

Nurses' Work Environments and Professional Dedication in Public Hospitals in Bangladesh

Mohammad Abbas Uddin*, Mala Reberio, Merina Movis

Directorate General of Nursing and Midwifery, Dhaka, Bangladesh

ABSTRACT

The quality of nurses' work environments and their levels of professional dedication are significant factors in providing nursing care to the patients. This study aims to investigate nurses' work environments and professional dedication in public hospitals in Bangladesh. A cross-sectional, descriptive survey study design was applied. The sample consisted of 582 nurses from government health care facilities in Bangladesh. Data were collected online in January 2026 using a Google Form self-reported questionnaire. The questionnaire collected nurses' demographic data and asked them to assess the quality of their work environments and dedication to nursing. The participants rated the various aspects of their work environments differently. High average ratings were given for commitment ($M = 4.18$, $SD = .70$), and peer cohesiveness ($M = 4.09$, $SD = .66$). Moderate average ratings were given for ethics ($M = 3.83$, $SD = .71$) and autonomy ($M = 3.42$, $SD = .84$). Low average ratings were given for work practices ($M = 2.94$, $SD = .83$) and social responsibility ($M = 3.29$, $SD = .98$). Very low average ratings were given for stress and work pressure ($M = 2.05$, $SD = .5$) and managerial support ($M = 2.49$, $SD = .99$). Their overall average work environment score was high ($M = 3.59$, $SD = .46$) and their average professional dedication score was high ($M = 75.11$, $SD = 5.58$).

Nurses' work environment is significantly associated with their professional dedication ($r = .33$, $p < .01$). Nurses reported that the overall quality of their work environment and their professional dedication were at a high level. Work environment quality is significantly associated with professional dedication, so providing a favorable work environment is important in supporting high levels of nursing performance and guaranteeing the quality of nursing care.

Keywords: Nurses, Work Environment, Professional Dedication.

INTRODUCTION

Nurses' work environments significantly contribute to providing quality nursing care in hospitals. It is assumed that a good work environment increases nurses' productivity and hospital outcomes [1]. Evidence

Vol No: 08, Issue: 02

Received Date: April 22, 2026

Published Date: May 25, 2026

*Corresponding Author

Mohammad Abbas Uddin,

Directorate General of Nursing and Midwifery,
Dhaka, Bangladesh, Phone: +880-1818-445831,
Email: uabbas9@gmail.com

Citation: Uddin MA, et al. (2026). Nurses' Work Environments and Professional Dedication in Public Hospitals in Bangladesh. *Mathews J Nurs.* 8(2):68.

Copyright: Uddin MA, et al. © (2026). This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

suggests that an appropriate work environment assists in reducing levels of worker absenteeism and raises their performance, which helps to improve organizational outcomes [2]. Nurses' work environments are defined as the hospital characteristics of their workstations that may support or obstruct professional nursing practice. They affect the quality of nursing care provided, nurses' participation in hospital policies, the suitability of staffing and resources, and the form of nurse-physician interactions [3].

Work environments may be collaborative or toxic. Collaborative work environments typically feature openness, shared provision, compassion, and a sense of communal purpose [4]. Collaborative work environments support nurses' job satisfaction and nursing performance, and decrease rates of adverse patient events [5]. On the contrary, toxic work environments are characterized by negative behaviors, such as disregard, violent leadership, pressures, irritation, impoliteness, and harassment [6]. Toxic work environments cause physical and mental suffering among employees and create negative psychological effects and stress. In addition, toxic work environments can undermine employee performance and output, often eventually contributing to staff leaving organizations [7]. In hospitals, a supportive work environment is essential to providing high-quality facilities for employees and enhances performance, job pleasure, and innovation [8]. Studies conducted on work environments among nurses in the United States, Canada, and Jordan found moderate qualities of work environments [9-11]. Nurses in Nepal reported having favorable work environments [12]. In Pakistan, nurses' work environments were considered unfavorable for practice and unpleasant [13]. A study conducted in Bangladesh among the clinical workforce in the district and Upazila levels showed lower levels of work environment quality [14].

Favorable work environments are a contributing factor in providing dedicated nursing care [15]. Nurses' dedication is an essential component of professional nursing [16]. Dedication has a favorable and significant relationship with nurses' [17] and hospitals' performance [18]. Participants in a study conducted in Spain reported high dedication levels [19]. As in other countries, nurses in Bangladesh provide nursing care to a diverse group of people, in different levels of hospitals, and with limited workforces and materials. There is little information available on nurses' work environments

and their dedication to patient care in Bangladesh. Therefore, this study aims to describe nurses' work environments and their dedication at public hospitals in Bangladesh and examine the relationships between work environments and dedication.

