

Challenges Facing Nurses working in hospital and its Relation to Their Professional Commitment

Asmaa Saleh Tawfiq Sholkami ⁽¹⁾, Maj .Gen. Med. Mostafa Mahmoud Mohamed Elnakib ⁽²⁾,
Dr. Laila Abdel-Mawla Megahed ⁽³⁾, Maj. Gen. Prof. Tarek Abdel-Kader Sallam ⁽⁴⁾

- 1) Bachelor degree in nursing
- 2) Professor of Medical Microbiology and Immunology Military Medical Academy
- 3) Professor of Nursing and Hospital Administration Military Medical Academy
- 4) Vice President of the Military Medical Academy

Abstract

Background: Despite nurses' crucial contributions in patient care and the overall delivery of healthcare services, they encounter numerous challenges that can adversely affect their professional commitment. **Aim:** The study aimed to identify challenges faced by nurses working in the hospital and their relation to their professional commitment. **Design:** A descriptive-correlational was used. **Setting:** This study was conducted at Minya Governorate Fever Hospital. The **subjects:** were 152 nursing staff who accepted to participate in the study, pilot study was done on 10 % of them. **Data collection tools:** Included Demographic characteristics of studied subjects, challenges faced by hospital working nurses, and Professional commitment measures. **Results:** Statistically significant correlation was found between poor level of education and awareness, difficulty in the profession, and the impact of work pressures and the professional commitment among Nurses Working in Hospitals.

Keywords: Challenges 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 activities 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 (Haddad & Toney, 2020).

Nurses play an integral role in healthcare settings, providing care to patients and carrying out leadership roles in hospitals, health systems, and other healthcare organizations. Because nurses spend a lot of time with patients, they affect patient care. Positive patient experiences with nursing care are associated with a supportive work environment for nurses, which leads to greater professional commitment. It seems that when patients have positive experiences of nursing care, nurses also experience a good, healthy work environment and they become more committed to their work and their profession (Sabra et al., 2022).

In a healthy work environment, nurses can achieve the organization's goals while also deriving personal satisfaction from their roles. This type of environment encourages nurses to utilize their expertise, skills, and clinical

knowledge effectively. Additionally, nurses working in such settings are motivated to provide patients with excellent nursing care.

However, nursing practice today faces various challenges, including an aging and increasingly ill hospitalized patient population, rising healthcare costs, and the necessity to keep up with medical knowledge and technological advancements. Moreover, nurses often do not receive adequate financial compensation or the respect that reflects their responsibilities (Alsadaan et al., 2021).

Furthermore, the healthcare work environment can significantly influence both nursing outcomes and patient safety. Nurses encounter numerous challenges in healthcare settings, such as improving the quality and safety of patient care and enhancing their work life. Poorly designed healthcare systems can negatively affect both the quality and safety of patient care (Sayed et al., 2021).

Professional commitment is defined as the alignment between an individual's beliefs and their professional objectives; greater alignment leads to increased personal effort. It consists of three factors: belief in the values of the chosen profession, the effort to understand those values, and the determination to maintain membership in the

profession. Various factors influence professional commitment, such as working conditions, work-family conflict, socio-demographic characteristics (age, gender, marital status, etc.), and organizational constraints (Duran et al., 2021).

Nursing is a profession that demands a high level of professional commitment and a dedication to lifelong learning. The future of nursing will be influenced by nurses who are genuinely committed to their profession. These nurses must exhibit strong professional commitment to advocate for patients' rights and perform their duties to the best of their abilities. Those with higher professional commitment are more likely to continue in their roles, fulfill their responsibilities, and make a significant positive impact on the lives of patients during challenging times (Duran et al., 2021).

Significance of the study

Based on the researcher's extensive experience supervising and interacting with nurses, it has been observed that they often express concerns about numerous challenges related to their work. These challenges include work overload, lack of resources, inadequate support and cooperation, limited participation, insufficient incentives, inflexible work practices, weak leadership, role ambiguity, lack of respect from others, and exposure to infections. These issues can significantly impact nurses' professional commitment. Furthermore, there is limited research exploring these challenges across different cultures. Therefore, it is essential to identify these difficulties to enhance nurses' professional commitment and ensure they can provide high-quality care to patients.

Aim of the study

This study focuses on identifying challenges faced nursing working in hospital and its relation to their professional commitment.

Research question:

1. What are the challenges faced Nurses Working in Hospitals?
2. What is the level of nurses' professional commitment?
3. Is there a relation between challenges faced Nurses Working in Hospitals and their professional commitment?

Subjects and Methods

Research design:

A descriptive correlational study design will be used to carry out this study.

a. Setting:

The study was conducted in Minya Governorate Fever Hospital.

Subjects:

- b. The study was worked on nurses working in different departments of the Fever Hospital, with a total number of (152) nurses.

c. Tools of data collection:

The present study utilized a data collection tool developed by the researcher based on a review of related literatures and researches for the purpose of this study.

