios. Leaders can focus their efforts on modifying these organizational factors to improve job outcomes and increase nurse retention.

Future directions

The present study is descriptive and provided the results about the perceptions of nurses regarding the nursing practice environment. It is suggested that future studies may use the larger sample sizes from the multiple hospitals to have a comparative analysis of the state of the nursing practice environment at both the private and public hospitals. Additionally, future studies are suggested to include the outcomes of the nursing practice environment that will enhance the understanding of the topic.

References

1. Hameed S, Hussain M. Nurses perception of practical environment relationship with patient satisfaction in Government Hospital Lahore. *Int J Soc Sci Manag* 2019;6:75-81.
2. Zeleníková R, Jarošová D, Plevová I, Janíková E. Nurses' perceptions of professional practice environment and its relation to missed nursing care and nurse satisfaction. *Int J Environ Res Public Health* 2020;17:3805.
3. Algahtani FD, Hassan S-u-N, Alsaif B, Zrieq R. Assessment of the quality of life during COVID-19 pandemic: a cross-sectional survey from the Kingdom of Saudi Arabia. *Int J Environ Res Public Health* 2021;18:847.
4. Bloomer MJ, Clarke AB, Morphet J. Nurses' prioritization of enteral nutrition in intensive care units: a national survey. *Nursing Crit Care* 2018;23:152-8.
5. Rivaz M, Momennasab M, Yektatalab S, Ebadi A. Adequate resources as essential component in the nursing practice environment: a qualitative study. *J Clin Diagnostic Res* 2017;11:IC01.
6. Bawakid K, Rashid OA, Mandoura N, et al. Patients' satisfaction regarding family physician's consultation in primary healthcare centers of Ministry of

Table 6. State of nursing practice environment (demographics).

	Poor	Average	Good
Department			
Medical ward	22	24	17
Critical care	14	17	16
Total	36	41	33
Shift			
Morning	7	16	7
Evening	20	16	17
Night	9	9	9
Total	36	41	33
Experience			
1 to 3 years	7	6	6
4 to 6 years	5	13	11
7 to 9 years	15	10	10
10 to 12 years	4	9	4
12+ years	5	3	2
Total	36	41	33
Age			
21 to 30	11	20	8
31 to 40	11	15	19
41 to 50	14	5	6
51 to 60	0	1	0
Total	36	41	33
Qualification			
Diploma in Midwifery	10	6	5
Diploma in General Nursing	6	13	15
BSCN	14	19	12
Generic	6	3	1
Total	36	41	33

- Health, Jeddah. *J Fam Med Primary Care* 2017;6:819.
7. Al-Hamdan Z, Banerjee T, Manojlovich M. Communication with physicians as a mediator in the relationship between the nursing work environment and select nurse outcomes in Jordan. *J Nursing Scholarship* 2018;50:714-21.
 8. Al-Hussami M, Al-Momani M, Hammad S, et al. Patients' perception of the quality of nursing care and related hospital services. *Health Primary Care* 2017;1:1-6.
 9. Kellogg MB, Knight M, Dowling JS, Crawford SL. Secondary traumatic stress in pediatric nurses. *J Pediatr Nursing*. 2018;43:97-103.
 10. Kim C-W, Lee S-Y, Kang J-H, et al. Application of revised nursing work index to hospital nurses of South Korea. *Asian Nursing Res* 2013;7:128-35.
 11. Aiken LH, Patrician PA. Measuring organizational traits of hospitals: the Revised Nursing Work Index. *Nursing Res* 2000;49:146-53.
 12. Lake ET. The nursing practice environment. *Medical Care Res Rev* 2007;64:104S-22S.
 13. Jafree SR, Zakar R, Zakar MZ, Fischer F. Nurse perceptions of organizational culture and its association with the culture of error reporting: a case of public sector hospitals in Pakistan. *BMC Health Serv Res* 2015;16:1-13.
 14. Corner B, Lemonde M. Survey techniques for nursing studies. *Canadian Oncology Nursing J* 2019;29:58-60.
 15. Park SH, Hanchett M, Ma CJJoNS. Practice environment characteristics associated with missed nursing care. *J Nurs Scholarsh*. 2018;50:722-730.

Non-commercial use only