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

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Abstract

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. **Aim:** To identify the most important work environment problems (WEPs) of hospital nurses and its relation to their professional commitment. **Setting:** The study was carried out in ICUs, medical, special medical, surgical, and obstetrics and gynecological units in Qena General Hospital. **Subjects:** A convenience sample of 245 nurses who worked at the previously mentioned setting. **Tools:** Three tools were used for data collection; WEPs questionnaire, professional commitment scale and socio demographic characteristics of studied nurses. 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,

Keywords: work environment problems, hospital, nurses, commitment.

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 and Haddad & Toney, 2020).*

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. Because nurses spend a lot of time with patients, they affect patient care. 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).* 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 *(Hofler & Thomas, 2016).* Also, 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 *(Fawaz et al., 2018 and Alsadaan et al., 2021).*

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).*.

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 (QGH). 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 QGH?

2. What are the most problems that face nurses in their work environment at QGH?

3. What is nurses' perception regarding their professional commitment at QGH?

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

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 QGH.

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:

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)* 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)*** 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 tools: The tools were reviewed by a group of experts in the field of nursing administration from different faculties of nursing for its content coverage, clarity, wording, length, format and overall appearance. Based on their advice modifications were made

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 Cronbchs alpha is (α= 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.

Ethical Consideration

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. 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. Moreover, confidentiality of gathered information and privacy of the participants was assured.

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

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:

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** d**ifficulty 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.

Fig. (3): Correlation between the Work Environment Problems and Professional Commitment among Studied Nurses' at Qena General Hospital (N = 245)

Table (5): demonstrated that there were statistically significant differences between work environment problems, 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.

Table (1): Frequency and percentage distribution of the Studied ' Nurses according to their Socio Demographic Characteristics (N= 245)**.**

Variables	No. (245)	%

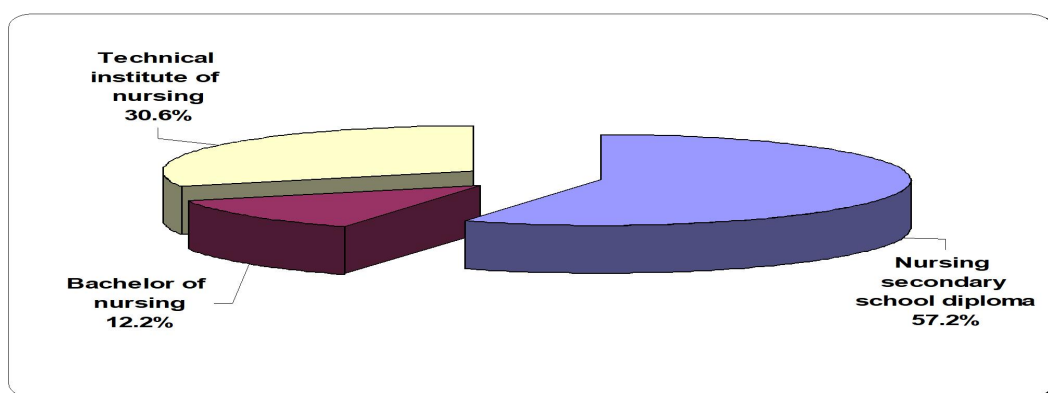|		
Age: (years)		
< 25	92	**37.6%**
25 – 30	77	31.4%
> 30	76	31.0%
Sex:		
Male	48	19.6%
Female	197	**80.4%**
Marital status:		
Single	119	48.6%
Married	126	**51.4%**
If you married, did you have children?		
Yes	114	90.5%
No	12	9.5%
Related Adults		
Yes	229	93.5%
No	16	6.5%
No. of work shift:		
Two shift	71	29.0%
Three shift	174	**71.0%**
Monthly income (L.E.):		
< 2000	173	**70.6%**
≥ 2000	72	29.4%
Place of work:		
ICUs	27	11.0%
Medical	40	16.3%
Special medical	61	24.9%
Surgical	69	28.2%
Obstetrics & Gynecology	48	19.6%
Job title:		
Nurse	151	**61.6%**
Assistant nurse	64	26.1%
Head nurse	30	12.2%
No. of training courses:		
One	121	49.4%
Two or more	124	**50.6%**