DATA AND METHODS

This was a descriptive correlational survey study conducted among nurses working in public hospitals and providing direct care to the patients. Nurses include nursing superintendents, deputy nursing superintendents, nursing supervisors, nurse teachers, and senior staff nurses. Nursing superintendents, deputy nursing superintendents, and nursing supervisors undertake nursing administrative and managerial activities. Nurse teachers are taught in nursing educational organizations. The majority of senior staff nurses provide direct care to hospital-admitted patients. All senior staff nurses who engaged in direct patient care were considered as participants of this study. Participants were recruited from public hospitals, including Upazila Health Complexes, District Hospitals, Medical College Hospitals, Specialized Hospitals, and other hospitals.

Participants were informed about the study objectives through the website of the Directorate General of Nursing and Midwifery, Bangladesh. Permission to conduct this study was obtained from the Director General of the Directorate General of Nursing and Midwifery. This survey study used a Bengali language Google Form self-reported questionnaire consisting of three parts. The time allotted for completing the questionnaire was 14 days.

Part 1 was the Nurses' Demographic Information questionnaire, consisting of ten items: age, gender, marital status, husband/wife's occupation, number of children, designation, year of joining public service, highest professional educational qualification, present workplace, and prepared nursing areas.

Part 2 was the Work Environment Services Scale (WESS), developed by Patrick and Kareem in 2021 [20]. The scale consists of 32 items in 9 dimensions; (1) ethical - 4 items, (2) autonomy - 5 items, (3) stress and work pressure - 5 items, (4) work practices - 3 items, (5) managerial support - 4 items, (6) commitment - 2 items, (7) role clarity - 4 items, (8) social responsibility - 3 items, (9) peer cohesiveness - 2 items. Among these items, there were 11 negative

items. The response options were a five-point Likert scale from Strongly Disagree (1) to Strongly Agree (5). In this study, 5 items (24 - 28) were not used due to contextual inconsistencies. Therefore, 27 items were used to measure nurses' psychosocial environments in hospitals. The scale's internal consistency reliability was tested, and a Cronbach's coefficient of 0.81 for the entire scale was found. WESS was used to measure the Nurses' Work Environments. Permission to use WESS was obtained from the scale's developer.

Part 3 was the Nurse Dedication Scale (NDS), in which participants reported on their dedication across 20 areas: emotional state about caring, pleasure regarding nursing care, desire to continue working as a nurse, sacrifices made to improve nursing, consciousness of nursing duties, consciousness of patient satisfaction, receiving criticism for improvement, difficulty raising nursing status, involvement in development activities, giving nursing care as a skilled nurse, giving the best nursing care, incorporating evidence into nursing care, functioning as a team member, giving nursing care to many patients, assessing nursing care,

developing therapeutic relationships, acknowledging patient values, inspiring patients, identifying patient problems, and giving nursing care sympathetically. Each item was measured via a 5-point, Likert-style scale from 0 to 4 (never = 0, rarely = 1, sometimes = 2, often = 3, always = 4). Total possible scores were between 0 and 80 [21]. Higher scores reflect greater nurses' dedication. NDS was used to measure the nurses' professional dedication. The scale's internal consistency was confirmed by the scale developer.

The original English version questionnaire was translated into Bengali using the Back translation process. The Bengali version was used in a Google Form. The Bengali data were retrieved in Excel format and then converted into English and SPSS. Nurses' socio-demographic data were analyzed using demographic statistics (frequency, percentage, and mean). Nurses' responses on Work Environment Services and professional dedication data were analyzed using mean and standard deviation. The scoring system of the work environment service scale is as follows (Table 1).

