

- **Basic Research**

Professional Nursing Practice Environment: The Pathway to Job Involvement and Readiness to Change among Staff Nurses

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Abstract:

Background: The nursing work environments had the characteristics of the workplace that promote or hinder the provision of professional care by nurses. Positive work environments lead to better health outcomes including job involvement and readiness for change among staff nurses. **Aim:** assess the relationship between professional nursing practice environment, job involvement and readiness to change among staff nurses. **Research Design:** A descriptive correlational design was utilized to achieve the aim of this study. **Setting:** The study was conducted at Benha University Hospital in critical care units. **Sample:** Convenience sample of (225) staff nurses were included in the study. **Tools of data collection:** Data was collected by using three main tools namely; Practice Environment Scale of the Nursing Work Index (PES-NWI), Job Involvement Questionnaire, and Readiness for change scale. **Results:** The majority of staff nurses (84.0%) reported for favorable/ positive environment, and majority (87.1%) of them had high level of job involvement. Also, (73.3%) of them had high readiness to change level. **Conclusion:** There was a statistically significant relation between total scores of professional nursing practice environment, total scores of job involvement, and total scores of readiness to change among staff nurses **Recommendations:** Hospital administrators suggested maintaining a positive and desirable environment for staff nurses to increase job involvement to retain in the organization to achieve organizational goals. **Keywords:** Professional, nursing practice, Environment, Job involvement and Readiness to change.

Introduction:

Staff nurses are key members of the healthcare team, and their work attitude is linked to patient health and safety. Environments that are appropriate to the practice of staff nurses, as some hospitals have been identified as having an easier time attracting and retaining professionals and so increasing nurses' responsibility in providing high-quality healthcare. Magnet hospitals are the names given to these facilities ⁽¹⁾. The presence of certain characteristics in professional nursing practice environments, such as the philosophy of

quality-focused care, interdisciplinary cooperation, responsibility with professional authority, promotion of nursing leadership, support for nurse professional development, and the development of cooperative relationships among health workers, can promote professional development and favor safe practices. Patients, nursing staff, and the institution all benefit from facilities with these characteristics ⁽²⁾.

A positive and favorable work environment for healthcare providers was critical for providing excellent patient care; it decreases hospital-acquired infection rates, hospital mortality, re-admissions, and adverse events. Furthermore, having a positive WE is linked to attracting and maintaining healthcare providers which is vital in times of staff shortages ⁽³⁾. As a result, professionals working in negative or unfavorable environments are dissatisfied with their jobs, and more likely to report feeling isolated and uninvolved, have expressed a desire to leave their jobs, and are more susceptible to burnout, a condition that negatively affects professionals as well as the environment's characteristics and patient outcomes ⁽⁴⁾.

A professional nursing practice environment is a work environment in which policies, processes, and systems are structured to accomplish organizational goals while also ensuring personal employees' job satisfaction. It's also where the nurse can be productive, provide excellent patient care, and meet personal needs. As a result, the benefits of a healthy, favorable and positive work environment include enhancing organizational commitment, increased retention of experienced nurses, increased quality of care delivered, decreased staff turnover, improved patient outcomes such as length of stay and complications of inpatient, and increased nurse attraction, job satisfaction, job involvement, and readiness for change ⁽⁵⁾.

Job involvement defined as the degree to which staff nurses are interested in and excited about their work. Internalizing values of "goodness and importance of working" among staff nurses has also been termed as job involvement. It is a personal condition that causes people to be dedicated to their profession to put forth their best effort in their work and organizational positions ⁽⁶⁾. Job involvement has impact on health care setting goals, resulting in improved outcomes. Nurses who have high levels of job involvement and participation consider their work responsibilities to be an important part of their life, and how they perform on their individual occupations is directly linked to how they feel about themselves. Working well on the job is incredibly vital for employees who are extremely concerned about their self-esteem ⁽⁷⁾.

Four different dimension of job involvement were identified. These dimensions are; work as a primary life interest, active job involvement, performance as a source of self-esteem, and performance compatible with self-concept. In the context of work as a primary life interest, job involvement is defined as the degree to which a staff nurse considers his or her

work position as significant and central to his or her identity as a means of meeting basic needs. High job involvement denotes the ability to make job decisions, contribute significantly to health care setting goals, and exercise self-determination. Active participation in the workplace is regarded to make achieving demands like status, self-respect, autonomy, and self-esteem easier. Job involvement suggests that performance on the job is fundamental to his or her sense of worth in the context of performance as central to self-esteem. ⁽⁸⁾.

