

The Impact Of Hospital Administration And Psychosocial Support On Nursing Performance: A Health Security Perspective

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Abstract

The healthcare industry is realizing that there is an intrinsic connection between the performance of nurses and the administrative support systems, as well as the measures taken to provide workplace security. In this study, the complex role of the hospital administration, the support mechanisms related to the psychosocial well-being of nurses, the provision of the necessary infrastructural support related to health security, and the performance of the nurses is explored in depth. From the various cross-section data related to different hospital environments, the findings of this study are that there is an enormous positive role of the hospital administration, along with the support systems related to the psychosocial well-being of the nurses, towards the overall performance of the nurses, and that workplace health security measures can lead to an overall positive shift in the job-related efficiency and performance of the nurses, which is an intrinsic part of the concept of health security today.

Keywords: Hospital administration, psychosocial support, nursing performance, workplace security, health security, organizational culture, nurse safety.

Introduction

Nurses make up the highest professional cadres in healthcare facilities and offer between 80% and 90% of all direct patient care, making them the backbone of health service delivery (Mohammed et al., 2019; Haddad & Toney, 2020; Sabra et al., 2022). Nursing is practiced in an ever-growing complex health context characterized by rising patient complexity, technology, resource issues, and evolving issues of safety. In this complex context, hospital management and access to psychosocial support structures have proved to be key drivers of nursing performance and indirectly of patient outcomes (Alkaabi et al., 2022).

The working environment plays a significant role in determining the nurses' effectiveness to deliver their professional duties. Studies have found that the conducive hospital environment improves psychological well-being, lessens burnout, and boosts job satisfaction among healthcare practitioners (Zangaro & Jones, 2019; Alikari et al., 2021; Ayed et al., 2024). On the contrary, inadequate administrative organization, poor safety programs, and insufficiency of psychosocial support programs have been found to increase stress levels, poor performance, and intent to quit among nurses (Liu et al., 2021).

In terms of health security, violence against health care workers in the workplace can be viewed as a serious hazard of occupation that has serious effects on the performance of nurses, job satisfaction, staff retention rates, and patient satisfaction (Jackson et al., 2002; Hegney et al., 2010; Roche et al., 2010; Gates et al., 2011; Blando et al., 2013). This hazard of occupation contributes to an atmosphere of fear and stress that could lead to a situation of apathy among nurses with regards to patients and could result in less care being offered to patients in the healthcare industry.

This hazard of occupation can lead to a situation of decreased job satisfaction and could create a negative impact on the level of care offered among patients in the healthcare industry due to fear that might arise in the event of facing a violent situation that could result

The hospital administration is a key force in determining the culture of the organization, developing security programs, and developing a supportive leadership structure, either for or against professional nursing practice (Nnko et al., 2019). Administrative leadership in a hospital, which embraces open communication, empowerment of employees, and resource utilization, can influence nurses to deliver excellent services (Moloney et al., 2020; Graham, 2021). The hospital administration's culture, such as values, behavior, and practices, exerts considerable influence on nurse performance, leading to employee satisfaction, employee motivation, and a feeling of belonging within an organization (Sabra et al., 2022).

Despite such recognition of these concerns, there is a continued challenge to understanding and dealing with such a complex relationship between administration support, security environment, psychosocial aspects, and performance of nurses in healthcare facilities. Many of these healthcare facilities have such structured systems of hierarchy and tradition whereby there is a lack of readiness to adapt to changes within these organizations and a lack of inclusion in administration decision-making structures and processes (Shahbaz et al., 2019). Additionally, there is a lack of financial preparedness to accommodate changes in such facilities and environments (Blando et al., 2013).

Importance of the Study

The knowledge regarding the relationship between the management of a hospital, the provision of psychosocial services, and nursing performance is critical for a variety of stakeholders involved in the healthcare setting. Administratively, for nursing personnel, supportive bureaucratic structures and appropriate security systems have direct bearing on the work environment of these personnel, their nursing well-being, and ultimately, the quality of patient care these personnel provide. For administrators of a particular healthcare institution or for healthcare policymakers, such knowledge can influence specific investments for improvements in healthcare quality.

The current research is particularly important in filling a truly relevant gap in current literature, as it explores the intersection of administrative practices, security programs, work violence perception, and nursing performance by considering the factor of health security from different dimensions. Based on cumulative evidence from different hospitals and by considering both objective and subjective hospital security, recommendations have been made in this study for improving work security and improving performance simultaneously.

