Nurses' Work Practice Environment: Relationship to Their Organizational Commitment

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Abstract: Background: It is essential for health care organizations to keep positive working conditions in order to keep their talent nurses and help them to work hard. **Purpose:** To investigate the relationship between nurses` work practice environment and their organizational commitment. **Design:** A descriptive correlational design was used in this study. **Setting:** The study was conducted in Fevers hospital at Shebin El-Kom. It included (ICU units, pediatric, medical, pandemic, obstetrics, surgical operations, liver units, thoracic, hemodialysis, PICU).**Subjects:** Included 284 nurses from accepted the participation in the study and have at least one year of experience. Data collection **instruments**: The practice environment scale of the nursing work index and organizational commitment questionnaire. **Results:** the highest percent of the studied nurses considered their work environment as a good environment, the lowest percent of studied nurses considered their work environment as a poor work practice environment. On other hand, the majority of the studied nurses revealed high level of organizational commitment, about one quarter of the studied nurses have moderate level of organizational commitment. While, only few proportion of the studied nurses reveal low of organizational commitment. **Conclusion:** It demonstrated that there was a high statistically significant positive correlation between nurses` work practice environment and their organizational commitment. **Recommendations:** Providing a comfortable workplace and supportive work facilities are important factors for nurses positive work environment and help them to be committed.

Key words: Nurses, Organizational Commitment, Work Practice Environment

Introduction:

Nowadays, health care organizations are severely challenged by the external and internal environment to achieve their goals effectively. Work environment is a key factor that affects employees' commitment toward an organization. Work environment refers to the atmosphere of an organization where employees do their work. One of the many challenges for any organization is to satisfy its employees specially its nursing staff. As nurses are the heart beats of health care organizations. Keeping committed staff nurses in the organizations remains a challenge for nurse administrators (Hanaysh, 2016).

Nursing practice environment is the organizational characteristics of a work setting that facilitate or constrain professional nursing practice. It is a factor that has a significant impact on nursing performance. Aspects of the professional practice environment directly and indirectly influence the quality of nursing care. Professional practice environments have a more positive perception of the quality of care and support nurses to work at the highest scope of nursing practice, to work effectively in a multidisciplinary team, and to mobilize resources quickly (Zelenikova, Jarosova, Plevova and Janikova,2020).

Organizational commitment means loyalty or commitment of any employee to his or her organization. Organizational commitment consists of three dimensions; (a) affective commitment, (b) continuance

commitment, and (c) normative commitment. Affective commitment means employees' emotional connection to the organization, Continuance commitment means perceived costs related to leaving the organization, and normative commitment means moral duty to stay in the organization. Committed nurses are the need of any health organization to achieve high performance level. Organizational commitment contributes to work effectiveness, nurses job engagement, reduction in absenteeism and burnout (Cao and Hamori,2016).

It is essential for organizations to keep positive working conditions in order to increase their employees' job commitment and help them to work hard. Human resources are an essential component in the process of achieving the mission and vision of an organization. Nurses should meet the standard criteria set by the organization to ensure the quality of their work. So, nurses need a working environment that allows them to work freely without problems that may restrain them from performing their full potential. Monitoring working conditions of hospitals leads to improve the safety of the employee and the profitability of the hospital through improved system outcomes, such as higher job satisfaction, commitment, lower turnover of the employees (Abo Hashish,2015).

Additionally, specific workplace characteristics have an impact on organizational commitment (Shirey, 2017).Shirey found that when an organization provided employees with the ability to engage in public service behaviors, giving support from leadership, the employees have increased positive behaviors toward their work and higher level of organizational commitment, which is predictive to a number of important

outcomes of employees. These outcomes include turnover intention, job performance, morale, and the employee's ability to successfully complete their job duties Hardiyono , Hamid , and Mardiana (2017) .

Significance of the study

There are strong theoretical rationale and an increasing number of studies demonstrating a significant relationship between the work nursing practice environment and organizational commitment (Pitaloka and Jain,2014). Moreover, understanding the characteristics and impact of the features of nursing practice environment may provide insight on the optimal factors that achieve better organizational outcomes. Organizational commitment is perceived to be vital in securing a stable and productive work force, nursing staff organizational commitment cannot be achieved without providing all of them with positive practice environment (Andrews,2011).The investigator observed that most staff nurses have many problems with their work practice environment as(lack of resources, negative relationship with administrators, peers, and physicians ,excessive workloads, lake of wages, lack of decision participation, culture of silence about negative news to avoid being in the black list).Any problem in nursing work practice lead to nurses job dissatisfaction, decreasing productivity and quality of care. Therefore, staff nurses need to have satisfactory work practice environment. The nurses who work in unpleasant practice environment search for another place to work or travel outside where their efforts and experience can be valued. Therefore, the present study was conducted to investigate nurses` work practice

environment and its relation to their organizational commitment at fevers hospital.