Staff nurses' readiness for change refers to the amount to which they will begin or continue to engage in change-related behavior such as support or participation. It has four dimensions: appropriateness, which indicates that staff nurses believe the change is appropriate for the organization; managerial support, which indicates that staff nurses believe their managers are supportive of change; self-efficacy, which indicates that staff nurses believe they have the skills and competence to successfully cope with change; and emotional arousal, which indicates that staff nurses believe the change will benefit them personally. Individual readiness for change is influenced by trust, the relationship between staff nurses and management, fear and concern about what might be lost, staff experience, the seriousness of the change, past history with both personal and work-related change, communication effectiveness, staff and management commitment to the organization, and the organization's environment ⁽⁹⁾.

The health-care system is rapidly changing these days, which requires appropriate behaviors. Staff nurses' attitudes about change play an important part in changing attitudes. Nurses are vital to the success of institutional change and play an important part in the process. Many studies in nursing have indicated that 70% of all change attempts fail owing to resistance to change, which is linked to the development of negative attitudes toward change, therefore staff nurses' preparation for change is critical. Readiness for change is influenced by many factors; pertain to the aspects of the work environment that influence institution change preparedness, as well as the professional nursing practicing setting. It concerned on self-determination, educational opportunities, nursing practice control, and the nurse–physician relation. ⁽¹⁰⁾.

Significance of the Study

Staff nurses working in Intensive Care Units (ICUs) at hospitals are responsible for providing care to patients in an environment that is associated with complex care and the imminent risk of death. They are exposed to situations of death and mourning on a daily basis, increasing their vulnerability to emotional repercussions and stress, which can lead to burnout. Identifying and analyzing the characteristics of the professional nursing practice environment is difficult, but such an effort aims to suggest better working circumstances and support changes in hospital environments that expand nurses' involvement and improve

their willingness for change. As a result, the study's aim was to determine the relationship between the nursing practice environment, job involvement, and nurses' readiness to change

Aim of the Study

The present study was aimed to assess the relationship between professional nursing practice environment, job involvement and readiness to change among staff nurses.

Research questions:

- What is the level of professional nursing practice environment as perceived by staff nurses?
- What is the level of job involvement as perceived by staff nurses?
- What is the level of readiness to change among staff nurses?
- Is there a relationship between nursing practice environment, job involvement and readiness to change among staff nurses?

Subjects and Method

Research Design

A descriptive correlational design was utilized to achieve the aim of this study.

The Study Setting

The study was conducted at Benha University Hospital in critical care units; (General intensive care unit (ICU), Cardiac care unit (CCU) and Cardiothoracic intensive care unit, Chest intensive care unit, Pediatric intensive care unit, hepatic care unit, intermediate care unit, psychiatric care unit, and dialysis unit).

Subjects

Convenience sample of staff nurses (225) working at previously mentioned settings with at least one year of job experience in their working place at the time of study.

Tools of Data Collection

Data for the present study was collected by using the following three tools:

First tool: Practice Environment Scale of the Nursing Work Index (PES-NWI)

It was adopted from (Lake, 2002)⁽¹¹⁾, to assess characteristics within the nursing practice environment from staff nurses' points of view. It consisted of two parts: **First part**; included personal characteristics of staff nurses as age, gender, unit, marital status, educational

qualification, and years of experience. **Second part;** The scale consisted of thirty-one items and composed of five subscales namely: Nurse Participation in hospital affairs (nine items); nursing foundations for quality of care (ten items); nurse manager ability, leadership and support of nurses (five items); staffing and resource adequacy (four items); and the degree of collegial nurse–physician relations (three items). Each subscale measures one supportive aspect in the practice environment that helps staff nurses in the provision of care.

Scoring System

Nurses` responses were measured by using a 5-point Likert scale. Ranging from; 5 = strongly agree; 1 = strongly disagree. The total score was ranged from 31-155 so that the higher scores indicate a better practice environment and vice versa. Nursing practice environment was classified as favorable/ positive if total score was equal to 65% or more (101-155) and unfavorable/ negative if total score was less than 65% (31-100).^{(11,12).}

Second tool: Job Involvement Questionnaire

It was developed by (**Kanungo, 1982**)⁽¹³⁾ and modified by the researchers after reviewing of related literature to measure Job Involvement among staff nurses. It included 18-items Questionnaire; the items were as “The most important things that happen to me involve my present job role”.