Research Objectives

In this research, the goals would include

1. Explore Correlation between Hospital Administrative Support and Nursing Outcomes
2. Creation Date
3. 2. Analyze the impact of security initiatives and perception of safety at work on the well-being and performance of nurses
4. 3. Identify factors of a psychosocial nature within a healthcare setting to influence nursing effectiveness
5. 4. Closing the Gap between Safety Measures and Risks of Violence at Workplace
6. Develop evidence-based recommendations for hospital administrators who want to maximize nursing performance by making optimal use of administrative and security resources

Literature Review

The Hospital Environment and Nursing Performance

The hospital environment consists of physical, organizational, and social elements which thereby influence and interact to create a certain context or effect on healthcare service delivery (Browall et al., 2013). The hospital environments have a very significant impact on determining how healthcare service is delivered regarding quality and experiences associated with healthcare facilities and service environments through interaction with healthcare providers such as nurses, who usually spend a lot of time with patients within these facilities.

Physical environment:

"The physical environment of the hospital, from its buildings and organizational structures through cleaning services, equipment, and equipment availability, is essentially the groundwork of the nursing profession" (Halawa et al., 2020).

Hospitals also need appropriate accessibility, safety, and comfort of patients, including broad corridors, sufficient light, sufficient ventilation, and proper signs to make it easy to transfer patients, avoiding accidental events (Akinbami, 2024).

The patient rooms are expected to accommodate medical equipment, support equipment, patient monitors, and all other equipment related to patients, while ensuring a noise-free environment for the recovery process of the patients.

Researches indicate that the role of poor working environment factors like the absence of adequate office, toilet, and rest space contributes to the poor performance of nurses (Topcu et al., 2021). Inadequate space is attributed to the poor performance or dissatisfaction with the working environment, which is highly related to job satisfaction and the performance of hospital nurses (Sabra et al., 2022).

Organizational Culture and Structure

Organizational culture

Issues related to the organization include inherent structures and processes in hospital setups, for example, management practices, workload distribution, staffing ratios, and decision-making processes (Sabra et al., 2022). On the other hand, management practices play an important role in hospital setups and affect hospital relationships and associations between hospital employees and hospital administration and between hospital administration and patients. Employee-engaging and collaborative management practices can result in better teamwork and productivity, while hierarchical and autocratic management practices can create demoralization and employee frustrations (Nnko et al., 2019).

"Workload intensity is directly linked with the ability to perform nursing efficiently because healthcare professionals from greater workload environments become more vulnerable to burnout, which impacts the quality of care negatively," writes Goddard in 2024. "The nurse-to-patient ratio is an issue that must also be considered because if the number is small, it leads to late deliveries, increased pressures, and lower patient satisfactions," states Krishnapriya in 2023. "Work pressures ever further increase the vulnerability towards burnout through emotional exhaustion, declining care for patients, and decreasing job satisfactions," which further worsens the issue of performance because burnout healthcare nursing professionals feel estranged and less interested in core duties (Sabra et al. in 2022)."

Human Environment and Communication

Through this, social environment can be referred to as those factors concerned with interaction and communications occurring within the social surroundings of a health care team, as well as interaction occurring between patients and practitioners (Blando et al., 2013). Collaboration is essential within a health care context and a very crucial area requiring interaction and any aspects of cooperation necessary to ensure the effectiveness of health care delivery to patients (Moloney et al., 2020). In this case, informing or share information devoid of errors is essential, ensuring successful and well-orchestrated health care delivery to patients within a uniform manner and of a certain degree of quality.

Workplace Violence and Security in the Health Sector

Violence against healthcare providers is a significant concern under occupation health, and its core impact is on the working performance of nurses, job satisfaction, turnover, and patient satisfaction of nurses (Jackson et al., 2002; Hegney et al., 2010; Roche et al., 2010; Gates et al., 2011). Non-committed nurses and non-caring values of nurses exposed to workplace violence are factors that hamper the

quality of patient care and patient satisfaction (Astrom et al., 2004; Josefsson et al., 2007; Gates et al., 2011).

Perceptions of Safety & Security Arrangements

Findings from Blando et al. (2013) supported the fact that there are differences in perceptions of violence and feelings of safety between psychiatric and emergency department nurses, with the latter feeling less safe despite the risk of violence. The findings include a higher percentage of emergency department nurses (14%) compared to the psychiatric department (4%) despite the occurrence of frequent verbal violence in the latter (27%).

Some of the variables that were identified as being strongly related to the perception that nurses felt safe included the adequacy of the security equipment available, the adequacy of the training and experience of the security guards, and the level of verbal abuse (Blando et al., 2013). As regards the nurses working in the emergency department, the nurses who were satisfied regarding equipment adequacy were almost four times as likely as the nurses who were satisfied that equipment inadequacy to feel that they were safe in the work environment. Also, the nurses who were satisfied regarding the security guards' response times were over five times as likely as the others to feel that they were safe.

The Disconnect Between Perceived and Actual Safety

One of the significant findings obtained from security research is the fact that those factors linked to nurses' safety within the context of the environment will actually be ineffective in terms of influencing assault rates (Blando et al., 2013). The factors believed to be most likely associated with nurses' perceptions of safety within their environment, such as lack of verbal violence, perceived availability of security equipment, and perceived response time, failed to display a link to assault rate. The non-relationship evident within this context and particularly within the context of training workers to assess actual levels of violence potential may result in non-effective intervention strategies concerning nurses' perception of reality within a challenging context.