Table 1. Scoring system of the work environment service scale

Dimensions	Very Low	Low	Moderate	High
Ethical Dimension	Below 2.75	2.75-3.5	3.5-4.00	Above 4
Autonomy	Below 2.8	2.8-3.4	3.4-3.8	Above 3.8
Stress and Work Pressure	Below 2.6	2.6-3.0	3.0-3.6	Above 3.6
Work Practices	Below 2.33	2.33-3.33	3.33-4.0	Above 4.0
Managerial Support	Below 2.75	2.75-3.5	3.5-4.0	Above 4.0
Commitment	Below 3.00	3.0-3.5	3.5-4.0	Above 4.0
Social Responsibility	Below 2.66	2.66-3.33	3.33-4.0	Above 4.0
Peer Cohesiveness	Below 2.95	2.95-3.0	3.0-3.5	Above 3.5

RESULTS

Table 2. Demographic characteristics of nurses (n = 582)

Characteristics	Categories	Frequency (%)
Age (Mean = 32.62, Min =23, Max =57)	23-30 years	264 (45.36)
	31-40 years	269 (46.22)
	41-57 yeas	49 (8.42)
Gender	Male	105 (18)
	Female	477 (82)
	Married	520 (89.3)
Marital status	Unmarried	56 (9.6)
	Separated	3 (.5)
	Widowed	2 (.3)
Professional educational qualification	Divorced	1 (.2)
	Diploma in Nursing Science and Midwifery	245 (42.1)
	Bachelor of Science in Nursing	224 (38.5)
Workplace	Master's in Nursing Science	37 (6.4)
	Master's in Public Health	76 (13.1)
	Upazila Health Complex	293 (50.3)
Work experience	District hospital	73 (12.5)
	Medical College Hospital	129 (22.2)
	Specialized Hospital	71 (12.2)
Work experience	Others	16 (2.7)
	1-5 years	163 (28)
	6-10 years	362 (62.20)
	>10 years	57 (9.80)

Most nurses were either between 23 and 30 (45.36%) or between 31 and 40 (46.22%). 82% were female, and 18% were male. The majority (89.3%) were married. The most frequent highest educational qualifications were Diploma

in Nursing Science and Midwifery (42.1%) and Bachelor of Science in Nursing (38.5%). More than half worked in an Upazila Health Complex (50.3%), and 62.20% had 6 to 10 years of work experience.

Table 3. Nurses' Work Environment (n = 582)

Nurses' Work Environment domains	Min	Max	Mean	SD	Level
Ethical	1	5	3.83	.71	Moderate
Autonomy	1	5	3.42	.84	Moderate
Stress and work pressure	1	5	2.05	.5	Very low
Work practices	1	5	2.94	.83	Low
Managerial support	1	5	2.49	.99	Very low
Commitment	1	5	4.18	.70	High
Social responsibility	1	5	3.29	.98	Low
Peer cohesiveness	1	5	4.09	.66	High

When assessing the quality of their work environments, participants' average scores varied from high to very low levels. Commitment ($M = 4.18$, $SD = .70$) and peer cohesiveness ($M = 4.09$, $SD = .66$) were rated high. Ethics ($M = 3.83$, $SD = .71$) and autonomy ($M = 3.42$, $SD = .84$) were

rated medium. Work practices ($M = 2.94$, $SD = .83$) and social responsibility ($M = 3.29$, $SD = .98$) were rated low. Stress and work pressure ($M = 2.05$, $SD = .5$) and managerial support ($M = 2.49$, $SD = .99$) were rated very low.

Table 4. Nurses' professional dedication (n = 582)

Name of variable	Potential score	Actual score	Mean	Standard deviation	Level
Nurses' professional dedication	0 – 80	42 - 80	75.11	5.58	High

The overall nurses' professional dedication level was high ($M = 75.11$, $SD = 5.58$).

Table 5 Relationship between nurses' professional dedication and work environment (n = 582)

		Correlations	
		Dedication	Work environment
Spearman's rho	Dedication	1.000	.350**
	Correlation Coefficient	.	.000
	Sig. (2-tailed)	582	582
Work environment	Correlation Coefficient	.350**	1.000
	Sig. (2-tailed)	.000	.
	N	582	582

** . Correlation is significant at the 0.01 level (2-tailed).

Nurses' professional dedication is statistically significantly ($r = .35$, $p < .01$) associated with their work environment.

DISCUSSION

A supportive work environment is vital to work effectively, especially for nurses directly providing care to hospital-admitted patients. The work environment is composed of psychosocial and physical elements, and both are very important for nurses. In the present study, nurses reported high-quality work environments overall. This is consistent with the study conducted among nurses in Nepal, in which 67.5% of nurses reported favorable nursing practice environments [12]. However, the two studies used different measuring instruments and took place in different settings. The present study used the Work Environment Services Scale, and the study conducted in Nepal used the Practice Environment Scale of the Nursing Work Index [3]. Furthermore, the present study was conducted in Upazila Health Complexes, District Hospitals, Medical College Hospitals, and Specialized Hospitals, while the study in Nepal was conducted in a teaching hospital.