Purpose of the study

The purpose of the study was to investigate the relationship between nurses` work practice environment and their organizational commitment.

Research Questions

1. What is the level of nurses 'work practice environment?
2. What is the level of nurses' organizational commitment?
3. Is there a relationship between nurses' work practice environment and their organizational commitment?

Methods

Study Design

Descriptive correlational design was conducted.

Study Sample

Convenience sampling technique was used to select the participants in the current study. Convenience sampling includes using the most conveniently available people as participants (Polit &Beck, 2017). About 284 nurses from different departments accepted the participation in the study .Both males and females who participated in this study have at least one year of experience.

Setting

This study was conducted in Fevers hospital at Shebin El_kom, Menoufia Governorate. This hospital includes (ICU units, pediatric, medical, pandemic, liver units, hemodialysis, PICU). The estimated number of nursing work force in the hospital is 297 with different educational levels in nursing; there are about 13 nurses who are newly hired who excluded from the study.

Instruments:

Data of the current study was collected using two instruments: the practice environment scale of the nursing work index (PES-NWI) and organizational commitment questionnaire (OCQ).

First tool:- The practice environment scale of the nursing work index (PES-NWI). Appendix I it consists of two parts:

- Part one: Demographic data such as age, gender, marital status, years of experience, educational qualifications, and work departments were collected from the study sample.

- Part two: The practice environment scale of the nursing work index was originally developed by Lake (2002) through factor analysis of data from magnet hospitals. The practice environment scale of the nursing work index (PES-NWI) has 30 items which specifically describing the nursing practice environment which used in the present study. The scale was divided into five subscales as following the first subscale was nurse manager ability, leadership, and support(8 items); the second subscale was nurse participation in the work place(8 items); the third subscale was staffing and resource adequacy(5 items); the fourth subscale was nursing foundations for quality care(6 items); finally the fifth subscale was collegial nurse-physician relations(3 items).

Scoring system

- Participants responses were scored on a five points Likert scale as the following strongly disagree (1), disagree (2),uncertain (3),agree(4),and strongly agree(5).
- These scores were converted into a mean score for poor, fair, and good. The minimum score on this scale is 30 and the maximum possible score is 150. The higher the score on this

scale the more positive nurses practice environment. The level of practice environment is considered poor if the percent score is (<60%). The level of Practice Environment is considered fair if the percent score is (60-75%) and the level of Practice Environment is considered good if the percent score is >75% (Hanaysh, 2016).

Second tool:- Organizational commitment questionnaire (OCQ) **Appendix II** it consists of two parts

- Part one: Demographic data such as age, gender, marital status, years of experience, educational qualifications, and work departments were collected from the study sample.
- Part two: Organizational commitment questionnaire was originally developed by Meyer and Allen (1991) which included 24 items. Later, (Meyer, Allen, and Smith, 1993) revised the OCQ into a six items to measure normative commitment instead of eight items thus, the questionnaire become only 22 items; this modification was for reducing the scale length which is important for pilot study. The current study adapted the modified scale and used only 22 items questionnaire. The questionnaire consists of three subscales as following; affective commitment (9 items), continuance commitment (7 items), normative commitment (6 items).

Scoring system
Responses of participants were scored on a five points Likert scale as following: strongly disagree (1),disagree(2), uncertain(3),agree(4), and strongly agree (5). These scores were converted into a mean score for low or, moderate or high. The scale minimum score was 22 and the

maximum possible score was 110. The level of organizational commitment is considered low if the percent score <60%. Moderate level if the percent score between 60-75%, and high level if the percent score >75% of total score of organizational commitment (Cao and Hamori,2016).

Validity
The validity of both instruments (face, content, and construct validity) was established for the final version of the translated instruments in Arabic language via review by five professors of nursing administration, three of them were from faculty of nursing Menoufia university , one of them from faculty of nursing Tanta university and one of them was from Helwan university who examined the instruments for completeness and clarity (content validity), accuracy and internal validity.