Working Environment Problems and Professional Commitment

Kinds of Work Environment Problems

Studies done by Sabra et al. (2022) found that there are seven major categories of issues that affect the working environment of nurses in the hospital regarding the level of severity, which are the following:

1. Material and moral disincentives (Highest Mean Score: 28.89 ± 7.41): Poor remuneration packages, lack of opportunities for advancement in the profession, insufficient package in comparison with alternatives in the biomedical industry, lack of incentives, among others.
2. Coping difficulties in the occupation and work pressure effects
3. The average score for the factor "Coping difficulties in the occupation and work pressure effects" is 25.67 ± 6.25 .
4. Work overload, working for longer hours, night shifts, risk of infection, psychological pressures derived from patient interaction, physical
5. Lack of cooperation and participation (Mean = 11.39, SD = 2.97): Lack of collaboration among healthcare professionals, lack of trust among doctors, inadequate participation in decision-making, and a lack of effective communication from the nurse to the nursing administration.
6. Poor physical environment and services (Mean score: 11.36 ± 3.22): Poor workspace, lack of childcare facilities, poor transport services, and poor rest facilities
7. Ambiguities of role/standards not established (mean score = 18.74 ± 4.74): Uncertainty in the lack of job, lack of task, lack of justice in promotion and salary standards, inability to distinguish levels of personnel
8. Career inflexibility, lack of leadership_ (Mean score: 18.62 ± 5.06): Inflexible work schedules, unhelpful performance-related feedback, inflexible policies regarding leaves, autocratic leaders, among others
9. Lower level of education and awareness (mean score = 14.82 ± 4.26): Lack of patient understanding of nursing roles, lack of confidence in the abilities of nurses, and lack of awareness of nurses about their rights.

Relationship between Work Environment and Professional Commitment

In a study conducted by Sabra et al. (2022), there was a statistically significant negative relationship between problems within the work environment and professional commitment ($r = -0.684$; $p = 0.000$). This means that as problems within the work environment increased, there was a resultant lack of professional commitment. More than 50% of the nurses surveyed (52.7%) reported being frequently prevented by the nursing profession, 51.0% of the nurses reported never strongly feeling a connection to the nursing profession, and 50.2% of the nurses reported being bothered to be considered a part of the nursing profession.

Key variables that contributed to the perceptions of work environments and professional commitment included age, marital status, the presence of children, education qualification, work experience, monthly income, and the number of courses participated in (Sabra et al., 2022). Those married nurses with children demonstrated more work environment challenges due to their social and material obligations.

Administration and Leadership

Administration

According to effective hospital management, there is an establishment of an organizational culture that recognizes the significance of the nursing practice, supports the development of nurses, and promotes support from the leadership (Graham, 2021). When nurses receive support from the leadership, they will be motivated and perform well, consequently experiencing good results from the execution of their tasks and satisfaction with their occupation (Moloney et al., 2020). Support from the leadership that promotes cooperation and communication channels presents an opportunity to the nurses to air their concerns, share their ideas, and involve them in decision-making, consequently influencing their high performance and satisfaction levels.

Creating an environment that encourages development and support within the workplace may contribute positively to nurse retention and performance (Sabra et al., 2022). Lack of autonomy, lack of communication, poor workplace culture, or poor leadership may adversely influence nurse performance, resulting in a lack of autonomy, poor communications, poor worker motivation, increased worker stress levels, poor worker performance, and burnout (Graham, 2021).

Methodology

Research Design

The study employs the so-called method of description in cross-section, using information gathered from various researches made at the hospital about the relationship between the administration, the system of support, the degree of security, and the performance level for the nurses. The information has been gathered from the emergency department, psychiatry department, intensive care department, medical department, surgical department, and obstetric/ gynecology department of different hospitals.

Population and Setting

All of this is part of a comprehensive analysis, and there are three principal sources of the data:

1. Emergency Department and Psychiatric Nurses (Blando et al., 2013) – A total of 314 emergency department nurses and 143 psychiatric nurses were surveyed. These surveys were carried out in hospitals that were located in the counties of California and New Jersey and had a population of at least 250,000. Hospitals were stratified according to different types – trauma centers, general acute hospitals that had more than or equal to 300 beds, and general acute hospitals that had less than 300 beds. These were chosen by random sampling.
2. General Hospital Nurses (Sabra et al., 2022): This was an online survey conducted among a total of 245 nurses working in ICUs and general and special medical-surgical and obstetrics and gynecology wards in Qena General Hospital, Egypt, and with at least one year of experience in their current job.
3. Literature Synthesis: Integration of findings from systematic reviews and empirical studies examining the effect of the hospital environment on the performance of the nursing staff and the satisfaction of the patients.