The tools include:

Part 1:

Demographic Characteristics of the nursing staff such as: - age, gender, educational qualification, and years of experience.

Part II. Challenges faced nurses working in hospital It contained of (41 items) divided into four types of challenges; poor level of education and awareness (6 items), difficulty in the profession and the impact of work pressures (13 items), lack of material and moral incentives (17 items), and role ambiguity and lack of standards (5 items).

Scoring system: The response for each of the items is on a three- point Likert type scale: agree, Uncertain, and disagree. The scoring was accordingly from three 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 four mean scores obtained are compared. The highest score on problem.

Part III:

Professional commitment measures developed by Lu et. al., (2007) it contains (16 items).

Scoring system:

Score response for questions include: three-point Likert type scale; agree, Uncertain

disagree. The scoring was accordingly from three to one for each item respectively.

II. Operational design

It includes the preparatory phase, content validity, pilot study, ethical consideration and actual field work.

a. Preparatory phase

During this phase the researcher reviewed related national and international literature concerning the topic of the study using and the Egyptian Knowledge Bank (EKB), Textbooks, internet periodicals, journals, to be more acquainted about study area which enabled preparation of the review of the literature, finalization of the data collection tool and developing the educational program.

Validity of study tools and program content

The developed questionnaire and program content was submitted to a panel of experts in the field of Nursing Education, comprehensiveness, under-standable, and completion time. Then the questionnaire was translated into Arabic and back into English by language specialist to increase the validity and reliability and edited according to experts' suggestions.

Tool's reliability: The reliability test was done to assess the internal consistency of the tools by using Cronbach's Alpha coefficient. These tools proved to be high reliable as indicated in the following.

Table (1): Internal reliability coefficients (Cronbach's Alpha coefficients) score for the study tools.

Test variables	No. of Items	Cronbach's Alpha
Challenges faced nurses working in hospital.	41	0.886
Professional commitment	16	0.642

Pilot study

a pilot study was conducted on approximately 10% of the study sample and they were excluded from the study sample. The aim of the study was to test the applicability, feasibility, and applicability of the tools and the time required to fill out the form. The tool was modified and finally issued according to the specialized modifications.

Field work:

The actual field work started at the beginning of January to the end of February 2024. Before distributing the questionnaire, an official permission was kindly obtained from hospital manager to get his permission to collect data from the staff nurses in all hospital departments. Self-administrated questionnaire translated into Arabic to be easy understand by all nurses then it was given to all nurses, preceded by settings to explain the component of the questionnaire to every nurse.

III. Administrative Design:

Formal approval was obtained from the Military Institute of Hygiene and Epidemiology, Military Medical Academy to conduct the study at Menya Governorate Fever Hospital. The aim of the study was explained to the hospital director and the head nurse of the hospital to obtain their written informed consent to conduct the study.

Ethical considerations:

The research approval was obtained from a scientific research ethics committee the Military Medical Academy. The aim and purpose of the study were explained to Director of Minya Fever Hospital as well as the nurses who were included in the study. Also, it assured maintaining anonymity and confidentiality of the subject data. Nurses were informed that they were allowed to choose to participate or not in the study and that they had the right to withdraw from the study at any time.

IV. Statistical Design: Data were presented using descriptive statistics in the form of frequencies and percentages for qualitative variables, and means \pm standard deviations for quantitative variables. Qualitative variables were compared using chi-square test. T-test was used for comparisons between two-independent quantitative variables. Pearson correlation coefficient (r) was used for assessment of the inter-relationship among quantitative variables. The confidence level chosen for the study was 95%. Statistical significance was considered at p value <0.05 .

Results

Table (1) revealed that 73.7% of the studied nurses' age ranged from 20 to less than 30 years old and 57.9% of them were females. Regarding to educational qualification, it was found that 50.7% of the studied nurses had graduated from the technical nursing institute and 40.1% of them had a bachelor's degree in nursing.

Table (2) cleared that around half of the studied nurses agreed that poor level of education and awareness is a challenging factor of them, the highest scores were for Lack of patient understanding of the role of nurses, and lack of nurses' awareness of their legal rights 58.6% & 63.8% respectively.

Table (3) explored that 77% of the studied nurses agreed about Vulnerability and exposure to infections in the workplace as a nursing challenging and 70.4% agreed about that existence of the system of night shifts in the nursing profession is challenging. In contrast, the low score of studied nurses; agreement was related to Lack of team respect for each other's 17.1% and lack of sharing knowledge with others concerning handover 21.7%.

Table (4) documented that highest percentage among studied nurses agreed about all items related to lack of material and moral incentives as a challenging factor for working nurses. The highest score of agreement were related to Lack of incentives and benefits for nursing in comparison to other medical professions and Low salaries and financial

rewards in comparison to responsibilities and demands of the job 80.3% and 86.8% respectively.