Reliability

A. Work practice environment scale:
The practice environment scale of the nursing work index revealed five subscales as following: nurse manager ability, leadership and support that has a cronbach alpha of 0.705, nurse participation in work place with cronbach alpha of 0.892, staffing and resources adequacy with cronbach alpha of 0.772 , nurse foundation of quality of care with cronbach alpha of 0.808, and collegial nurse-physician relations with cronbach alpha of 0.846. The practice environment scale used in the current study revealed good internal consistency with a cronbach alpha coefficient of 0.948.

B. Organizational commitment questionnaire:
Organizational commitment questionnaire Alpha coefficient was (0.84) for total score, (0.83) for affective commitment, (0.61) for

continuance commitment, and (0.64) for normative commitment. However, reverse scoring procedure was used for negatively phrases as following (8, 9, 15, 16, 21, 22 items).

Ethical considerations

Before data collection, an ethical approval for the study proposal was obtained from Institutional Research Board (IRD) of the nursing management department and the faculty of nursing, Menoufia university. A written letter was issued from the dean of faculty of nursing to the Fevers hospital directors to get permission for data collection. Participants in the study was voluntary, as assured that they had the right to accept or refuse to participate in the current study.

Withdraw from the study at any time was assured too. The consent was obtained from all participants who meet the inclusion criteria and agreed to be a part of the study.

Pilot study: A pilot study was conducted before starting the actual data collection for both instruments. The aim of the pilot study was to test the clarity, relevance, applicability of the study instruments to determine obstacles that may be encountered during data collection .It also helped to estimate the required time to fill the questionnaire. The pilot was conducted on 28 nurses who represented 10% of the participants number. Based on the result of the pilot study, there were no modifications needed. Participants needed 15_20 minutes to complete the questionnaire.

Data collection procedure:

Data was collected using self-administered questionnaire. All questionnaires were distributed, completed and collected from the hospital departments and units.

Purpose of the current study and instructions to fill the questionnaire were provided to all participants in a form of cover page to both questionnaires. Participants completed the questionnaires during working hours .Data collection lasted for two months from March2021 till the end of April 2021.

Statistical analysis

Data were collected, tabulated, statistically analyzed using an IBM personal computer with Statistical Package of Social Science (SPSS) version 19. The scores of each group of items were summed up and the total was divided by the number of items in this group, giving a mean score for each aspect of the practice environment scale and organizational commitment questionnaire.

The statistics that used in the current study were:
- Descriptive statistics: in which quantitative data were presented in the form of mean, standard deviation (SD), range, and qualitative data were presented in the form numbers and percentages.
- Analytical statistics: used to find out the possible association between studied variables. The used tests of significance included:
  - Chi-square test ($\chi2$): was used to study association between two qualitative variables.
  - Pearson correlation: Used for correlation of two quantitative variables

Results:

Table (1): Illustrates percentage distribution of personal characteristics of the studied nurses: As shown from the table the highest percent (44.4%) of studied nurses were aged 30-<40 with the

mean±SD 35.5±7.77 years. The majority of them (82.4%) were female. Also the highest percent (39.8%) of studied nurses had bachelor degree in nursing. Most of them (83.5%) were married. Concerning years of experience ranged from 2 – 37 with mean±SD 14.3±8.58 years. Approximately 37.0% of them have >15 years of experience. Also,the highest percent of study sample was working in fever department (19.7%).

Table (2): Illustrates percentage distribution of nurses work practice environment levels among the studied nurses. As showed from the table the highest percent (61.6%) of the studied nurses considered their work environment as a good environment .On the contrary side, the lowest percent (3.9%) of studied nurses considered their work environment as a poor work practice environment.

Table (3) illustrates the percentage distribution of organizational commitment among studied nurses.

The table shows that (70.8%) of the studied nurses reveal high level of organizational commitment, and this proportion was considered as the majority of the studied nurses. On other hand, about one quarter (26.8%) of the studied nurses have moderate level of organizational commitment. While, only few proportion (2.40%) of the studied nurses reveal low level of organizational commitment.

Table (4) shows that there was correlation between nurses' organizational commitment and their work practice environment. It demonstrated that there were a high statistically significant positive correlation (r=0.532, p=0.001) between nurses` work practice environment and their organizational commitment.