Data Collection Instruments

This assessment required the use of structured face-to-face interviews (Blando et al., 2013), and this involved the following:

- Insights on Safety for Nurses Practitioners
- Effectiveness of security programs and equipment
- School Security Guard Training and Response Time
- Quality of workplace violence training programs
- Violence prevention policies and reporting systems
- Frequency of experiences of verbal abuse and assault

The analysis of assault rates conducted by the BLS on the rates obtained from OSHA 200 logs over a decade from 1992 to 2001 considered the average rates from 1996 to 2001 and employment person-hours as the denominator.

Work environment issues

"The Work Environment Problems (WEP) questionnaire had a total of 47 items. These items were measured using a four-point scale of agreement that ranged from strongly disagree to strongly agree. There were seven different categories measured. The Cronbach alpha values of the questionnaire were high. They were .867. " (Al-Tuwaijri, 2011;

Professional Commitment Evaluation

Professional commitment was assessed using a scaled version consisting of 10 items, which is validated (Lu et al., 2007; Sabra et al., 2022) that utilized a response set with a four-point scale based on the Likert scaled response options ranging from Never to Often, to what level the respondent identified with the nursing profession.

Data Analysis

Statistical analysis involved:

- Descriptive statistics (frequencies, percentages, means)
- Fisher's exact tests for frequency distributions
- Univariate and multivariate logistic regression analysis to assess factors influencing perceptions of safety
- Multiple linear regression analysis on the relationship between security measures and assault rates
- Spearman Correlation Analysis of Relationship Between Work Environment Problems and Professional Commitment
- Statistical Significance = $p < 0.05$

In both studies, all analyses of data were performed using the SAS 9.2 and SPSS 19 software's.

Ethical Issues

Permission to carry out all these studies was sought from the relevant authority. Consent was sought from all participants orally after they were made aware of the reason for conducting these studies by explaining to them the purpose of each study. All these studies involved voluntary participation, with all data kept confidential.

Results

Demographic Factors of Participants

The demographic distribution of the nurses in the hospitals who responded to the work environment perception study is presented in Table 1.

Table 1: Demographic Characteristics of Hospital Nurses (N = 245)

Characteristic	n	%
Age (years)		
<25	92	37.6
25-30	77	31.4
>30	76	31.0
Sex		

Male	48	19.6
Female	197	80.4
Years of Experience		
<5 years	116	47.3
≥5 years	129	52.7
Number of Work Shifts		
Two shifts	71	29.0
Three shifts	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

Most of the sample population were females (80.4%), and over one-third of them were below 25 years. Over half of them, 57.2%, held secondary school diplomas in nursing, and only 12.2% of them held bachelor degrees. Most of them, 71.0%, worked in three shifts, and over two-thirds, or 70.6%, received less than 2000 L.E. per month.

Workplace Violence and Security Perceptions

Table 2 highlights comparative views and experiences between ER department nurses and psychiatric unit nurses with regard to workplace violence. Blando et al., 2013

Table 2: Perception of violence among nurses in the emergency department and psychiatric nurses

Variable	ED Nurses % (n)	Psychiatric Nurses % (n)	Fisher's P-value
Experience & Safety Perceptions			
<1 year healthcare experience	11 (34)	10 (15)	1.0
<1 year in current position	11 (34)	16 (24)	0.09
Felt unsafe at work	14 (43)	4 (5)	<0.001*
Experienced frequent verbal abuse	18 (57)	27 (39)	0.03*
Frequent verbal abuse AND felt unsafe	6 (18)	1 (2)	0.002*
Assaulted AND felt unsafe	5 (17)	1 (2)	0.04*
Security Program Perceptions			
Security equipment deficient	49 (149)	23 (31)	<0.001*
Security guards deficient	43 (119)	33 (36)	0.066
Security response time inadequate	11 (31)	8 (9)	0.37
Received violence training	86 (268)	100 (143)	<0.001*
Received regular violence trend updates	27 (81)	59 (85)	<0.001*

*Statistically significant at $p < 0.05$

The nurses working in the emergency department were more likely to perceive their workplace as unsafe, 14% versus 4%, $p < 0.001$, although the psychiatric nurses experienced a significantly higher rate of verbal violence, 27% versus 18%, $p = 0.03$. However, the nurses in the emergency department were much more likely to perceive a gap of security equipment, 49% versus 23%, $p < 0.001$, and were

less likely to be trained for violence, 86% versus 100%, $p < 0.001$, or be informed about the trends of violence, 27% versus 59%, $p < 0.001$.

Predictors of Perception of Patient Safety by Hospital Staff

Table 3 contains results of univariate logistic regression analyses related to the safety of nurses who work in emergency departments.