Scoring system:

Responses were scored on a three-point Likert scale (ranging from one, disagree to three, agree). The 18 items were summed to provide a total involvement score, two of which are negatively phrased and hence reverse scored. High scores reflect a higher level of job involvement. The cut point at 60 %, a $\geq 60\%$ considered high level of Job involvement while $< 60\%$ considered low level of Job involvement. (**Mabrouk, El- Shrief, 2018**)⁽¹⁴⁾.

Third tool: Readiness for change scale:

It was adopted from **Hanpac hern, (1998)**⁽¹⁵⁾ to measure staff nurses' readiness for change. It consisted of 14 items as "I am able to change the way I work because of the change, Do things in a new or creative way".

Scoring system:

The responses of the statements were measured by using 3 points Likert scale ranging from 1= disagree to 3= agree. The score of items was summed-up and the total divided by the number of the items, giving the mean score. The level of nurses' readiness for change score

was Low: if the score < 60% and considered high if score \geq 60%. (Ibrahim, et al., 2019) (16).

Methods

The study was executed according to the following steps:

Approval

An official permission to conduct the study was obtained from the director of Benha University Hospital after explaining the aim of the study.

Preparatory phase

The preparatory phase started from the beginning of February 2021 to end of April 2021, covering three months and including the following: Reviewing the national and international related literature using journals, periodicals, textbooks and theoretical knowledge of the various aspects concerning the topic of the study.

Pilot study

Pilot study was conducted at May 2021 to assess tools face and content validity; it also served in estimating the time needed for filling the two tools. It was done on 10% of the total subjects (23 nurses). The tool was finalized based on the result of the pilot study. The pilot study was included in the main sample.

Field work

The actual field work was conducted at June 2021 to July 2021. The researchers gathered data on their own by interviewing staff nurses and explaining the study's aim to them. The data was collected from staff nurses before and after work hours, based on their availability for two days each week; the number of staff nurses interviewed daily ranged from 10 to 13. The time it took to complete the questionnaire sheet ranged between 20 to 30 minutes. The completed forms were gathered on time and double-checked for accuracy to ensure that no data was missing.

Tools Validity and Reliability

The two tools (first and third tools) contents were adopted, translated into Arabic and tested for its content validity by 3 juries, who were experts in the related field. Based on their recommendations the necessary modifications were made. Also, the reliability of the tools was conducted to determine the internal consistency and homogeneity of the used tools by Cronbach's Alpha test. The internal consistency of Practice Environment Scale of the

Nursing Work Index (PES-NWI) was $r= 0.91$, Job Involvement Questionnaire was $r=0.89$, and Readiness for change scale was $r=0.86$.

Ethical consideration

Prior to the conduction of the study, ethical approval was obtained from the scientific research committee at Faculty of Nursing, Benha University. All participants interviewed for explaining the purposes and procedures of the study, and they have the right to withdrawal from the study any time during the study. In addition, confidentiality and anonymity of the subjects were assured through coding of all data. Oral consent to participate was assumed by attendance of filling questionnaires sheet.

Statistical Design

The collected data organized, tabulated and statistical analyzed using statistical package for social science (SPSS) version 22 for windows, running on IBM compatible computer. Descriptive statistics were applied (e.g., frequency, percentages, mean and standard deviation). Test of significance, correlation coefficient (r) was used. A significant level value was considered when $p < 0.05$ and a highly significant level value was considered when $p < 0.001$. No statistical significance difference was considered when $p > 0.05$.

Results

Table (I): Shows that more than one third (35.5%) of staff nurses were working at General Intensive Care Unit, and less than half (48.9%) of them aged less than 25 years with mean age (25.524 ± 3.397) years. And (61.8%, 54.7%) of them were females and married respectively. In relation to their educational qualification (41.3%) of them were had Baccalaureate degree of Nursing. As far as their years of experience (60.4%) of them had less than 5 years of experience with mean (4.368 ± 2.950) years.

Table (II): Shows that mean and standard deviation of nursing practice environment among staff nurses was (122.85 ± 15.68) that represent 79.3% of total scores. Mean and standard deviation of job involvement was (41.62 ± 5.47) that represent 77.1% of total scores. Mean and standard deviation of readiness to change was (31.02 ± 4.78) that represent 73.9% of total scores.