In a study conducted at Khyber Pakhtunkhwa in Pakistan, nurses reported unfavorable work environments [22]. The results are inconsistent with the present study's

findings, which may be because of differences in measuring instruments and study settings. The Pakistan study used the Practice Environment Scale of the Nursing Work Index, and the setting was tertiary-level hospitals.

Using the Work Environment Services Scale in Jordan, a study conducted among nurses at three tertiary-level hospitals found a moderate quality of work environment overall [11]. Again, this result is inconsistent with the present study's results. This inconsistency may be due to differences in hospital administrative systems and study settings.

Nurses' professional dedication is very significant for the quality of patient care. Professional dedication contributes to nursing performance and patient care. However, there is no study on nurses' professional dedication that uses a scale to measure dedication.

A study conducted in Spain [19] among 412 nurses used the Utrecht Work Engagement Scale to measure nurses' work engagement. This scale consists of three subscales: vigor, dedication, and absorption, and each subscale consists of 3 items. Dedication consists of 1) I am enthusiastic about my job; 2) My job inspires me; and 3) I am proud of the work

that I do. 33% of nurses reported high dedication, and this is consistent with the present study's results. However, there are inconsistencies between the measurement scales used by the two studies, particularly with respect to the health care systems and hospital service delivery systems.

The present study also revealed that nurses' professional dedication is significantly associated with the overall work environment. This is consistent with a further study, which found that nurses' work environment is absolutely related to higher work engagement [23]. A healthier work environment was also associated with lessened emotional fatigue and a commitment to continue the job [24].

CONCLUSION

Overall, nurses reported high-quality work environments and high levels of professional dedication. The study's results suggest that the quality of work environments is significantly associated with professional dedication. It is therefore very important to improve the aspects of nurses' work environments that were considered of moderate, low, and very low quality. Doing so is likely to increase nurses' performance and the quality of nursing care provided to hospital-admitted patients.

LIMITATIONS

The present study used the Work Environment Services Scale to collect data on the work environment. This scale was developed to measure the psychosocial environment of an organization. However, it was developed for different types of employees and organizations. There is a need for a specific instrument for assessing nurses' work environments that includes psychosocial and physical elements.

RECOMMENDATIONS

The present study's participants were nurses from different levels of hospitals, including Upazila Health Complexes, District Hospitals, Medical College Hospitals, and Specialized Hospitals. A specific setting-wise study should be conducted. Further study should be conducted using instruments that measure physical and psychosocial elements of the nursing work environment.

ACKNOWLEDGMENTS

The authors are grateful to the study participants; Md. Anwar Hossain Akand, Director General; Bodrul Alam, Director, Directorate General of Nursing and Midwifery. They also

express appreciation to the experts who confirmed content validity, cultural appropriateness, and back-translation, and to Andy Babb for his editing support.

FUNDING

No funding support has been taken from any organization.

CONFLICTS OF INTEREST

No conflict of interest has been declared by the authors.

ETHICAL CONSIDERATIONS

To conduct this survey study, data collection permission was obtained from the relevant nursing authority, the Directorate General of Nursing and Midwifery. Participants were informed about the study objectives and the online participation process. Their willingness to participate in the study was considered as informed consent. Ethical considerations were checked by three experts.

REFERENCES

1. Maktoum A, Kudus N, Ab Rahman Z. (2022). A Literature Review on the Impact of Work Environment, Leadership Styles and Resilience on Job Performance in UAE. *J Pharm Negat Results*. 13(6):2332-2341.
2. Bushiri CP. (2014). The impact of working environment on employees' performance: the case of institute of finance management in Dar Es Salaam region. Unpublished Ph. D. Dissertation. Tanzania: The Open University of Tanzania. Available online also at: <https://core.ac.uk/download/pdf/33424874.Pdf>
3. Lake ET. (2002). Development of the practice environment scale of the Nursing Work Index. *Res Nurs Health*. 25(3):176-188.
4. Azuma K, Ikeda K, Kagi N, Yanagi U, Osawa H. (2015). Prevalence and risk factors associated with nonspecific building-related symptoms in office employees in Japan: Relationships between work environment, Indoor Air Quality, and occupational stress. *Indoor Air*. 25(5):499-511.
5. Sabitova A, Hickling LM, Priebe S. (2020). Job morale: a scoping review of how the concept developed and is used in healthcare research. *BMC Public Health*. 20(1):1166.
6. Pickering CEZ, Nurenberg K, Schiamberg L. (2017). Recognizing and Responding to the "Toxic" Work Environment: Worker Safety, Patient Safety, and Abuse/