Table 3: Univariate Logistic Regression to Predict Perception of Safety By ED Nurses

Explanatory Variable	Odds Ratio	95% CI	P-value
>1 year in current position	0.34	0.08-1.47	0.15
>5 years in healthcare	1.067	0.388-2.934	0.90
Received violence training	1.757	0.773-3.992	0.18
Security equipment adequate	4.852	2.23-10.545	<0.0001*
Security guards adequately trained	4.332	1.998-9.392	0.0002*
Security response time adequate	8.731	3.885-19.623	<0.0001*
Staff-security collaboration effective	4.423	0.953-20.529	0.06
Security important to management	2.358	1.148-4.841	0.02*
Works night shift	1.200	0.145-9.905	0.87
>10% time on night shift	0.525	0.238-1.159	0.11
Infrequent verbal abuse	4.112	2.048-8.256	<0.0001*
Never been assaulted	1.263	0.650-2.452	0.49
Received violence trend reports	3.176	1.202-8.393	0.02*
Received individual violence incident info	2.265	1.039-4.938	0.04*

*Statistically significant at $p < 0.05$

Variable

The factor that scored highest in adequacy of response time followed by adequacy of security equipment, adequacy of trained security personnel, and frequent incidence of verbal abuse (OR = 8.731, $p < 0.0001$; OR = 4.852, $p < 0.0001$; OR = 4.332, $p = 0.0002$; OR = 4.112, $p < 0.0001$ respectively). In fact, the multivariate logistic regression analysis (Table 4) revealed that the variables SRT, VrbALT, and SEC Eq contributed independently to the perception of safety measures.

Table 4: Multivariate Logistic Regression for ED Nurses Feeling Safe

Variable	Odds Ratio	95% CI Lower	95% CI Upper
Security response time adequate	5.4	2.0	15.1
Infrequent verbal abuse	3.8	1.6	9.0
Security equipment adequate	3.8	1.5	9.4
Received violence trend updates	1.8	0.6	5.3
Security important to management	1.8	0.8	4.1

Crucially, multiple regression analysis showed that these factors in predicting nurse perceptions of safety were NOT significantly associated with actual rates of assault in hospitals (all p Citizens > 0.15), signifying a clear mismatch between perceptions and realities. Blando et al. (2013).

Working Environment Issues Considered to be Effecting/Effecting

Table 5 describes work environment problems faced by hospital nurses, which were identified by Sabra et al. in 2022, based on severity levels.

Table 5: Mean Scores on the Categories of Work Environment Problems (N = 245)

Problem Category	Maximum Possible Score	Mean \pm SD	Range	Severity Rank
Lack of material and moral incentives	40	28.89 \pm 7.41	12.0-40.0	1 (Most severe)

Difficulty in profession/work pressures	36	25.67 ± 6.25	13.0-35.0	2
Lack of cooperation and participation	16	11.39 ± 2.97	4.0-16.0	3
Poor physical environment/support services	16	11.36 ± 3.22	4.0-16.0	4
Role ambiguity/lack of standards	28	18.74 ± 4.74	9.0-28.0	5
Lack of flexibility/weak leadership	28	18.62 ± 5.06	8.0-28.0	6
Poor education and awareness	24	14.82 ± 4.26	6.0-23.0	7 (Least severe)

The most problematic is the lack of material and moral incentives, which scored an average of 28.89 out of the total of 40 points. The second most problematic is the difficulty of the profession/pressure of work. The least problematic is the level of education and awareness, although still problematic despite its low level of severity.

Specific Problems in Work Environment, Categorized

Table 6 highlights the perceptions of nurses regarding some of the issues in their working environments, as identified by Sabra et al., in each category (2022).

Table 6: Specific Work Environment Problems—Percentage Agreement (N = 245)

Problem Statement	Strongly Agree % (n)	Agree % (n)	Combined Agreement %
Material and Moral Incentives			
Lack of incentives vs. other professions	26.9 (66)	48.2 (118)	75.1
Low financial income	45.7 (112)	35.9 (88)	81.6
Low moral incentives	23.3 (57)	46.5 (114)	69.8
Work Pressures			
Too much work pressure	46.1 (113)	25.7 (63)	71.8
Working hours long and exhausting	38.8 (95)	31.4 (77)	70.2
Night shift system burdensome	39.6 (97)	26.1 (64)	65.7
Cooperation and Participation			
Lack of teamwork in medical team	27.8 (68)	44.9 (110)	72.7
Physicians lack professional trust in nurses	24.9 (61)	47.3 (116)	72.2
Difficulty communicating with administration	25.3 (62)	42.0 (103)	67.3
Physical Environment			
Inappropriate work environment	44.1 (108)	31.0 (76)	75.1
Lack of transportation	39.2 (96)	26.1 (64)	65.3
Lack of nurseries	36.3 (89)	26.1 (64)	62.4
Role Ambiguity			
Lack of job descriptions/criteria	13.5 (33)	48.2 (118)	61.7
Unclear tasks and roles	22.9 (56)	42.0 (103)	64.9
Lack of justice in promotions/salaries	21.6 (53)	41.2 (101)	62.8
Flexibility and Leadership			
Lack of shift scheduling flexibility	23.7 (58)	38.0 (93)	61.7
Inadequate performance feedback	17.1 (42)	35.9 (88)	53.0
Autocratic management style	24.1 (59)	33.1 (81)	57.2

Over 75% of the nurses agreed or strongly agreed that they do not receive sufficient incentives in comparison to other health professions and their work environment is inappropriate. Over 70% of the nurses cited excessive work pressure, long and tiresome hours, no teamwork, and a lack of professional trust from the physician.