Figure (I): Reveals that the majority of staff nurses (84.0%) reported for favorable/ positive environment. While (16.0%) of them reported for unfavorable/negative environment.

Figure (II): Illustrates that the majority of studied staff nurses (87.1%) had high level of job involvement. And (12.9%) of them had low job involvement.

Figure (III): Illustrates that less than three quarters of studied staff nurses (73.3%) had high readiness for change level. And more than one quarter (26.7%) of them had low readiness for change level.

Table (III): Demonstrates that there was statistically significant relation between total scores of nursing practice environment, total scores of job involvement, and total scores of readiness to change among staff nurses.

Table 1: Demographic characteristics of studied staff nurses (n= 225).

Demographic characteristics		No	%
Unit	General Intensive Care Unit (ICU)	80	35.5
	Cardiac Care Unit (CCU)	25	11.1
	Chest Intensive Care Unit	15	6.7
	Hepatic Care Unit	13	5.8
	Pediatric Intensive Care Unit	35	15.6
	Psychiatric Care Unit	16	7.1
	Cardiothoracic Care Unit	10	4.4
	Emergency Care Unit	31	13.8
Age	less than 25 years	110	48.9
	25-30 years	86	38.2
	30-35 years	25	11.1
	More than 35 years	4	1.8
Mean ± SD		25.524±3.397	
Gender	Male	86	38.2
	Female	139	61.8
Marital status	Married	123	54.7
	Unmarried	102	45.3
Educational qualification	Diploma in Nursing	63	28.0
	Associated degree of Nursing	69	30.7
	Baccalaureate degree of Nursing	93	41.3
Years of experience	less than 5 years	136	60.4
	5-10 years	72	32.0
	10-15 years	14	6.2
	More than 15 years	3	1.3
Mean ± SD		4.368±2.950	

Table (II): Mean and standard deviation of Professional nursing practice environment dimensions, job involvement as reported by staff nurses (n= 225).

Variables	Max score	Mean \pm SD	Mean %*
Nurse Participation in hospital affairs	45	34.60 \pm 9.42	76.9 %
Nursing foundations for quality of care	50	38.05 \pm 7.74	76.1 %
Nurse manager ability, leadership and support of nurses	25	20.19 \pm 4.92	80.8%
Staffing and resource adequacy	20	17.01 \pm 2.23	85.1%
The degree of collegial nurse–physician relations	15	12.99 \pm 1.41	86.6%
Total nursing practice environment	155	122.85\pm15.68	79.3%
Total job involvement	54	41.62\pm5.47	77.1%
Total readiness to change	42	31.02\pm4.78	73.9%

* Percentages are calculated relative to maximum score.

Figure (1): Percentage distribution of nursing practice environment levels of as reported by staff nurses (n=225).