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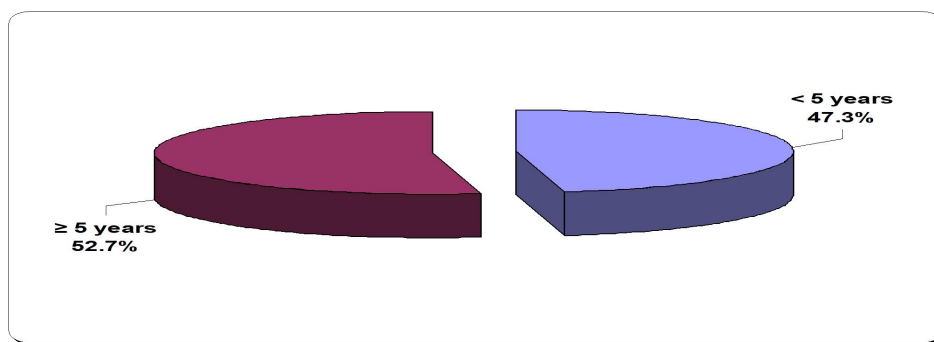
Figure (2): revealed that slightly more than half (52.7 %) of the studied nurses had their years of experience >5 years.

Table (2): Studied Nurses' Perception regarding to their WEPs N = (245)

Problems	Strongly agree		Agree		Disagree		Strongly disagree	
	No.	%	No.	%	No.	%	No.	%
• **Poor level of education and awareness:**								
1. Lack of patient understanding the role of nurses.	44	18.0	78	**31.8**	78	31.8	45	18.4
2. Not accepting a man as a nurse by staff or patients.	36	14.7	66	26.9	85	34.7	58	23.7
3. The view of the nurses in the profession as servants by some people.	34	13.9	63	25.7	127	51.8	21	8.6
4. Focusing on nationality rather than efficiency.	45	18.4	63	25.7	116	47.3	21	8.6
5. Lack of confidence in the abilities of nurses by patients.	41	16.7	82	**33.5**	80	32.7	42	17.1
6. Lack of nurses' awareness of their legal rights.	44	18.0	82	**33.5**	76	31.0	43	17.6
• **Difficulty in the profession and the impact of work pressures:**								
1. Vulnerability and exposure to infections in the workplace.	85	34.7	76	31.0	59	24.1	25	10.2
2. The working with coworkers and patients from opposite gender.	97	**39.6**	76	31.0	51	20.8	21	8.6
3. The existence of the system of night shifts in the nursing profession.	97	**39.6**	64	26.1	69	28.2	15	6.1
4. Working hours are long and exhausting.	95	**38.8**	77	31.4	35	14.3	38	15.5
5. Lack of understanding of the role of the nursing profession in the workplace.	89	36.3	77	31.4	40	16.3	39	15.9
6. Psychological pressures resulting from patients interactions.	91	37.1	81	33.1	47	19.2	26	10.6
7. Too much work pressure.	113	**46.1**	63	25.7	27	11.0	42	17.1
8. Being subjected to physical and verbal abuse by the patients and their relative.	44	18.0	59	24.1	110	44.9	32	13.1
9. Professional status of the nursing profession among other professions.	38	15.5	82	33.5	89	36.3	36	14.7
• **Poor physical environment and supportive services:**								
1. Inappropriate work environment (e.g. inadequate office space, toilet areas).	108	**44.1**	76	31.0	33	13.5	28	11.4
Lack of nurseries in the workplace	89	**36.3**	64	26.1	69	28.2	23	9.4
3. Do not allow breastfeeding hours for women nursing practitioners.	46	18.8	71	29.0	84	34.3	44	18.0
4. Lack of transportation for nurses to and from the workplace.	96	**39.2**	64	26.1	51	20.8	34	13.9
• **Lack of cooperation and participation:**								
1. Lack of involvement in the decision-making process within the medical team.	75	30.6	85	34.7	51	20.8	34	13.9
2. Lack of team work and cooperation within the medical team.	68	27.8	110	**44.9**	43	17.6	24	9.8
3. Medical practitioners lacking professional trust in the ability of nurses.	61	24.9	116	**47.3**	44	18.0	24	9.8
4. Difficulty in communicating with nursing administration and management.	62	25.3	103	42.0	47	19.2	33	13.5