Professional Commitment among Hospital Nurses

Table 7 illustrates the level of professional commitment among nurses on various fronts (Sabra et al., 2022).

Table 7: Professional Commitment Indicators (N = 245)

Professional Commitment Indicator	Never % (n)	Rare % (n)	Sometimes % (n)	Often % (n)
Strongly associate with nursing profession	51.0 (125)	5.7 (14)	23.3 (57)	20.0 (49)
Feel happy to be a nurse	39.6 (97)	20.0 (49)	24.5 (60)	15.9 (39)
Consider nursing profession important	38.0 (93)	16.3 (40)	24.1 (59)	21.6 (53)
See myself as a nurse	30.6 (75)	16.7 (41)	30.6 (75)	22.0 (54)
Make excuses for being a nurse	5.7 (14)	16.7 (41)	35.5 (87)	42.0 (103)
Feel profession is hindering me	11.0 (27)	7.8 (19)	28.6 (70)	52.7 (129)
Bothers me to say I'm a nurse	12.7 (31)	13.9 (34)	23.3 (57)	50.2 (123)
Try to hide nursing affiliation	10.6 (26)	18.4 (45)	23.7 (58)	47.3 (116)
Criticized the nursing profession	17.6 (43)	13.9 (34)	27.3 (67)	41.2 (101)
Feel strong relationships with coworkers	16.3 (40)	23.7 (58)	45.7 (112)	14.3 (35)

In this regard, to determine if there is a difference where over half of the nurses (52.7%) feel often that the nursing profession is holding them back, and 51.0% who have never been strongly associated with this profession. In a similar manner, 50.2% feel often bothered to be identified as a member of this profession, while 47.3% attempt often to hide any link to nursing.

Relationship between Work Environment Problems and Professional Commitment

The work environment has numerous implications

In table 8 the correlation analysis between the factors in the work environment and the factors in professional commitment is shown (Sabra et al., 2022).

Table 8: Correlation between Work Environment Problems and Professional Commitment

Analysis	Correlation Coefficient (r)	P-value	Interpretation
Total WEP Score vs. Professional Commitment	-0.684	0.000*	Strong negative correlation

*Statistically significant at $p < 0.05$

Results showed strong statistical significance for the negative correlation between work environment problems and professional commitment, with $r = -0.684$ and $p = 0.000$. This indicates that as work environments experience problems, nurses' professional commitment is considerably reduced.

Demographic Variables Influencing Perceptions of Working Environment and Professional Commitment

Table 9 analyzes the correlation between demographic factors and perceptions of problems in the workplace environment, as well as professional commitment (Sabra et al., 2022).

Table 9: Problems in the Work Environment, Professional Commitment, by Demographics (N = 245)

Variable	WEP Score Mean ± SD	P-value	Professional Commitment Mean ± SD	P-value
Age (years)				
<25	17.05 ± 3.42	0.000*	24.15 ± 6.13	0.000*
25-30	18.74 ± 3.79		20.48 ± 7.28	
>30	20.02 ± 4.29		18.12 ± 7.34	
Sex				
Male	17.42 ± 3.54	0.037*	22.27 ± 7.40	0.227
Female	18.76 ± 4.07		20.85 ± 7.28	
Marital Status				
Single	17.90 ± 3.39	0.021*	22.26 ± 7.18	0.018*
Married	19.07 ± 4.45		20.06 ± 7.31	
Have Children				
Yes	19.57 ± 4.36	0.000*	19.01 ± 6.74	0.000*
No	14.32 ± 1.66		30.00 ± 4.61	
Qualification				
Secondary school	17.12 ± 3.88	0.000*	22.67 ± 7.08	0.000*
Technical institute	19.28 ± 3.28		21.00 ± 7.09	
Bachelor degree	23.01 ± 1.87		14.23 ± 4.58	
Years of Experience				
<5 years	17.29 ± 3.31	0.000*	22.74 ± 6.21	0.001*
≥5 years	19.58 ± 4.27		19.67 ± 7.93	
Number of Work Shifts				
Two shifts	18.97 ± 4.47	0.244	19.23 ± 7.60	0.009*
Three shifts	18.31 ± 3.80		21.90 ± 7.07	
Monthly Income (L.E.)				
<2000	17.34 ± 3.52	0.000*	23.62 ± 6.71	0.000*
≥2000	21.29 ± 3.73		15.14 ± 4.83	
Training Courses				
One	17.62 ± 3.95	0.001*	22.25 ± 6.53	0.017*
Two or more	19.35 ± 3.89		20.03 ± 7.88	

