

NURSING PERCEPTION ABOUT WORKING ENVIRONMENT IN HOSPITAL AND ITS INFLUENCE ON NURSING CARE

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Date of Received: 09/04/2019

Date of Acceptance: 03/05/2019

ABSTRACT

Introduction: The nurses' professional environment is receiving international interest, because there is a growing consensus that identifying opportunities for improving working conditions in hospitals is essential to maintain adequate staffing, high-quality care, nurses' job satisfaction and hence their retention. Improving the practice environment, including patient to nurse ratios holds promise for retaining a qualified and committed nurse workforce, reducing the rates of nurse burnout and job dissatisfaction and benefiting patients in terms of better-quality care.

Objective: The main objectives of this study were to identify the perceptions of nurses about the working environment and to identify the factors affecting the nursing care due to working environment perceptions. **Study Design:** Descriptive comparative research design. **Setting:** This research was conducted in DHQ Toba Tek Singh. **Method:** A questionnaire was designed to be filled by the nurses working in the hospital. The gathered data was processed and analyzed by SPSS to examine their results and to view. **Result:** The sample size of this research was 132 nurses working in hospitals. Nurses perceptions about working environment influence the nursing care. 55% nurses agreed that presence of qualified nurses causes better treatment. Nurses also expect functional collaboration (83%), clear philosophy (83%), 71% nurses expect in-job trainings

Keywords: Nurses Perceptions, Nursing Care, working environment Conditions

Article Citation: Nazir S. Nursing perception about working environment in hospital and its influence on nursing care. *IJAHS*, Jan-Mar 2020;01(07-13):01-07.

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INTRODUCTION

The nurses' professional environment is receiving international interest, because there is a growing consensus that identifying opportunities for improving working conditions in hospitals is essential to maintain adequate staffing, high-quality care, nurses' job satisfaction and hence their retention. Improving the practice environment, including patient to nurse ratios holds promise for retaining a qualified and committed nurse workforce, reducing the rates of nurse burnout and job dissatisfaction and benefiting patients in terms of better-quality care. Nurses' perceptions of their professional environment influence their job satisfaction. Traditional job satisfaction relates to the feeling an individual has about his/her job. It is affected by intrinsic (recognition, work itself or

responsibility) and extrinsic factors (working conditions, company policy or salary), which have an influence on job satisfaction. Inadequate hospital nurse staffing contributes to uneven quality of care, medical errors, and adverse patient outcomes.¹

The International Council of Nurses and other affiliated organizations suggest that, due to today's global health workforce crisis, establishing positive practice environments across health sectors worldwide is of paramount importance if patient safety and health workers' well being are to be guaranteed. The complex social environment where nurses carry out their practice, and where there is a continuous need for health-care workers to make decisions individually, as a group and together with

patients, is called the professional practice environment. A nursing practice environment refers to the organizational characteristics of a work setting that facilitates or constrains professional nursing practice. Furthermore, there are two similar general terms, "working environment" and "working conditions", but there is no agreed definition of these terms. Nevertheless, the working environment generally could be described as the place, conditions and surrounding influences in which people carry out an activity. In the case of health care it refers to a set of concrete or abstract features of an organization, related to both the structures and processes in that organization that are perceived by nurses as either facilitating or constraining their professional practice. A healthy practice environment can be defined as a work setting where policies, procedures and systems are designed in such a manner that they meet the organizational objectives and succeed in personal satisfaction at work. The theoretical foundation of the professional practice environment is predicated on collaborative decision-making to ensure that all stakeholders have the opportunity to knowingly participate in change.²

Nurses' perceptions lead to actions that affect the patient safety, which are critical to all hospitals and healthcare providers. Nurses' perceptions and actions also affect service quality, care effectiveness, costs, medical and legal complications etc. concerned with the nurse's perceptions in healthcare provision. So, it is important to understand nurses' working environment perceptions and its influence on patient's safety and nursing care.

Objectives of the study

- To identify the perceptions of nurses about the working environment in hospitals
- To identify the factors affecting the nursing care due to working environment perceptions

LITERATURE REVIEW

Garrosa et al.,³ examined the relationship among contrasts in the mental proportions of locus of control in connection to nurses' apparent parts of employment fulfillment at various dimensions of expert experience. The activity fulfillment factors were estimated with the Index of Work Satisfaction Scale. Elements considered for the examination were pay, assignment prerequisites, hierarchical organization, specialist nurse relations (self-governance), proficient collaborations, and expert status. Proficient experience was characterized as (a) pre-benefit, senior nursing understudies, (b) starting experts in nursing administration (under 1 year of working knowledge), and (c) the accomplished nurse level (more than 5 years of working background). The idea of locus of control was grounded in social learning hypothesis, in which assumptions about the likelihood of fortification are indicators of conduct.