Figure (4): showed that 52% of the studied nurses had a low professional commitment, while 48% had a high professional commitment

Table (5): Revealed that around half of the studied nurses agreed about role ambiguity and lack of standards as a challenging factor for working nurses, and the highest scores of agreements were related to having to perform tasks that are not of the nature of the profession and lack of standards of justice in promotions and salaries 53.9% and 71.1% respectively.

Figure (5): revealed that the mean score related to poor level of education and awareness was 3.14 ± 1.69 , difficulty in the profession and the impact of work pressure 6.21 ± 2.81 , lack of material and incentives 10.9 ± 4.02 and role ambiguity and lack of standards 2.73 ± 1.65

Table (6): showed the professional commitment among studied nurses, the highest scores of agreements were related to association with the nursing profession and considering the nursing profession important 72.4% and 76.3% respectively, while the lower scores were related to being a nurse was childhood desire and I try to hide my affiliation with the nursing profession 16.4% and 25.7% respectively.

Table (1): Distribution of Studied Subjects regarding to Their personal & job Characteristics (n=152)

Personal & job Characteristics	Study (n=152)	
	No.	%
Age / Years		
Less than 20 years old	14	9.2
20 - less than 30 years old	112	73.7
30 - less than 40 old years	22	14.5
40 years old and above	4	2.6
Gender		
Male	64	42.1
Female	88	57.9
Educational Qualification		
Diploma nursing school	10	6.6
Technical Nursing Institute	77	50.7
Bachelor's degree in nursing	61	40.1
Master degree	4	2.6
Years of Experience		
Less than 5 years	105	69.1
5- less than 10 years	24	15.8
10 years-less than 15 years	15	9.9
15 years and more	8	5.3

Table (2): Distribution of Studied Subjects Regarding to Challenges Facing Nurses Working in Hospital (Poor Level of Education and Awareness) (n=152).

Poor Level of Education and Awareness	Study (n=152)		
	Agree No (%)	Uncertain No (%)	Disagree No (%)
1. Lack of patient understanding of the role of nurses.	89 (58.6)	43 (28.3)	20 (13.2)
2. The view of the nurses in the profession as servants by some people.	86 (56.6)	35 (23)	31 (20.4)
3. Lack of opportunity for continuing education and professional development.	72 (47.4)	38 (25)	42 (27.6)
4. Lack of confidence in the abilities of nurses by patients.	66 (43.4)	55 (36.2)	31 (20.4)
5. Lack of nurses' awareness of their legal rights	97 (63.8)	30 (19.7)	25 (16.4)
6. Lack of courses or training to stay up-to-date with nursing knowledge and technological advancements.	68 (44.7)	45 (29.6)	39 (25.7)

Table (3): Distribution of Studied Subjects Regarding to Challenges Facing Nurses Working in Hospital (Difficulty in the Profession and the Impact of Work Pressures) (n=152).

Difficulty in the Profession and the Impact of Work Pressures	Study (n=152)		
	Agree No (%)	Uncertain No (%)	Disagree No (%)
1. Vulnerability and exposure to infections in the workplace	117 (77)	29 (19.1)	6 (3.9)
2. The existence of the system of night shifts in the nursing profession.	107 (70.4)	33 (21.7)	12 (7.9)
3. Working hours are long and exhausting.	115 (75.7)	29 (19.1)	8 (5.3)
4. Lack of understanding of the role of the nursing profession in the workplace.	53 (34.9)	47 (30.9)	52 (34.2)
5. Too much work pressure	118 (77.6)	27 (17.8)	7 (4.6)
6. Being subjected to physical and verbal abuse by the patients and their relative	89 (58.6)	41 (27)	22 (14.5)
7. Lack of involvement in the decision-making process related to work.	67 (44.1)	51 (33.6)	34 (22.4)
8. Lack of teamwork and cooperation.	42 (27.6)	55 (36.2)	55 (36.2)
9. Medical practitioners lack professional trust in the ability of nurses.	42 (27.6)	51 (33.6)	59 (38.8)
10. Difficulty in communicating with nursing administration and management.	43 (28.3)	46 (30.3)	63 (41.4)
11. Lack of team respect for each other's	26 (17.1)	58 (38.2)	68 (44.7)
12. Lack of sharing knowledge with others concerning handover	33 (21.7)	53 (34.9)	68 (44.7)
13. Lack of team support for the staff nurses.	88 (57.9)	33 (21.7)	31 (20.4)

Table (4): Distribution of Studied Subjects Regarding to Challenges Facing Nurses Working in Hospital (Lack of Material and Moral Incentives) (n=152).