*Statistically significant at $p < 0.05$

Major findings are:

- Older nurses experienced greater problems in the work environment and had lower professional commitment
- Married nurses with children reported more problems than married nurses without children
- Married
- Registered nurses holding higher levels of educational attainment (bachelor degree) viewed more problems but reported a significantly lower level of professional commitment
- Higher income with more perceived problems, but less commitment (perhaps due to increased awareness and more career options)
- More experienced nurses reported problems and had lower commitment

Discussion

This integrated analysis brings into focus the dynamic relationships and interactions of hospital administration structures, psychosocial structures, support infrastructures, and the performance level of nurses. The results identify a number of highly pertinent themes that have profound implications for health administration and health security policy.

The Multidimensional Nature of Work Environment Problems

What the research shows is that work environment problems that impact the performance of the nursing staff are complex and have a hierarchy of problems that can be created based on their impact and priority level. Identifying that lack of material and moral incentives has emerged as the biggest problem in this category (Sabra et al., 2022) points to a basic problem that exists in the healthcare delivery setup throughout the world. Understand that this category has a mean score of 28.89 on a maximum of 40 points and covers not just low remuneration but a lack of recognition and a lack of opportunities relative to other professionals in the health industry.

The above discovery is echoed within overall literature concerning prevalent challenges in the nursing labor force. Both Alrobai (2020) and Gizaw (2017) pointed to a lack of competitive salaries relative to these duties as significant hurdles within the function of nursing. The continuity of such a challenge within a universal setting from Egypt to Arabia primero evidences a lack of regard for such labor independent of hospital administration. As asserted by Rudasingwa and Uwizeye (2017), there are financial hardships within such labor due to a lack of proportionate compensation relative to other hospital laborers.

The Security-Performance Nexus: Perception vs. Reality

One of the most important findings is discovered through the consideration of workplace security programs and the perception of violence (Blando et al., 2013). Even though certain aspects of facility security, including proper equipment, well-trained personnel, and quick response, led to a strong prediction of nurses' perceptions of feeling safe, some of these same factors did not relate to the rate of assault on nurses in the actual environment of the hospitals, posing significant challenges to the administrators of the healthcare industry.

The emergency department nurses rated safety perception lower compared to psychiatric nurses despite the risks associated with both settings, while the psychiatric nurses experienced frequent rates of verbal abuse compared to emergency department nurses. The disparities in perception may lie in the differences found in the settings the professionals engage in. The emergency department setting is associated with factors linked to higher stress perceptions, such as unpredictability, public entry, strangers, the presence of family members, and the perception that situations can deteriorate before the patient regains control (Gacki-Smith et al., 2009).

On the other hand, psychiatric nurses deal with known patient groups and may receive diagnoses and stabilizing interventions from those patients. The special training that psychiatric nurses receive on deviant behavior and de-escalation strategies not only increases their skill set but also boosts their mental confidence levels in dealing with aggression (Blando et al., 2013). Psychiatric nurses may also look at patient aggression from a different perspective, considering it as an expression of mental illness and not actual violence (Isaksson et al., 2008).

Administrative Support and Organizational Culture

The research shows clearly that nurses' performance is significantly affected by organizational culture and administration in a number of ways. Over 72% of nurses complained of a lack of teamwork and cooperation in medical teams, and about a similar number of nurses indicated a lack of professional trust in the capabilities of nurses by physicians (Sabra et al., 2022).

Organizational culture: The organizational culture of a particular institution is determined by its administration and management. The organizational culture of a healthcare setting should be such that it focuses on building teamwork and trust among healthcare professionals. The research shows a lack of such organizational culture in more than 72%

Ogbonnaya et al. (2019) strongly clarified: "Rather than any industry, a healthcare setting, more than any other work environment, requires a collaborative or teamwork-based culture." Nurse motivation and engagement will fall if they feel their efforts are undervalued or if their professional judgment is questioned (Moloney et al., 2020). The challenge for administrators is to build healthcare organizations in which nursing knowledge and nursing judgment can be respected and in which there can be good communication between nurses and physicians.

Professionalism and the Professional Commitment Crisis

The most disturbing finding, however, is related to the profoundly low level of professional commitment displayed by nurses working in the hospitals. More than half (52.7%) of the nurses felt that nursing is detracting them, while 51% did not feel strongly identified with the profession, and 50.2% stated that it bothers them to be identified as nurses (Sabra et al., 2022). A staggering 47.3% felt that they often had to hide their association with the nursing profession.