Kanter characterized control as adequacy,⁴ as in the capacity to assemble assets, as opposed to mastery. She exhibited the hypothesis of work adequacy, in light of a contextual analysis of workers in their workplace inside a vast, mind boggling, staggered organization. Kanter's hypothesis suggested that the apparent access to the structures of chances and power inside the hierarchical affected work execution, extending the acknowledged world view that work execution depended entirely on the person's qualities and inspiration.

Roche et al.,⁵ The impacts of workplace conditions on nurse and patient results were considered. The point of the examination was to decide the relationship between nurses' view of their workplace and quality/chance results for patients and nurses in intense care settings. A staggered plan was utilized to gather information from 679 nurses and patients inside 61 therapeutic and careful units in 21 hospitals in Canada. Qualities Measure to evaluate aggregate procedures that are a piece of collaboration, and

two surveys were utilized to gauge persistent results related with nursing work adequacy.

Hayes et al.,⁶ tried an illustrative model of the connection between the nursing workplace, work fulfillment, work pressure, and enthusiastic fatigue for hemodialysis nurses utilizing Kanter's auxiliary strengthening hypothesis. Utilizing approved instruments for every idea, they dissected 417 online overviews presented by nurses chipping away at hemodialysis units. Discoveries by and by were predictable with Kanter's hypothesis, strengthening expands work fulfillment and diminishes work pressure and passionate weariness.

Rao built up a development of strengthening to clarify how nursing has connected the idea to proficient nursing practice and to clarify the degree of the idea by featuring the unpredictable cooperation's that shape nurse strengthening.⁷ Rao led an integrative survey of writing regarding the matters of nursing, the board, and ladies' health for 1960– 2010. She found that despite the fact that the writing recommends that strengthening is the aftereffect of individual, hierarchical, and sociocultural variables, the nursing development of strengthening depends essentially on authoritative forerunners to take into account the operationalization of the idea and its applications to nursing's different difficulties. Along these lines, the sufficient individual, authoritative, and sociocultural elements must be available in the workplace at the same time. None of the referenced factors independent from anyone else or a blend of any two variables will prompt strengthening. She proposed that the assembly of intensity at the individual, auxiliary, and mental dimensions will result in an enabled nurse and that further investigation of the intricate associations that engage the nurse are required.

Betcher,⁸ intended to enable nurses to see themselves as additionally perceptions with patients and families by actualizing an instructive

intercession and surveying an expanded perceptions mentality with the CES. The instructive action concentrated on viable and humane correspondence methods identified with end-of-life-care patients. The CES in this examination was utilized to survey nurses' self-view of their perceptions mentalities and expanding on its flexibility. The CES was directed pre-and post-the instructive intercession showing an expanded score on from 5% to 37%.

DATA AND METHODOLOGY

Present research study was descriptive and quantitative in nature, so descriptive. This research was conducted in the DHQ hospital Toba Tek Singh. For this purpose, a questionnaire was developed by using the five likert scale. Data was collected randomly from 168 nurses working in the hospital. Briefly interview survey method was used for the collection of data. Each item has five response options like strongly disagree, disagree, agree, neutral and strongly agree against their perceptions and experiences.

RESULTS AND DISCUSSION

Table 4.1 Cronbach's Alpha Reliability Statistics

Cronbach's Alpha Reliability Statistics	No; of Items
.918	34

Above table shows the results of reliability statistics of Cronbach's Alpha test. The reliability is .91 which is greater than .7 which showed the reliability.

Table 1. Demographic Information

Demographic Information		Results	
		Frequency	%
Age	21-30 years	73	54.9
	31-40 years	45	33.8
	Above 40	15	11.3
Marital Status	Single	64	48.1
	Married	63	47.4
	Widow	2	1.5
	Divorced	4	3.0
Experience	1-5 years	73	54.9
	6-10 years	30	22.6
	Above 10 years	29	21.8



Education	secondary	13	7.5
	Diploma	157	90.2
	Degree	3	1.7
	Masters	1	.6
Job Status	General Nursing	111	83.5
	BSN	7	5.3
	Generic	4	3.0
	Other	11	8.3

The survey results showed that 41 respondent's age is between 21-30 years, 59 respondents age is between 31 to 40 years and the 21 respondents age is above 40 years. In this survey 29 nurses were found single, 81 nurses were married, 10 were widow and 1 nurse was divorced. The respondent's whose experience is 1 to 5 years are 34. The respondents whose experience is 6-10 years are 60 and the respondents whose

experience was more than 10 years are 27.