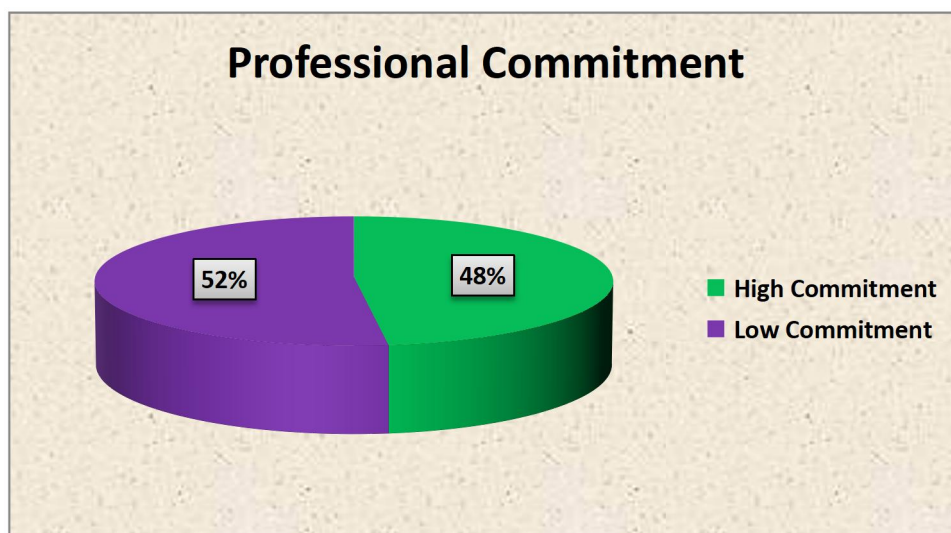
Lack of Material and Morale Incentives	Study (n=152)		
	Agree No (%)	Uncertain No (%)	Disagree No (%)
1. Low financial income for the nursing profession	120 (78.9)	26 (17.1)	6 (3.9)
2. Low chances of career advancement in the profession	107 (70.4)	26 (17.1)	19 (12.5)
3. Lack of incentives and benefits for nursing in comparison to other medical professions	122 (80.3)	24 (15.8)	6 (3.9)
4. Low salaries and financial rewards in comparison to responsibilities and demands of the job	132 (86.8)	14 (9.2)	6 (3.9)
5. Lack of opportunities to engage in continuous education and training in nursing	81 (53.3)	43 (28.3)	28 (18.4)
6. The low level of morale incentives in the profession	112 (73.7)	33 (21.7)	7 (4.6)
7. Low level of job security	80 (52.6)	46 (30.3)	26 (17.1)
8. Lack of insufficient medical and protective materials	101 (66.4)	40 (26.3)	11 (7.2)
9. Lack of necessary housing, food, and time to rest	111 (73)	32 (21.1)	9 (5.9)
10. Lack of flexibility in organizing shifts in the profession	89 (58.6)	43 (28.3)	20 (13.2)
11. Lack of adequate feedback regarding job Performance	105 (69.1)	39 (25.7)	8 (5.3)
12. Annual leave dates are not flexible	108 (71.1)	29 (19.1)	15 (9.9)
13. Having to work more than the hours imposed.	93 (61.2)	36 (23.7)	23 (15.1)
14. Autocratic of some officials in the management of the nursing profession	96 (63.2)	39 (25.7)	17 (11.2)
15. The lack of good senior leadership with a clear vision in the nursing profession	88 (57.9)	40 (26.3)	24 (15.8)
16. Difficulty in taking holidays due to shortage of nursing staff	109 (71.7)	32 (21.1)	1 (0.7)

Table (5): Distribution of Studied Subjects Regarding to Challenges Facing Nurses Working in Hospital (Role Ambiguity and Lack of Standards) (n=152)

Role Ambiguity and Lack of Standards	Study (n=152)		
	Agree No (%)	Uncertain No (%)	Disagree No (%)
1. Lack of specific job descriptions and criteria	81 (53.3)	44 (28.9)	27 (17.8)
2. Lack of clarity of tasks and the role assigned to the nurse practitioner	65 (42.8)	51 (33.6)	36 (23.7)
3. The responsibility of the nurses is not commensurate with the authority available to them	79 (52)	45 (29.6)	28 (18.4)
4. Having to perform tasks that are not of the nature of the profession	82 (53.9)	42 (27.6)	28 (18.4)
5. Lack of standards of justice in promotions and salaries	108 (71.1)	30 (19.7)	14 (9.2)

Table (6): Distribution of Studied Subjects Regarding to Challenges Facing Hospital Working Nurses and Professional Commitment Measure among Studies Nurses (n=152)