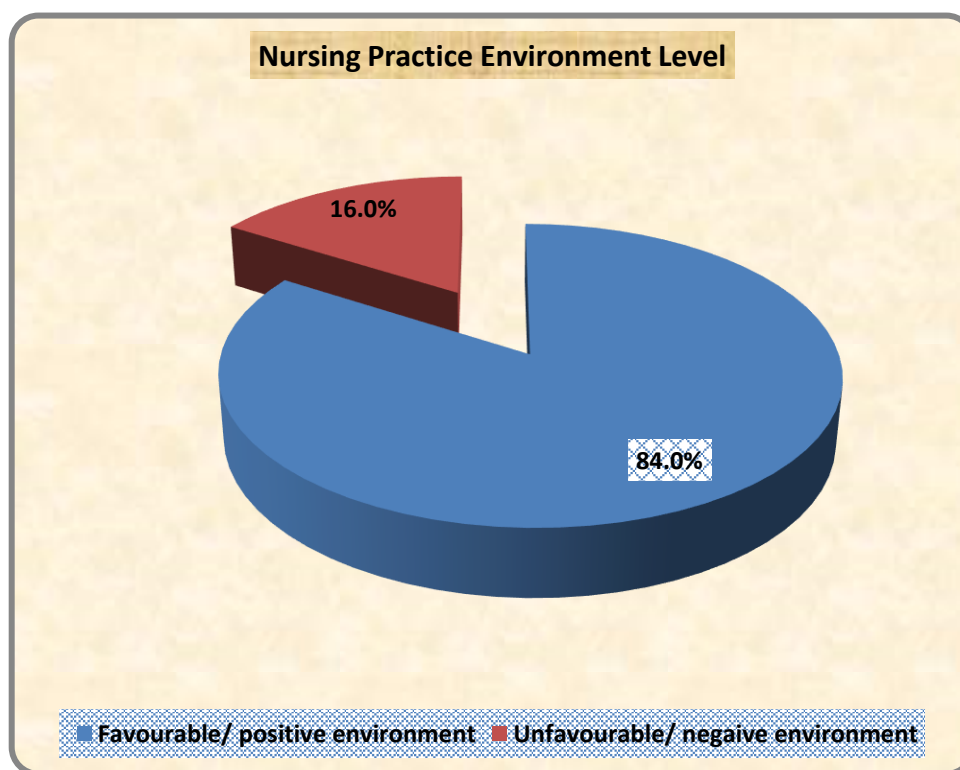


Figure (2): Percentage distribution of job involvement levels of as reported by staff nurses (n=225).

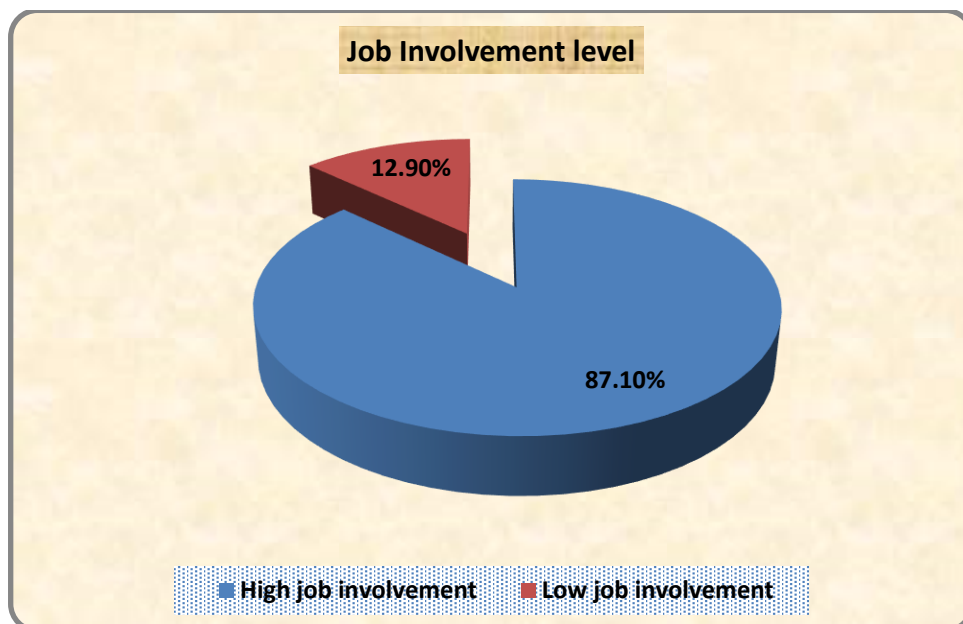


Figure (3): Percentage distribution of readiness to change levels of as reported by staff nurses (n=225).

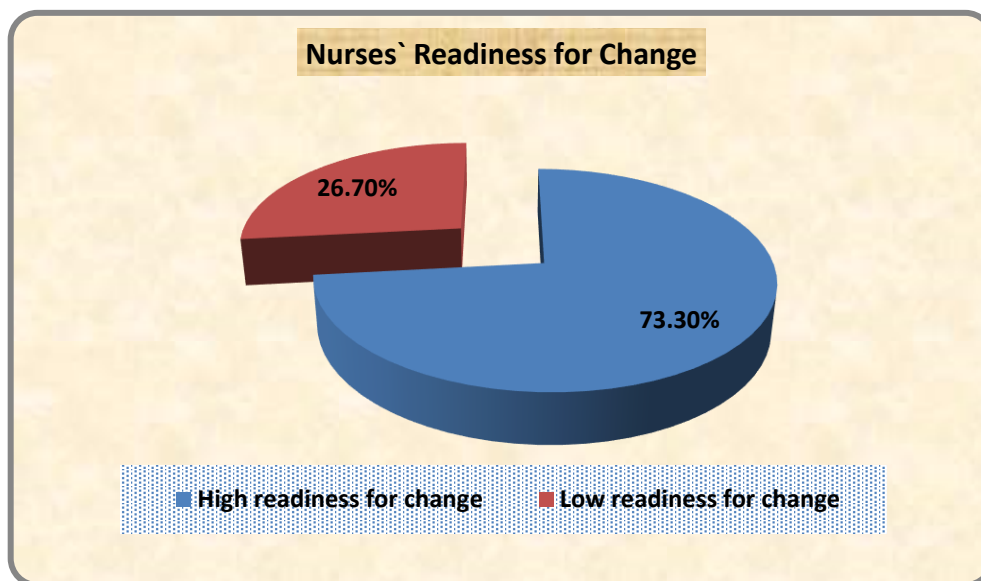


Table (111): Correlation matrix between total scores of nursing practice environment, total scores of job involvement, and total scores of readiness to change among staff nurses.