Table (2): Continue: Studied Nurses' Perception Regarding their WEPs N = (245)

Problems	Strongly agree		Agree		Disagree		Strongly disagree	
	No.	%	No.	%	No.	%	No.	%
Lack of material and moral incentives:								
Low financial income for the nursing profession	112	**45.7**	88	35.9	24	9.8	21	8.6
Low chances of career advancement in the profession	91	37.1	100	40.8	36	14.7	18	7.3
Lack of incentives and benefits for nursing in comparison to other medical professions	66	26.9	118	**48.2**	34	13.9	27	11.0
Low salaries and financial rewards in comparison to responsibilities and demands of the job	76	31.0	81	33.1	50	20.4	38	15.5
Difficulty working and understanding	87	35.5	70	28.6	58	23.7	30	12.2
Lack of opportunities to engage in continuous education and training in nursing	66	26.9	106	43.3	44	18.0	29	11.8
Lack of opportunities to continue university and postgraduate education	66	26.9	96	39.2	50	20.4	33	13.5
The low level of moral incentives in the profession	57	23.3	114	**46.5**	40	16.3	34	13.9
Poor educational qualification for some nursing practitioners	65	26.5	104	42.4	44	18.0	32	13.1
. Low level of job security	64	26.1	99	40.4	47	19.2	35	14.3
Lack of flexibility at work and weak leadership:								
Lack of flexibility in organizing shifts in the profession	58	23.7	93	**38.0**	61	24.9	33	13.5
Lack of adequate feedback regarding job Performance	42	17.1	88	**35.9**	83	**33.9**	32	13.1
Annual leave dates are not flexible	58	23.7	65	26.5	84	34.3	38	15.5
Having to work more than the hours imposed	64	26.1	71	29.0	83	33.9	27	11.0
Autocratic of some officials in the management of the nursing profession	59	24.1	81	**33.1**	79	32.2	26	10.6
The lack of good senior leadership with clear vision in the nursing profession	60	24.5	77	31.4	76	31.0	32	13.1
Difficulty in taking holidays due to shortage of nursing staff	64	26.1	71	29.0	78	31.8	32	13.1
Role ambiguity and lack of standards:								
Lack of specific job descriptions and criteria	33	13.5	118	**48.2**	60	24.5	34	13.9
Lack of clarity of tasks and the role assigned to the nurse practitioner	56	22.9	103	**42.0**	63	25.7	23	9.4
The responsibility of the nurses is not commensurate with the authority available to them	50	20.4	97	39.6	51	20.8	47	19.2
Having to perform tasks that are not of the nature of the profession	50	20.4	95	38.8	64	26.1	36	14.7
Lack of a nursing regulatory structure at the level of some facilities	42	17.1	96	39.2	78	31.8	29	11.8
Lack of standards of justice in promotions and salaries	53	21.6	101	**41.2**	73	29.8	18	7.3
Inability to distinguish between the levels of workers in the profession due to the uniform of the employees	57	23.3	92	37.6	61	24.9	35	14.3

Table (3): Mean **score**s and standard deviation of WEPs N = (245)

Problems	Max. score	Rank	Mean ± SD	Range
Poor level of education and awareness	24	7	14.82 ± 4.26	6.0-23.0
Difficulty in the profession and the impact of work pressures	36	2	25.67 ± 6.25	13.0-35.0
Poor physical environment and supportive services	**16**	4	**11.36 ± 3.22**	4.0-16.0
Lack of cooperation and participation	16	3	11.39 ± 2.97	4.0-16.0
Lack of material and moral incentives	**40**	1	**28.89 ± 7.41**	12.0-40.0
Lack of flexibility at work and weak leadership	28	6	18.62 ± 5.06	8.0-28.0
Role ambiguity and lack of standards	28	5	18.74 ± 4.74	9.0-28.0