Professional Commitment Measure	Study (n=152)		
	Agree No (%)	Uncertain No (%)	Disagree No (%)
1. I strongly associated with the nursing profession	110 (72.4)	20 (13.2)	22 (14.5)
2. I make excuses for being a nurse	48 (31.6)	42 (27.6)	62 (40.8)
3. I feel that the nursing profession is going backward/hindering me	65 (42.8)	41 (27)	46 (30.3)
4. Consider the nursing profession important	116 (76.3)	27 (17.8)	9 (5.9)
5. I feel happy to be a nurse	80 (52.6)	34 (22.4)	38 (25)
6. It bothers me to say that I am a member of the nursing profession	42 (27.6)	43 (28.3)	67 (44.1)
7. I try to hide my affiliation with the nursing profession	39 (25.7)	35 (23)	78 (51.3)
8. I feel strong relationships with my coworkers in the nursing profession.	93 (61.2)	37 (24.3)	22 (14.5)
9. It was a childhood desire	25 (16.4)	42 (27.6)	85 (55.9)
10. I would like to take a different job even with the same paying	65 (42.8)	43 (28.3)	44 (28.9)
11. If could do it all over, would not choose to nurse	73 (48)	38 (25)	41 (27)
12. I am disappointed ever that I entered the nursing profession	52 (34.2)	44 (28.9)	56 (36.8)
13. Spend time reading nursing-related material	77 (50.7)	45 (29.6)	30 (19.7)
14. I am a nurse because of a sense of loyalty to the profession	86 (56.6)	37 (24.3)	29 (19.1)
15. I dislike being a nurse.	48 (31.6)	40 (26.3)	64 (42.1)
16. I wish to leave my nursing job because of the huge challenges and problems we face in our work.	66 (43.4)	41 (27)	45 (29.6)
Total Mean Score (Mean \pm SD)		7.13 \pm 2.49	

**Figure (4):** Percentage Distribution of Professional Commitment Measure Classification among Studied Nurses (n=152)

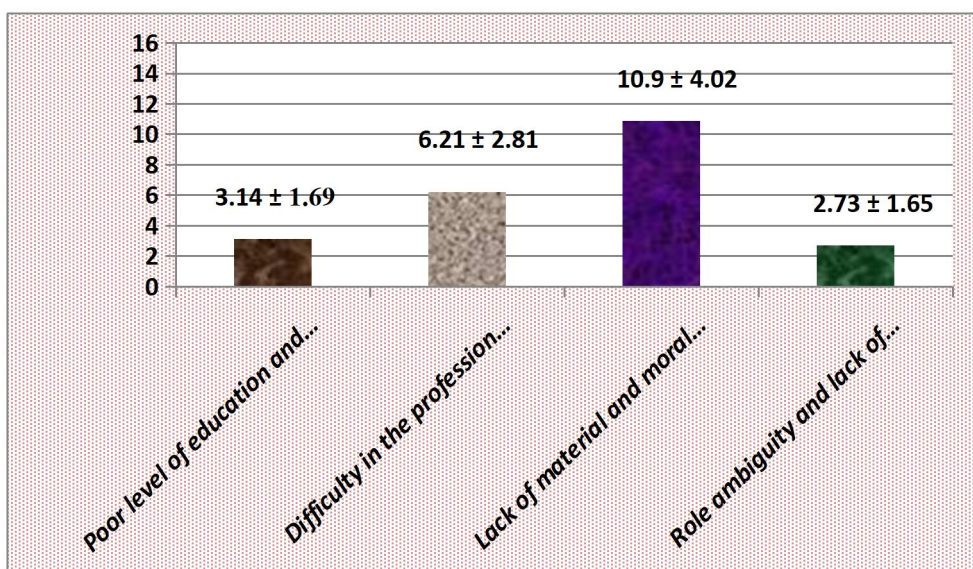


Figure (5): Mean Scores of the Challenging Facing Hospital Working Nurses

Discussion

the nursing workforce is essential to the core functionality of the healthcare system, comprising the largest segment of healthcare professionals. It is estimated that approximately 90% of direct patient care is provided by nurses. Despite their significant contribution to healthcare, nurses face numerous challenges (Amarneh et al., 2021). These challenges contribute to a lack of interest in the profession and high turnover rates. Therefore, identifying and addressing these challenges is crucial to improving nurses' commitment and retaining healthcare professionals (Alluhidan et al., 2020; Er & Sokmen, 2020).

The analysis of the demographic characteristics of the surveyed nurses revealed that the majority of participants were between the ages of 20 and 30. This trend may be attributed to hospitals hiring newly graduated nurses each year. This finding contradicts Al Baker (2022), who reported that over half of the nurses studied were aged between 31 and 40. Additionally, it contrasts with the findings of Setiawan et al. (2021), which indicated that the ages of the surveyed nurses ranged from 29 to 45 years, with an average age of 35.0 ± 4.0 years.