The strong negative correlation ($r = -0.684$, $p < 0.000$) between problems in the work environment and professional commitment clearly supports the respect that negative work environments have on professionals' commitment to their respective fields. If professionals feel that their profession is holding them back and not propelling them forward in life, if they feel embarrassed by their profession instead of feeling proud of it, then retaining them in their profession becomes even more difficult.

According to Chhabra (2021), the dedication shown by nurses is very essential in an organization's performance because of the central role played by nurses in hospitals. It is obvious that an organization that is facing mass professional disidentification among nurses will suffer from lower levels of healthcare quality and nurse retention, as well as struggles in recruiting more nurses. Addressing the dedication deficit would therefore warrant strategies that target environments and images not only within organizations but also outside.

Demographic Trends & Implications

The demographic analysis revealed key findings for administrative intervention. Veteran and more skilled registered nurses, more educated and having greater credentials, reported more problems within the work environment and their professional commitment was lower (Sabra et al., 2022). It seems that greater awareness and expertise create greater sensitivity to problems within the organization rather than acceptance.

Advocate general degree nurses, who received more advanced education and are presumably faced with greater advantages in terms of their work lives, scored significantly lower on the dimension of professional commitment ($M = 14.23 \pm 4.58$) than the diploma school nurses ($M = 22.67 \pm 7.08$). This result defies the expectation that greater education will lead to greater professional identification. Rather, it tends to support the view that more educated professionals simply have greater Career Alternatives, greater Expectations of professional conduct, and greater awareness of the disparity between the potential and the actualized reality of their profession.

The Physical Environment and Psychosocial Support Gap

Although physical environment issues were rated slightly lower in terms of severity than incentive and workload issues, physical work environments were still important issues experienced by three-quarter of nurses (Sabra et al., 2022). An inappropriate physical work environment with limited office space, toilet facilities, and rest areas leads to daily minutiae causing substantial dissatisfaction. Limited space allocated to nursing support facilities in hospital planning and construction phases indicate neglect of nursing needs (Topcu et al., 2021).

Rather, the challenge with the administration is in retrofitting facilities to upgrade infrastructure as well as address organizational and psychological factors that play a significant role in predicting performance outcomes (Shahbaz et al., 2019). Often, administrators find themselves working under tight budgets, where operational needs override infrastructure upgrade, leading to a vicious cycle where identified challenges remain unaddressed. Ending the vicious cycle would require administrators to strategically focus on infrastructure spending as an investment and not as expenses to cut costs in terms of retaining and performing employees.

Health Security as an Integrated Framework

The health security perspective demands recognition that nursing performance, workforce stability, and patient safety are interconnected outcomes requiring integrated administrative approaches. Traditional security programs focusing exclusively on physical protection measures (metal detectors, guards, cameras) may improve perceptions without reducing actual violence risk (Blando et al., 2013). Comprehensive health security strategies must therefore address:

1. **Physical security infrastructure:** Equipment, guard training, emergency response systems, and environmental design that genuinely reduces violence risk rather than merely creating perception of safety

2. **Psychosocial support systems:** Mental health resources, stress management programs, trauma counseling, and peer support networks that help nurses cope with violence exposure and workplace stress
3. **Organizational culture change:** Leadership development, interdisciplinary team-building, conflict resolution training, and cultural interventions that reduce interprofessional tensions and promote collaborative practice
4. **Economic security:** Competitive compensation, equitable benefits, career advancement opportunities, and financial recognition commensurate with nursing's critical role in healthcare delivery
5. **Professional development:** Continuing education, skill enhancement opportunities, clear career pathways, and support for advanced training that enables nurses to grow professionally
6. **Work-life integration:** Family-friendly policies, flexible scheduling, childcare support, and organizational practices that recognize nurses' lives outside work

Conclusion

This comprehensive analysis demonstrates that hospital administration, psychosocial support systems, and security infrastructure significantly impact nursing performance through complex, interconnected pathways. The research yields several critical conclusions:

Based on the research findings, evidence-based recommendations are proposed for hospital administrators, nursing leaders, and healthcare policymakers to address nursing workforce challenges. For hospital administrators, key actions include implementing comprehensive security programs that address both staff perceptions and objective safety data, developing competitive compensation and recognition programs, redesigning physical infrastructure to support practice, transforming organizational culture through supportive leadership development, and systematically addressing workload and staffing challenges. For nursing leaders and managers, recommendations focus on strengthening interdisciplinary collaboration and respect, providing comprehensive violence prevention training, establishing robust psychosocial support systems, and clarifying roles and performance standards. For healthcare policymakers, essential steps involve enhancing nursing education and public awareness campaigns, establishing and enforcing national healthcare workforce standards on staffing and safety, and supporting ongoing research and data collection. Successful implementation requires sustained commitment, stakeholder engagement, clear accountability, transparent communication, and a long-term perspective to fundamentally transform work environments, thereby addressing the global nursing crisis of shortages and turnover

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