Elements	Overall score of nursing practice environment		Overall score of job involvement		Overall score of readiness to change	
	r	p-value	r	p-value	r	p-value
Overall score of nursing practice environment	1	-	0.754	0.000**	0.211	0.001**
Overall score of job involvement	0.754	0.000**	1	-	0.203	0.002
Overall score of readiness to change	0.211	0.001**	0.203	0.002	1	-

Discussion:

Improving flexibility to enhance staff nurses' confidence and provide them with an appropriate nursing practice environment that enhances job involvement and readiness for change in any institution is a global concern, so the quality of the practice environment plays a crucial role through the work by enhancing flexibility to improve staff nurses' confidence and provide them with appropriate nursing practice environment that enhances job involvement and readiness for change in any institution ⁽¹⁷⁾.

The current study was aimed to assess the relation between nursing practice environment, job involvement and readiness to change among staff nurses.

Regarding staff nurses' personal characteristics, the findings of the current study revealed that more than one third of staff nurses were working at General Intensive Care Unit, and less than half of them aged less than 25 years, females and married respectively. In relation to their educational qualification more than one third of them were had Baccalaureate degree of Nursing. As far as their years of experience less than two thirds of them had less than 5 years of experience.

As regards nurses' perception toward professional nursing practice environment, the study results revealed that the majority of staff nurses reported for favorable/ positive environment. From researcher's point of view this may be due to nurse participation in hospital affairs indicating that the nurses have enough opportunities to participate in the decision-making in their hospitals. Nurse Managers and directors improve this situation by giving nurses more authority, involving them in the decision-making process and listening to their opinions and suggestions. Additionally, encouraging nurses to improve their

knowledge and experience by attending workshops and participating in staff development activities would empower nurses and prepare them to be good participants and effective decision-makers.

The finding of the present study was agreed with ⁽¹⁸⁾ found that there were moderate attributes that favor professional nursing practice environment among study participants. Also, ⁽¹⁹⁾ concluded that the nursing practice environment was favorable for autonomy and relationships, and it showed vulnerability for control of practices and organizational support. This result was supported by ⁽²⁰⁾ who found that nurses had moderate perception toward professional nursing practice environment. And ⁽²¹⁾ found that there was a high attribute favoring professional nursing practice environment. In contrast ⁽²²⁾ found that nurses perceived their professional working environment as stressful, and this is due to low attributes favoring professional nursing practice environment.

The findings of the current study revealed that the majority of studied staff nurses had high level of job involvement. From researcher's point of view this may be due to nurses have a high want action and achievement try and be additional concerned within the tasks and activities through accepted larger responsibilities and taking higher risks to succeed in their goal of achieving success.

The finding of the current study was supported with ⁽²³⁾ found that the majority of staff nurses had high job involvement level. And with ^(14, 24) stated that the majority of studied nurses had high level of job involvement. And ⁽²⁵⁾, who indicated that the bulk of nurses had sensible level of job involvement. Also, this study results congruent with ⁽²⁶⁾ who disclosed that two third of study sample had high job involvement score. This result was in the same line with ⁽²⁷⁾ who declared that the general for job involvement was high among nurses. And another one conducted by ⁽²⁸⁾, who assess the relationship between motivation and job involvement, in Egypt, and they revealed that job involvement level was high. Conversely, the previous study finding is in disagreement with, ^(29, 30); they found that the job involvement level was moderate to low.

The findings of the current study revealed that less than three quarters of studied staff nurses had high readiness for change. From researcher's point of view this may be due to the fact that studied staff nurses prepared during their under graduation study how to deal with change through studying change, causes of change, and steps to manage change process and how to deal with resistance in a good manner. So, they can apply this very easily and deal with resistance professionally. Additionally, everyone sees herself/ himself as the best in doing things.