Moreover, the study indicated that more than half of the participating nurses were

female, aligning with the findings of Duran et al. (2021), who reported a high percentage of female nurses among study participants. From the researcher's perspective, a significant portion of Egypt's nursing workforce consists of females, and male nurses have recently entered the profession.

the study revealed that slightly more than half of the surveyed nurses graduated from the Technical Institute of Nursing (TIN), while 40% held a bachelor's degree in nursing. This outcome is consistent with research conducted by HENDY et al. (2024), which found that over half of the surveyed nurses graduated from the Technical Institute of Health, while one-third held a bachelor's degree in nursing. However, this finding contradicts reports by Jia et al. (2021), which indicated that a significant percentage of the surveyed nurses held a bachelor's degree in nursing. This discrepancy may arise because nurses with technical institute degrees typically work as bedside nurses and earn lower salaries compared to those with bachelor's degrees, who often take on managerial roles.

Lastly, the study found that less than three-quarters of the surveyed nurses had fewer than five years of experience, while only a small minority had 15 years of experience or more. This finding aligns with the work of Tuna and Sahin (2021), who reported that more than half

of the nurses had 0 to 3 years of experience, with a low percentage having over 12 years. In contrast, **Sperling (2021)** reported that the nurses in their study had an average of 14 years of work experience.

Regarding the poor level of education and awareness, the current study revealed that nearly half of the nurses surveyed identified a poor level of education and awareness as a significant challenge. The highest reported concerns cited by more than half of the respondents included: a lack of nurses' awareness of their legal rights, a lack of patient understanding regarding the role of nurses, and the perception of nurses as servants by some individuals. Slightly less than half of the nurses reported additional issues, such as a lack of continuing education and professional development opportunities, insufficient training to stay current with nursing knowledge, and a lack of confidence in nurses' abilities among patients, as well as challenges posed by technological advancements.

This finding is supported by **Sabra et al. (2022)**, who reported that about one-third of the nurses surveyed agreed that poor education and awareness pose significant challenges. Concerning difficulty in the profession and the impact of work pressures, the current study found that approximately half of the surveyed nurses reported difficulties in their roles, with more than three-quarters acknowledging their vulnerability to infections and experiencing excessive work-related stress. A similar proportion indicated that their working hours are long and exhausting. Additionally, over half of the nurses reported facing challenges related to night shift systems, physical and verbal abuse from patients and their relatives, and a lack of support from their nursing teams.

These findings align with **Mohammadi et al. (2022)**, who noted that many participants expressed concern about the risk of infection. **Jahromi et al. (2018)** further confirmed that nursing is a highly stressful profession, as the demands of patient care often exceed nurses' capabilities due to staff shortages, high patient volumes, and the complexities of hospital work.

In line with this, **Legrain et al. (2015)** emphasized that long working hours hinder nurses' ability to manage their personal lives, limiting their

opportunities for social activities and the development of supportive relationships outside of work. **Chhugani and James (2017)** highlighted that short staffing in healthcare units often results in extended working hours and double shifts for nursing staff, adversely affecting their health.

A study conducted in Egypt by **Kabbash and El-Sallamy (2019)** indicated that Egyptian nurses frequently face various types of physical violence, particularly verbal abuse, such as raised voices and shouting.

As regards the lack of material and morale incentives, the study revealed that a majority of the surveyed nurses identified the lack of material and morale incentives as a significant challenge in their profession. Over three-quarters of respondents strongly agreed on issues such as low salaries, inadequate financial rewards relative to job responsibilities, and the absence of incentives and benefits compared to other medical professions. More than half of the nurses expressed concerns about several additional issues, including low financial income, insufficient morale incentives, limited opportunities for career advancement, lack of housing and food support, inadequate rest time, difficulties in taking holidays due to nursing staff shortages, inflexible annual leave schedules, poor senior leadership with a clear vision for nursing, inadequate feedback on job performance, shortages of medical and protective materials, autocratic management styles, long working hours, rigid shift scheduling, limited opportunities for continuing education, and low job security.

The findings diverge from those of **Sabra et al. (2022)**, who reported that slightly less than half of the studied nurses agreed that the primary issues in nursing stemmed from a lack of incentives and benefits compared to other medical professions.

These findings are also consistent with the **World Health Organization (WHO, 2024)**, which stated that primary challenges in nursing in Egypt revolve around education, performance, accommodation, a poorly perceived image, and a lack of motivation due to low salaries and incentives.

Concerning role ambiguity and lack of standards, the present study found that more than half of the surveyed nurses acknowledged role ambiguity and the lack of standards as challenging factors in their work. The highest levels of agreement were related to the lack of equitable standards in promotions and salaries, the necessity to perform tasks outside the scope of their profession, the absence of specific job descriptions, and the disparity between nurses' responsibilities and the authority they hold.

These findings do not align with those of **Sabra et al. (2022)**, who found that slightly less than half of the respondents agreed that role ambiguity issues were primarily due to a lack of specific job descriptions and criteria, unclear task definitions, and promotional standards.