Table (1): Percentage distribution of personal characteristics of the studied nurses (n= 284):

Studied variables	No	%
Age / years		
<25 – <30	87	30.6
30 – <40	126	44.4
40 – <50	36	12.7
≥ 50	35	12.3
Age / years		
Mean ±SD	35.5±7.77	
Range	23.0 – 56.0	
Gender		
Male	50	17.6
Female	234	82.4
Educational level		
Diploma	69	24.3
Associate degree	96	33.8
Bachelor in nursing	113	39.8
Post graduate	6	2.10
Marital state		
Married	237	83.5
Single	33	11.6
Divorced	9	3.20
Widow	5	1.80
Experience / years		
2 - < 5	30	10.5
5 - < 10	72	25.4
10 - <15	77	27.1
>15	105	37.0
Experience / years		
Mean ±SD	14.3±8.58	
Range	2.00 – 37.0	
Working units		
Hemodialysis unit	26	9.20
ICU	36	12.7
Digestive system department	37	13.0
Fever department	56	19.7
Females internal department	46	16.2
Males internal department	42	14.8
Children internal department	41	14.4

Table (2): Percentage distribution of nurses' work practice environment levels among the studied nurses (n= 284):

Studied variables	No.	%
Nurses' work practice environment levels		
Poor	11	3.90
Fair	98	34.5
Good	175	61.6

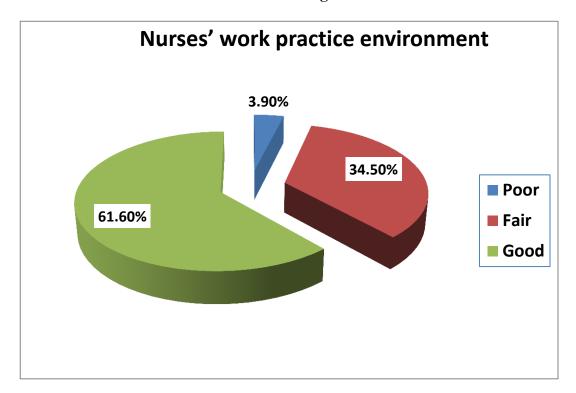**Figure (1): percentage distribution of nurses` work practice environment levels among**

Table (3): Percentage distribution of organizational commitment levels among the studied nurses (n= 284):

Organizational commitment levels	No.	%
Low	7	2.40
Moderate	76	26.8
High	201	70.8

Figure (2): Percentage distribution of organizational commitment levels among the studied nurses (n=284).

Organizational commitment levels
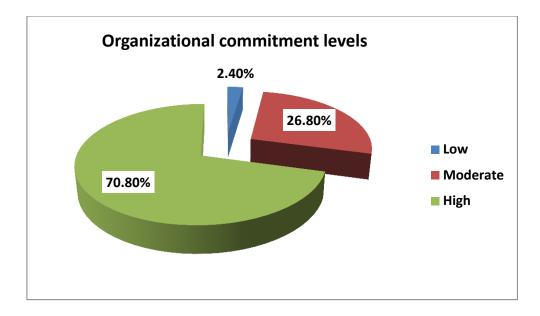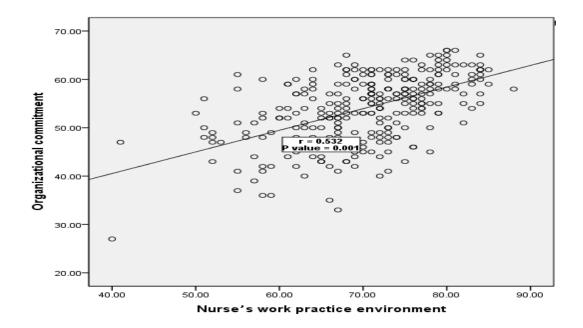
2.40%

26.80%

70.80%

■ Low
■ Moderate
■ High

Table (4): Correlation between nurses' work practice environment and organizational commitment total and subscales among the studied nurses (n= 284):

Nurses 'organizational commitment levels	Nurse's work practice environment levels	
	R	**P value**
Affective commitment	0.582	**0.001****
Continuance commitment	0.109	0.066
Normative commitment	0.261	**0.001****
Total organizational commitment	0.532	**0.001****

**High significant

Figure (3): Correlation between nurse's work practice environment levels and organizational commitment levels among the studied nurses

r = 0.532
P value = 0.001

Discussion

Nurses are the front line patient care providers and the corner stone of health care organization success. So, ensuring a positive work environment for nurses is a priority to keep stable work force. Moreover, Work environment is a key factor that affects employee's satisfaction and commitment toward an organization. Successful organizations must design their work environments in a way that they can increase the level of employees 'organizational commitment and motivation that ultimately would lead to desirable outcomes (Huddleston & Gray, 2016).