The study finding was in the same line with⁽¹⁶⁾, stated that the highest percentage of staff nurses had a high level of readiness for change. Also, was in agreement with the study of^(31, 32) who found that the nurses had a moderate to high level of readiness for change.

Moreover, the study results illustrate that there was a highly statistically significant positive correlation between professional nursing practice environment and staff nurses' readiness for change. From the researchers' point of view, the favorable and positive work environment that allows staff nurses to make decisions for patient and freedom to make essential work decisions may enhance their readiness for change. This finding indicated that, as perception of the professional nursing practice environment improved, nurses' readiness for organizational change also improved.

The study finding was in the same line with⁽¹⁸⁾ found that there was statistical positive correlation between nurses' readiness for organizational change and professional nursing practice environment. This result was in agreement with that of⁽³³⁾, who also found a significant positive association between professional nursing practice environment and nurses' readiness for organizational change.

The study results showed that there was a highly statistically significant positive correlation between professional nursing practice environment and staff nurses' job involvement. From the researchers' point of view, positive work environment that allows staff nurses to be involved in their job as getting support from their supervisor, enough time and opportunity to discuss patient care problems with other nurses and working as a team with physicians through good relationship and collaboration may enhance willingness of staff nurses to job involvement.

The study finding was in the same line with⁽³⁴⁾ stated that there was statistical positive correlation between nurses' involvement and professional nursing practice environment. Also, was disagreement with⁽³⁵⁾. Who showed that a weak positive relationship between nurses' involvement and professional nursing practice environment.

Conclusion:

There was statistically significant relation between total scores of nursing practice environment and total scores of job involvement, total scores of readiness to change among staff nurses.

Recommendations:

Centered on the outcomes of the study the following recommendations can be indicated:

- Hospital administrators suggested maintaining a positive and desirable climate for staff to increase their responsibility and involvement to remain with the organization to reach organizational goals.
- Health care organizations proposed to identify barriers and facilitators of staff nurses' job involvement and provide various educational opportunities for education and training to promote job involvement
- Nurse Managers recommended to adopt new ways to enhance staff nurse's involvement in clinical decision making
- Nurse Managers suggested encouraging spirit of teamwork among staff nurses to improve their readiness for change.

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الملخص العربي

بيئة الممارسة التمريضية المهنية: الطريق إلى المشاركة الوظيفية والاستعداد للتغيير بين الممرضين

المقدمة: تمتاز بيئات العمل التمريضي بخصائص مكان العمل التي تعزز أو تعيق تقديم الرعاية المهنية من قبل الممرضين. تؤدي بيئات العمل الإيجابية إلى نتائج صحية أفضل بما في ذلك المشاركة الوظيفية والاستعداد للتغيير بين الممرضين.

الهدف: تقييم العلاقة بين بيئة الممارسة التمريضية المهنية والمشاركة الوظيفية والاستعداد للتغيير بين الممرضين. تصميم البحث: تم استخدام تصميم ارتباط وصفي لتحقيق هدف هذه الدراسة.

المكان: أجريت الدراسة بمستشفى جامعة بنها بوحدة العناية المركزة. العينة: عينة قوامها (225) ممرض.

أدوات جمع البيانات: تم جمع البيانات باستخدام ثلاث أدوات رئيسية هي: مقياس بيئة الممارسة لمؤشر عمل التمريض، استبيان المشاركة الوظيفية، ومقياس الجاهزية للتغيير. النتائج: أفاد غالبية الممرضين (84.0%) عن بيئة مفضلة / إيجابية، وكانت الغالبية (87.1%) منهم ذات مستوى عالٍ من المشاركة الوظيفية. كما أن (73.3%) منهم أبدوا استعداداً عالياً للتغيير.

الخلاصة: كانت هناك علاقة ذات دلالة إحصائية بين مجموع الدرجات لبيئة الممارسة التمريضية المهنية، وإجمالي درجات المشاركة الوظيفية، وإجمالي درجات الاستعداد للتغيير بين الممرضين

التوصيات: اقتراح لمسؤولو المستشفى الحفاظ على بيئة إيجابية ومرغوبة للممرضين لزيادة المشاركة الوظيفية والاحتفاظ بهم بالمنظمة لتحقيق الأهداف التنظيمية.

الكلمات المفتاحية: مهني، الممارسة التمريضية، البيئة، المشاركة الوظيفية، الاستعداد للتغيير.