This study revealed that just over half of the surveyed nurses agreed with statements emphasizing the significance of the nursing profession, the importance of strong relationships with colleagues, their satisfaction in their roles, and their loyalty to nursing. However, there was less agreement on statements indicating that nursing was a childhood aspiration or that nurses attempted to conceal their affiliation with the profession. The mean score for professional commitment among the nurses was 7.13 ± 2.49 .

These findings contradict those of **Duran et al. (2021)**, who reported a mean score of 71.20 ± 11.94 on the nursing professional commitment scale. Additionally, **Ahmadzadeh-Zeidi et al. (2024)** indicated a moderate to high level of professional commitment, with a mean score of 83.72 ± 16.02 , while the mean score for missed nursing care was low at 47.84 ± 16.48 . Furthermore, the current study disagrees with findings from **Sabra et al. (2022)**, which stated that fewer than half of the respondents tried to hide their affiliation with nursing, and more than two-fifths felt the need to make excuses for being nurses. They also noted that just over half of the respondents perceived their professional commitment as often threatened, expressing concerns about the regression of the nursing profession and discomfort in identifying as nurses. Regarding professional commitment measures, the present study indicated that slightly over half of the surveyed nurses exhibited low professional

commitment. This contrasts with **Duran et al. (2021)**, who reported an above-average level of professional commitment among nurses, and **Al-Haroon & Al-Qahtani (2020)**, who found a moderate level of job commitment. It also differs from the findings of **Ahmadzadeh-Zeidi et al. (2024)**, which revealed that the nurses studied displayed a high level of professional commitment.

Regarding the challenges facing nurses working in hospital and their professional commitment, the study revealed a positive, statistically significant correlation between a low level of education and awareness, difficulties in the profession, work pressures, and professional commitment among hospital nurses. Conversely, a negative, statistically significant correlation was found between a lack of material and moral incentives, role ambiguity, and the absence of standards, all of which negatively impacted professional commitment. This finding is consistent with **Sabra et al. (2022)**, who reported a negative correlation between the challenges faced by hospital nurses and their professional commitment.

Finally, the current study reported mean scores related to various challenges faced by nurses in hospitals: a poor level of education and awareness scored 3.14 ± 1.69 , difficulties in the profession and the impact of work pressures scored 6.21 ± 2.81 , a lack of material incentives scored 10.9 ± 4.02 , and the mean score for role ambiguity and the absence of standards was 2.73 ± 1.65 . These results contrast with those of **Sabra et al. (2022)**, who reported a high mean score (28.89 ± 7.41) related to the lack of material and moral incentives, while a low mean score (11.36 ± 3.22) was associated with issues related to the physical environment and support services.

Conclusion

According to the study findings, A significant majority of nurses working in hospitals face several challenges, with more than three-quarters reporting issues such as a lack of material and moral incentives, difficulties in their profession, and the impact of work pressures. Following this, over half of the nurse's experience role ambiguity and a lack of established standards. Approximately half of the nurses reported insufficient

education and awareness regarding measures for professional commitment. Slightly more than half exhibited low levels of professional commitment, and a statistically significant correlation was found between the challenges faced by hospital nurses and their professional commitment.

Recommendations:

Based on the main study findings, the following recommendations were deduced:

Improved Staffing Ratios: Establish appropriate staffing levels to ensure nurses can provide quality care.

Curriculum Development: The basic nursing curriculum should sufficiently cover legal issues related to nursing practice. There should also be educational programs to raise nurses' awareness of their legal rights.

Public Awareness Programs: Ensure that media outlets create programs to help the public understand the vital role of nurses and acknowledge their contributions to healthcare.

Professional Development Opportunities:

Implement training courses and Provide nurses with opportunities to further their education to keep nurses updated on best practices and advancements in the field.

Incentives for Nurses: Policymakers should establish fair standards for promotions and salaries, prioritizing both material and morale incentives for nurses by increasing their salaries and allowances and providing certificates of appreciation to acknowledge their hard work.

Ensure that job descriptions for all nursing levels and their policies and procedures are present and implemented.

References

Ahmadzadeh-Zeidi MJ, Rooddehghan Z, Haghani S. (2024): The relationship between nurses' professional commitment and missed nursing care: a cross-sectional study in Iran. *BMC Nurs.* 2024 Aug 5;23(1):533. doi: 10.1186/s12912-024-02196-1. PMID: 39103786; PMCID: PMC11302289.

Al Baker, A. S. (2022): The Influence of Workplace Factors on the Nursing Work Environment: A Study Before and After COVID-19. *Cureus*, 14(7).

Al-Haroon, H. I., & Al-Qahtani, M. F. (2020): Assessment of organizational commitment among nurses in a major public hospital in Saudi Arabia. *Journal of multidisciplinary healthcare*, 519-526.