Therefore, the purpose of the current study was to investigate the relationship between nurses work practice environment and their organizational commitment in fevers hospital at Shebin El-kom.

I. **Nurses work practice environment and its subscales**

The present study revealed that approximately two thirds of the studied nurses perceive their environment as a good environment. As well as, approximately one third of the studied nurses perceived their work environment as a fair environment. Additionally, the study revealed that only minority of the studied nurses considered their work environment as a poor environment.

As nurses work practice environment (PES-NWI) contains five subscales, the highest mean score and first ranking was for "nurse manager ability, leadership and support" subscale where the majority of studied nurses agreed on the following item " a senior nursing administrator who is highly visible and accessible to staff ". While, the lowest mean score and last ranking was for "collegial nurse physician relations" subscale. The lowest item regarding to percentage of

nurses agreement was "opportunities for advancement" as the percentage of agreement was less than quarter of the studied nurses and percentage of disagreement was approximately two thirds of the studied nurses.

From the investigator point of view, about two thirds of the studied nurses perceived their work environment as a good one due to the management system in Fevers isolation hospital that tries to provide positive climate and enough supplies specially these days due to Corona virus. Regarding "nurse manager ability, leadership and support" nurses considered the nursing manager and her style of leadership as a vital factor in executing and organizing their work tasks and motivate or restrict them. Regarding to opportunities for advancement, the disagreement may be due to lack of opportunities of advancement and there is no specific clinical ladder for nurses.

The present study supported Mahoney (2017) who considered nurse mangers leadership and professional work environment as a dominant factor for nurses and patients outcomes. The current study also, reported that approximately two thirds of studied nurses agreed that they need good manager and leader, who is usually visible and accessible. As well as, The current study was congruent with Jung, Song and Yoon (2020) who revealed that workplace loneliness decreased employees 'engagement with their jobs thus, decreased employee` level of organizational commitment. Also, the present study revealed that more than two thirds of the studied nurses agreed on this item" doctors and nurses should have good working relationships". Moreover, Wambui and Githui (2019) conducted a study that went at the same line with the present study. The study revealed that an autonomous environment that allows nurses to

participate in decisions making is statistically significant. The present study contrasted with Sheikhi, Khoshknab , Mohammadi ,Oskouie (2016) who reported that working environment has positive relationship with nurses' career advancement. Although, the current study reported that approximately two thirds of the studied nurses perceived their working environment as a good environment, and less than quarter of the studied nurses studied agreed on "there are adequate opportunities of advancement". Furthermore, Michael and Jon (2006) differed with the present study results. The study reported that three major sources of work environment structure affect employee attitude toward their organization. The three factors were technology effects, job design, and decisions making respectively. The study revealed that the most important factor in work environment was excessive technology which was associated with low job satisfaction. Unlike the present study that showed the first factor that affect work practice environment was nurse manager ability, leadership and support.

I. Organizational commitment questionnaire and its subscales

The present study revealed that more than two thirds of the studied nurses demonstrated high level of organizational commitment, about one quarter of the studied nurses demonstrated moderate level of organizational commitment and minority of the studied nurses demonstrated low level of organizational commitment. As the organizational commitment questionnaire includes three subscales; the highest mean score was for affective commitment. While, the lowest mean score was for normative commitment subscale. From the investigator point of view, the majority

of the studied revealed high level of organizational commitment specially the affective commitment has the first ranking due to the nature of friendly and kind character of the Egyptians who prefer to stay with their friends and peers.

The present study was congruent with Iffat and Shakeel (2015) who revealed that the key to strengthen employees' psychological attachment in their workplace is to improve perceptions of organizational membership. Moreover, Alrowwad, Almajali, Obeidat, and Masadeh (2019) reported that there are significant positive impacts of continuance commitment and normative commitment on organizational effectiveness. The present study supported this result as more than two thirds of the studied nurses agreed on this item "I do my best as leaving the hospital is very costly". Additionally, the present study supported Vagharseyyedin (2016) who reported that factors contributing to nurses 'organizational commitment are categorized as following: Personal characteristics and traits of nurses, leadership and management style and behavior, perception of organizational context, and characteristics of job and work environment. On the other hand, the present study disagreed with Gautam, Dick , Wagner , Upadhyay , Davis (2005)who revealed that both affective and normative commitment were statistically significant with citizenship behavior while, continuance commitment was unrelated to altruism and negatively associated with compliance and citizenship behavior. Unlike the present study which showed approximately more than two thirds of the studied nurses agreed on this item "I do my best as leaving the hospital is very costly". Moreover, the present study went at the same line with Arfat (2018) who showed that employees'