- Neglect in Nursing Homes. *Qual Health Res.* 27(12):1870-1881.
7. Wang Z, Zaman S, Rasool SF, Zaman QU, Amin A. (2020). Exploring the Relationships Between a Toxic Workplace Environment, Workplace Stress, and Project Success with the Moderating Effect of Organizational Support: Empirical Evidence from Pakistan. *Risk Manag Healthc Policy.* 13:1055-1067.
8. LinkedIn. 4 Types of Work Environments. LinkedIn News, 1 August 2022. Available online: <https://www.linkedin.com/incareer/pulse/4-types-work-environments-get-ahead-by-linkedin-news>.
9. Kretzschme S, Walker M, Myers J, Vogt K, Massouda J, Gottbrath D, et al. (2017). Nursing Empowerment, Workplace Environment, and Job Satisfaction in Nurses Employed in an Academic Health Science Center. *J Nurses Prof Dev.* 33(4):196-202.
10. Breau M, Rhéaume N. (2014). The relationship between empowerment and work environment on job satisfaction, intent to leave and quality of care among ICU nurses. *Dynamics.* 25(3):16-24.
11. Al-Ghwary AA, Al-Oweidat IA, Al-Qudimat AR, Abu Shosha GM, Khalifeh AH, AlBashtawy M. (2024). The Impact of Work Environment on Structural Empowerment among Nurses in Governmental Hospitals. *Nurs Rep.* 14(1):482-493.
12. Khadka K, Sharma K. (2024). Perception towards practice environment among nurses working in a teaching hospital, Nepal. *Journal of Chitwan Medical College.* 14(49):67-72.
13. Protopappa A, Moisoglou I, Meimeti E, Galanis P, Lykoudi E, Tsolakoglou I, et al. (2022). Nurses' Work Environment and Practice as A Predictor of Burnout. *Pak J Med Dent.* 12(2):3-9.
14. Hamid SA, Azim MR, Rahman MM, Islam MS. (2023). Working conditions of the clinical health workforce in the public health facilities in Bangladesh. *PLoS ONE.* 18(11):e0294224.
15. Heggen K, Terum LI. (2013). Coherence in professional education: does it foster dedication and identification? *Teaching in Higher Education.* 18(6):656-669.
16. Ebrahimi H, Nikravesh M, Oskouie F, Ahmadi F. (2015). Ethical behavior of nurses in decision-making in Iran. *Iran J Nurs Midwifery Res.* 20(1):147-155.
17. Jaya LHS, Ariyanto E. (2021). The Effect of Vigor, Dedication and Absorption on the Employee Performance of PT Garuda Indonesia Cargo. *European Journal of Business and Management Research.* 6(4):311-316.
18. Susan C, Tamunomiebi DM. (2020). Employee Dedication and Organizational Performance of Telecommunications Companies in Rivers State, Nigeria. *International Journal of Business School Annals.* 6(2):2361- 7144.
19. Jenaro C, Flores N, Orgaz MB, Cruz M. (2011). Vigour and dedication in nursing professionals: towards a better understanding of work engagement. *J Adv Nurs.* 67(4):865-875.
20. Patrick HA, Kareem J. (2021). Development and Validation of Work Environment Services Scale (WESS). *Cent Eur Manag J.* 29(2):98-120.
21. Uddin MA, Akter, N, Reberio M, Movies M, Basri R. (2025). Development of Nurse Dedication Scale in Bangladesh. *Journal of International Surgery Case Reports.* 1(1):1-5.
22. Rashida B, Dildar MSN, Aurang Z. (2021). Nurses' perceived work environment in the public sector tertiary care hospitals of Khyber Pakhtunkhwa in Pakistan. *Ann Med Res.* 28(9):1665-1670.
23. Wan Q, Li Z, Zhou W, Shang S. (2018). Effects of work environment and job characteristics on the turnover intention of experienced nurses: The mediating role of work engagement. *J Adv Nurs.* 74(6):1332-1341.
24. Boudreau C, Rhéaume A. (2024). Impact of the Work Environment on Nurse Outcomes: A Mediation Analysis. *West J Nurs Res.* 46(3):210-218.