Alluhidan M., Tashkandi N., Albowi F. and Omer T. (2020): Challenges and Policy Opportunities in Nursing in Saudi Arabia. *Hum. Resour. Health*; 2020; 18, (98): P.26.

Alsadaan N., Jones L., Kimpton A. and DaCosta C. (2021): Challenges Facing the Nursing Profession in Saudi Arabia: An Integrative Review. *Nurs. Rep.* Pp.11, 395-403. <https://doi.org/10.3390/nursrep11020038>

Amarneh S., Raza A., Matloob S., Raed K., and Munir A. (2021): The Influence of Person-Environment Fit on the Turnover Intention of Nurses in Jordan: The Moderating Effect of Psychological Empowerment. *Nursing Research and Practice* Volume; Article ID6688603, 14pages <https://doi.org/10.1155/2021/6688603>.

Chhugani M. & James M: (2017): 'Challenges Faced by Nurses in India - The Major Workforce of the Healthcare System'. *Int J Nurs Midwif Res*; 2017; 4 (1): Pp.23-27. Digital Object Identifier (DOI): <https://doi.org/10.24321/2455.9318.201705>.

Duran, S., Celik, I., Ertugrul, B., Ok, S., & Albayrak, S. (2021): Factors affecting nurses' professional commitment during the COVID-19 pandemic: A cross-sectional study. *Journal of Nursing Management*, 29(7), 1906-1915.

Er F. & Sokmen S. (2020): Investigation of the Working Conditions of Nurses in Public Hospitals on the Basis of Nurse-Friendly Hospital Criteria, *International Journal of Nursing Sciences*; 5 (2018): Pp. 206-212.

Haddad L. & Toney B. (2020): *Nursing Shortage*, Stat Pearls Publishing, Treasure Island, FL, USA.

- Hendy, A., Abdel Fattah, H. A., Abouelela, M. A., Atia, G. A. E., Alshammari, M. S. S., Hables, R. M. M.,... & Almarwani, A. M. (2024):** Nursing Professional Commitment as a Mediator of the Relationship Between Work Environment and Missed Nursing Care Among Nurses: A Cross-Sectional Analysis. *SAGE Open Nursing*, 10, 23779608231226063.
- Jahromi M., Hojat M., Koshkaki S., Nazari F. and Ragibnejad M. (2018):** Risk Factors of Heart Disease in Nurses. *Iran J Nur. Midwifery Res.* 22 (4): 2018; Pp. 332–7.
- Jia, Y., Chen, O., Xiao, Z., Xiao, J., Bian, J., & Jia, H. (2021):** Nurses' ethical challenges caring for people with COVID-19: a qualitative study. *Nursing ethics*, 28(1), 33-45.
- Kabbash IA, El-Sallamy R. (2019)** Violence Against Health Care Workers in Emergency Hospital, Tanta University, Egypt. *Egyptian Journal of Occupational Medicine.* ; 43 (2): 215-228.
- Legrain A., Bouarab H., & Lahrichi N. (2017):** The Nurse Scheduling Problem in Real-Life. *Journal of Medical Systems*, 2015; 39 (1), 160. doi:10.1007/s10916-014-0160-8.
- 1) **Lu H., While A. and Barriball B. (2007):** Job Satisfaction and its Related Factors: A questionnaire Survey of Hospital Nurses in Mainland China. *International Journal of Nursing Studies*; 44, Pp.574–588.
- Mohammadi, F., Radfar, M., & Hemmati Maslak Pak, M. (2022):** Workplace challenges and nurses recovered from COVID-19. *Nursing ethics*, 29(2), 280-292.
- Sabra, H., M Abd Elzaher, O., & Ahmed, M. (2022):** Work Environment Problems of Hospital Nurses and its Relation to their Professional Commitment. *Egyptian Journal of Health Care*, 13(2), 1324-1339.
- Sayed Desouky Desouky, F., Abd Elazem Mostafa, H., & Ali Hassan, H. (2021):** Challenges Facing Staff Nurses to Maintain Patient Safety. *Egyptian Journal of Health Care*, 12(4), 762-772.
- Setiawan, H. W., Pratiwi, I. N., Nimah, L., Pawanis, Z., Bakhtiar, A., Fauziningtyas, R., & Ramoo, V. (2021):** Challenges for healthcare workers caring for COVID-19 patients in Indonesia: a qualitative study. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, 58, 00469580211060291.
- Sperling, D. (2021):** Nurses' challenges, concerns and unfair requirements during the COVID-19 outbreak. *Nursing ethics*, 28(7-8), 1096-1110.
- Tuna, R., & Sahin, S. (2021):** The effect of attitude towards work on professional commitment. *Nursing Ethics*, 28(7-8), 1359-1374.
- World Health Organization, (2024). Nursing and midwifery** <https://www.who.int/news-room/fact-sheets/detail/nursing-andmidwifery2024>