Table (4): Studied Nurses' Perception Regarding to their Professional Commitment N = (245)

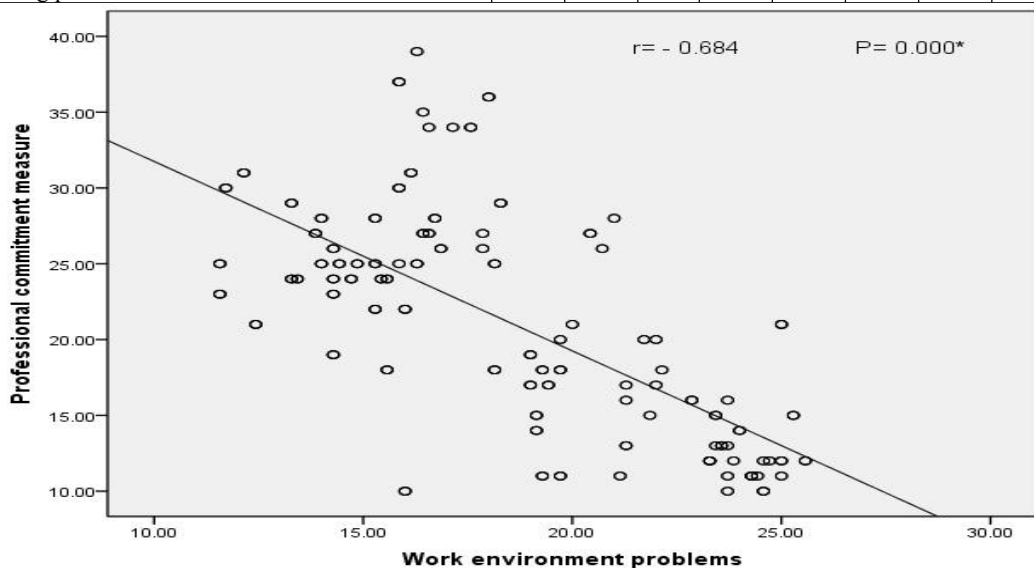| Professional commitment measure	Never		Rare		Sometimes		Often	
	No.	%	No.	%	No.	%	No.	%
I strongly associate with the nursing profession	125	**51.0**	14	5.7	57	23.3	49	20.0
I make excuses for being a nurse	14	5.7	41	16.7	87	35.5	103	**42.0**
I feel that the nursing profession is going backwards/hindering me	27	11.0	19	7.8	70	28.6	129	**52.7**
Consider the nursing profession important	93	38.0	40	16.3	59	24.1	53	21.6
Criticized the nursing profession	43	17.6	34	13.9	67	27.3	101	41.2
I feel happy to be a nurse	97	**39.6**	49	20.0	60	24.5	39	15.9
I see myself as a nurse	75	30.6	41	16.7	75	30.6	54	22.0
It bothers me to say that I am a member of the nursing profession	31	12.7	34	13.9	57	23.3	123	**50.2**
I try to hide my affiliation with the nursing profession	26	10.6	45	18.4	58	23.7	116	**47.3**
I feel strong relationships with my coworkers in the nursing profession	40	16.3	58	23.7	112	**45.7**	35	14.3

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

Table (5): Work Environment Problems and Professional Commitment according to Socio Demographic Characteristics of Studied Nurses' N = (245)