subjective evaluation of the intrinsic and extrinsic factors of job contribute to the formation of their psychological attitude toward their organization. Also, the results of the present study were congruent with Arbabisarjou, Sarani, Mohammadi and Robabi (2016) who showed that level of organizational commitment of the participating nurses was moderate. The study revealed that there was a positive relationship between nurses 'organizational commitment and their performance. Furthermore, Phuong and Ling (2016) conducted a study that showed that there is a high correlation among all three components of organizational commitment. As affective, continuance and normative commitment are distinct components; employees may exhibit all three dimensions of organizational commitment at varying degrees at the same time which went at the same line with the current study. Additionally, the present study agreed with Menge and Korkmaz (2018) who showed that there was positive relationship between spirituality in the work place and organizational commitment.

IV. Relationship between nurses work practice environment and their organizational commitment

The present study revealed that there was a positive correlation between studied nurses' work practice environment and their level of organizational commitment. As the study demonstrated that there were a high statistically significant positive correlation (r=0.532, p=0.001) between nurses` work practice environment and their organizational commitment.

From the investigator point of view, nurses usually need supportive, positive and motivated work environment which help them to perform their tasks and to be committed. As human beings usually do their best only when their efforts are appreciated.

The result of the present study was congruent with Aysen and Berberoglu (2018) who revealed that organizational climate is highly correlated with organizational commitment. Also, the present study, went at the same line with Sepahvand, Atashzadeh-Shoorideh, Parvizy, and Zagheri-Tafreshi (2019) who revealed that organizational factors, occupational challenges, and contributory management are considered as essential factors that affect nurses' level of organizational commitment. On the other hand, Naz, Li, Nisar, Khan, Anwar (2020) was congruent with the present study. The study revealed that there is correlation between supportive work environment (SWE) and employees' retention. On the contrary side, the present study was in consistent with Nguyen, Quang and Hoang (2020) who reported that leadership style followed by job satisfaction, then working performance are the detectors of organizational commitment. Unlike the present study in which work practice environment and relationship with others are the most determinants of nurses' organizational commitment. Furthermore, the present study disagreed with Bragadottir, Burmeister, Kalisch and Terzioglu (2018) who reported that level of nurses' absenteeism and intent to leave is significantly different across countries. Unlike, the present study that revealed that work practice environment conditions, management style and career advancement are considered as a key detector of nurses level of organizational commitment. On other hand, Aranki1, Suifan and Rateb (2019) conducted a study inconsistent with the present study which showed different factors that

affect organizational commitment unlike work practice environment .As this study revealed that there are four dimensions that has statistically significant with organizational commitment as following Bureaucratic culture, innovative culture, supportive culture and employee empowerment.Moreover, Akpan (2015) conducted a study that incongruent with the present study. The study reported a significant positive correlation between staff development and institutional commitment. Also, reported statistically significant relation between motivation and institutional commitment. But there was no significant relationship between working conditions and each component of institutional commitment of teachers.

Conclusion

In the light of study findings, there was more than half of the studied nurse perceived their work environment as a good one in this hospital. Also, more than two thirds of the studied nurses revealed high levels of organizational commitment. Moreover, there was a high statistical significant positive correlation(r=0.532, p=0.001) between nurses` work practice environment and their level of organizational commitment. Finally, the study concluded that to keep nurses committed in their organization work environment, should be positive.

Recommendations

Based on the findings of this study, the following recommendations are proposed:

1. Providing a comfortable workplace and supportive work facilities are important factors for nurses positive work environment.
2. Nursing managers can share her staff nurses in daily decisions and appreciate their efforts.
3. Organizing workshops for nurses and their managers to develop their skills.
4. Clear job description, reward and punishment compensation system is very essential foe nurses practice environment.
5. Future research studies could be conducted using larger sample size rather than the current study to generalize the results.
6. Future research could be conducted about nurses work practice environment in stable circumstances "without corona virus" which may affect the nurses work.

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