Results indicated that 21-30 years age respondents are 73, 31-40 years age respondents were 45 and the respondents whose age is above 40 are 15. Mostly respondents age was between 21 to 30 years. In this survey 64 nurses were found single, 63 nurses were married, 2 were widow and 4 nurses were divorced nurses. Results showed that 111 nurses having the education level is General Nursing, 7 nurses education is BSN, 4 nurses education is Generic and the 11 nurses educational level is other degree instead of BSN, general nursing and Generic. The respondent's whose experience is 1 to 5 years were 73. The respondents whose experience is 6-10 years were 30 and the respondents whose experience was

Table 2. Nurses perceptions about working Environment

Statements	Strongly disagree	disagree	Neutral	Agree	Strongly agree
	Freq %	Freq %	Freq %	Freq %	Freq %
Adequate support services allow me to spend time with my patients	2 1.5	22 16.5	49 36.8	57 42.9	3 2.3
Enough registered nurses can provide quality patient care	0 0	43 32.3	16 12	69 51.9	5 3.8
Enough time and opportunity to discuss patient care problems with other nurses	1 .8	73 54.9	10 7.5	46 34.6	3 2.3
Enough staff to get the work done	5 3.8	67 50.4	5 3.8	51 38.3	5 3.8
A clear philosophy of nursing that pervades the patient care environment	1 .8	8 6	18 13.5	98 73.7	8 6
Functional collaboration (joint practice) between nurses and physicians	0 0	12 9	11 8.3	108 81.2	2 2
Supervisors use mistakes as learning opportunities, not criticism	5 3.8	68 51.1	23 17.3	36 27.1	1 .8
A director of nursing who is highly visible and accessible to staff	0 0	11 8.3	4 3	118 88.7	0
Teamwork should exist between nurses and doctors	0 0	4 3	9 6.8	112 84.2	8 6
Active in-service/continuing education programmes for nurses	1 .8	35 26.3	26 19.5	26 19.5	45 33.8
An active quality assurance programme	0 0	47 35.5	23 17.3	53 39.8	10 7.5
High standards of nursing care are expected by the administration	8 6	37 27.8	20 15	54 40.6	14 10.5
Many opportunities for advancement of nursing personnel	29 21.8	39 29.3	8 6	55 41.4	1 .8
An administration who listens to and responds to employee concerns	21 15.8	36 27.1	53 39.8	2 1.5	14 10.5
Opportunity for staff nurses to participate in policy decisions	20 15	85 63.9	18 13.5	8 6	2 1.5
A supervisory staff that is supportive of the nurses	3 2.3	19 14.3	33 24.8	76 57.1	2 1.5

more than 10 years were 29. Mostly respondents having experience between 1 to 5 years.

The results indicated that 2 respondents strongly disagreed with the given statement that there is adequate support services allow to spend time with the patients. 22 respondents disagreed with the given statement; 49 respondents marked the neutral response. 57 respondents agreed with statement and only 3 respondents agreed with the given statement. 43 respondents disagreed with the given statement; 16 respondents marked the neutral response.

69 respondents agreed with statement and only 5 respondents agreed with the given statement. 73 respondents disagreed with the given statement; 10 respondents marked the neutral response. 46 respondents agreed with statement and only 3 respondents agreed with the given statement. 67 respondents disagreed with the given statement; 5 respondents marked the neutral response. 51 respondents agreed with statement and only 5 respondents agreed with the given statement. 8 respondents disagreed with the given statement; 18 respondents marked the neutral response. 98 respondents agreed with statement and only 8 respondents agreed with the given statement. 12 respondents disagreed with the given statement; 11 respondents marked the neutral response. 108 respondents agreed with statement and only 2 respondents agreed with the given statement. 68 respondents disagreed with the given statement; 23 respondents marked the neutral response. 36 respondents agreed with statement and only 1 respondents agreed with the given statement. 11 respondents disagreed with the given statement; 4 respondents marked the neutral response. 118 respondents agreed with statement and only 0 respondents agreed with the given statement. 4 respondents disagreed with the given statement; 9 respondents marked the neutral response. 112 respondents agreed