Variables	Work Environment Problems	Professional Commitment
Age: (years)		
< 25	17.05 ± 3.42	24.15 ± 6.13
25 – 30	18.74 ± 3.79	20.48 ± 7.28
> 30	20.02 ± 4.29	18.12 ± 7.34
P-value	**0.000***	**0.000***
Sex:		
Male	17.42 ± 3.54	22.27 ± 7.40
Female	18.76 ± 4.07	20.85 ± 7.28
P-value	**0.037***	0.227
Marital status:		
Single	17.90 ± 3.39	22.26 ± 7.18
Married	19.07 ± 4.45	20.06 ± 7.31
P-value	**0.021***	**0.018***
If you married, did you have children?		
Yes	19.57 ± 4.36	19.01 ± 6.74
No	14.32 ± 1.66	30.00 ± 4.61
P-value	**0.000***	**0.000***
Related Adult:		
Yes	18.62 ± 4.08	20.80 ± 7.25
No	16.77 ± 2.09	25.81 ± 6.85
P-value	0.073	**0.008***
Qualification:		
Secondary school of nursing	17.12 ± 3.88	22.67 ± 7.08
Technical institute of nursing	19.28 ± 3.28	21.00 ± 7.09
Bachelor of nursing	23.01 ± 1.87	14.23 ± 4.58
P-value	**0.000***	**0.000***
Years of experience in nursing:		
< 5	17.29 ± 3.31	22.74 ± 6.21
≥ 5	19.58 ± 4.27	19.67 ± 7.93
P-value	**0.000***	**0.001***
No. of Work shift:		
Two	18.97 ± 4.47	19.23 ± 7.60
Three	18.31 ± 3.80	21.90 ± 7.07
P-value	0.244	**0.009***
Monthly income: (L.E.)		
< 2000	17.34 ± 3.52	23.62 ± 6.71
≥ 2000	21.29 ± 3.73	15.14 ± 4.83
P-value	**0.000***	**0.000***
Job title:		
Assistant nurse	15.38 ± 2.91	25.95 ± 6.19
Nurse	18.93 ± 3.67	20.45 ± 6.85
Head nurse	23.01 ± 1.87	14.23 ± 4.58
No. of training courses:		
One	17.62 ± 3.95	22.25 ± 6.53
Two or more	19.35 ± 3.89	20.03 ± 7.88
P-value	**0.001***	**0.017***

Significant at P ≤ 0.05

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 Amarneh et al., (2021)*. 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 Q GH. 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 awareness about the importance of nursing work and the role of nurses. In contrast this finding, *Yildiz & Utkualp, (2016)* 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)* 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, *Mahran & Al-Nagshabandi, (2016)* mentioned that the importance of nursing profession must be emphasizing through the visual, audio and print media, and 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, difficulty in choosing the appropriate working hours, and lack training courses about stress and conflict management. This finding, confirmed by *Jahromi, (2018)* 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)* 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)* 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.

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 Q G H 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)* 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)* 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)* 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, and absence of an organizational culture that encourages cooperation and participation. This finding inconsistent with *Ogbonnaya et al., (2019)* 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, *Rizany et. al., (2019)* asserted that policy makers at hospitals must be support them new ways in management to contribute in creating an atmosphere of understanding and communication between health care team including nurses. In addition, *Essa et. al., (2021)* 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)* found that the problem of low salaries compared to the responsibilities and requirements of the nursing service 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)* 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, and the adopted systems are mostly bureaucratic that do not it is flexible. In contract *Koning & Ronnberg, (2014)* 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, *Reihaneh et al., (2020)* 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, also the lack of clear and specific standards, which causes the prevalence of injustice and unfairness. This confirmed by *Dehghani & Mohammadkhan., (2014)* 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. Also, *Al-khasawneh, & Moh, (2013)* emphasized that nurses' time is spent in performing tasks that not related to the nature of the profession.

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)* stated that the primary challenges in nursing in Egypt are centered around education, performance, 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, the public image of the nursing profession in Egypt still 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 2014)* 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)* 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.

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)* 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**.**

According to study results i**n (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)* 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, (2014)* 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)* indicated that nurses with more age, years of experience in nursing and monthly income, have the greater job satisfaction, and professional commitment**.** Also*, Falatah, (2019)* pointed that nurses satisfaction and

commitment varies according to their salary they receive. In addition, *Rabindarang, et al., (2016)* 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)* 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 nay 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, (2014)* confirmed the relationship between job satisfaction and commitment for nursing practitioners and their job title. In contrast, *Konya et al., (2016)* 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)* 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. 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.

5. 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.

6. 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.

7. 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.

8. 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.

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