with statement and only 8 respondents agreed with the given statement. 35 respondents disagreed with the given statement; 26 respondents marked the neutral response. 26 respondents agreed with statement and only 45 respondents agreed with the given statement. 37 respondents disagreed with the given statement; 20 respondents marked the neutral response. 54 respondents agreed with statement and only 14 respondents agreed with the given statement. 37 respondents disagreed with the given statement; 20 respondents marked the neutral response. 54 respondents agreed with statement and only 14 respondents agreed with the given statement. 21 respondents marked the neutral response. 53 respondents agreed with statement and only 2 respondents agreed with the given statement. 18 respondents marked the neutral response. 8 respondents agreed with statement and only 2 respondents agreed with the given statement. 3 respondents strongly disagreed with the given statement a supervisory staff should be supportive for nurses. 19 respondents disagreed with the given statement; 33 respondents marked the neutral response. 76 respondents agreed with statement and only 2 respondents agreed with the given statement.

The results indicated that no respondent strongly disagreed with the given statement hospitals climate is effective climate. 25 respondents disagreed with the given statement; 48 respondents marked the neutral response. 56 respondents agreed with statement and only 4 respondents agreed with the given statement.. The results indicated that no respondent strongly disagreed with the given statement that hospitals units coridnate very well with each other. 11 respondents disagreed with the given statement; 31 respondents marked the neutral response. 77 respondents agreed with statement and only 14 respondents agreed with the given statement. 8 respondents strongly disagreed with the given statement that patient care information is often lost during the

shift changes. 57 respondents disagreed with the given statement; 30 respondents marked the neutral response. 38 respondents agreed with statement and no respondent agreed with the given statement. 6 respondents strongly disagreed with the given statement that staff will freely speak up if there is some problem. 51 respondents disagreed with the given statement; 16 respondents marked the neutral response. 57 respondents agreed with statement and 3 respondents agreed with the given statement.that 6 respondents strongly disagreed with the given statement that staff feel free to ask question from the top management. 47 respondents disagreed with the given statement; 17 respondents marked the neutral response. 62 respondents agreed with statement and 1 respondents agreed with the given statement. 2 respondents strongly disagreed with the given statement that there is clear channel of communication at working place. 16 respondents disagreed with the given statement; 14 respondents marked the neutral response. 94 respondents agreed with statement and 7 respondents agreed with the given statement. 16 respondents disagreed with the given statement; 18 respondents marked the neutral response. 91 respondents agreed with statement and 7 respondents agreed with the given statement.

48 respondents disagreed with the given statement; 38 respondents marked the neutral response. 36 respondents agreed with statement and 3 respondents agreed with the given statement.

10 respondents strongly disagreed with the given statement doctors nad seniors discuss ways to prevent from errors. 19 respondents disagreed with the given statement; 102 respondents marked the neutral response. 2 respondents agreed with statement and no respondents agreed with the given statement. 2 respondents strongly disagreed with the given statement if errors found informed to the

seniors. 29 respondents disagreed with the given statement; 17 respondents marked the neutral response. 83 respondents agreed with statement and 2 respondents agreed with the given statement. 3 respondents strongly disagreed with the given statement managers concerned with the staff well being. 51 respondents disagreed with the given statement; 29 respondents marked the neutral response. 50 respondents agreed with statement and no respondents agreed with the given statement. 18 respondents strongly disagreed with the given statement management involved the staff in decision making. 84 respondents disagreed with the given statement; 12 respondents marked the neutral response. 18 respondents agreed with statement and 1 respondents agreed with the given statement. 2 respondents strongly disagreed with the given statement colleagues support each other. 5 respondents disagreed with the given statement; 107 respondents marked the neutral response. 19 respondents agreed with statement and no respondents agreed with the given statement. 3 respondents strongly disagreed with the given statement staff works in pleasant environment. 53 respondents disagreed with the given statement; 10 respondents marked the neutral response. 63 respondents agreed with statement and 4 respondents agreed with the given statement

CONCLUSION

The study showed the results about the perceptions of nurses towards the working environment in hospitals. The nurse's percept suitable support services, quality co-operation, directions, teamwork etc. these perceptions have great influence on patient care.55% nurses agreed that presence of qualified nurses causes better treatment. Nurses also expect functional collaboration (83%), clear philosophy (83%), 71% nurses expect in-job trainings, 68% of nurses expect high standards be implemented in hospitals.

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