

## Nursing Practice Environment and Psychological Well-being among Nurses

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**Abstract:** One of the primary health care professionals in many healthcare settings is the nurse. Despite this, nurses are expected to work under growing pressure, frequently without adequate organizational support. These difficulties may have a detrimental effect on their psychological well-being. Providing nursing care and utilizing nurses' skills and expertise are made more challenging in a nursing practice environment that has flaws. Additionally, it results in fatigue, attrition, difficulties recruiting, and professional unhappiness, all of which have negative consequences on institutions. the aim of the study was to assess of nursing practice environment and psychological well-being among nurses and find out the relationship among nursing practice environment and psychological well-being and socio-demographic characteristics. The current study utilized a descriptive (cross-sectional) design. The study population included all staff nurses with total number 233 at inpatient units working in four hospitals namely (AL-Hakeem general hospital, AL-Sadar general hospital, AL-Furat general hospital and AL Zahraa teaching general hospital), used two tools: Ryff Psychological Wellbeing Scale (Ryff Scale), Nursing Practice Environment Scale, a personal and job characteristics questionnaire sheet was added. Among the nurses who participated in this study, a significant proportion (71.7%) were female; over half (59.2%) reported a moderate level of psychological well-being and most (66.5%) had high practice environment scale ratings. there is a significant correlation between psychological wellbeing and Practice Nursing Environment among staff nurses in governmental hospitals at Najaf city. The psychological health of nurses should be improved. Staff nurses can also look for training programs to advance their knowledge and personal development in order to retain their health and give patients' higher-quality treatment.

**Keywords:** Nurses, Psychological wellbeing, Nursing Practice Environment

### Introduction

Every day, nurses give patients direct care, emotional support, and professional competence, making them an essential component of the healthcare system. They need to know a lot about medical cases and be physically strong, but they also need to be compassionate, able to think critically, and emotionally stable. Nurses, who make up the largest group of caregivers in hospital settings, are crucial to patients' recuperation. However, nurses are expected to operate under growing strain in many healthcare settings, commonly without adequate organizational support. Their psychological well-being may suffer significantly as a result of these difficulties [1], [2]. Nurses deal with a lot of emotional strain and stress, which has a negative effect on their health and lowers their motivation to work. A component of occupational wellbeing, job satisfaction is essential for nurses as well as organizations since it directly affects nursing performance in each setting where nurses work. Working hours, job satisfaction, support from supervisors and coworkers, gratitude, respect, work-life balance, organizational culture, a shortage of nurses, psychological and work pressure, a lack of variety in tasks, role conflicts, limited autonomy, and a bad doctor-nurse relationship are some of the factors that are linked to nurses' well-being at work [3], [4]. Enhancing the practice environment in hospitals might be considered a low-cost approach to improve patient satisfaction and safety and care quality. However, it's crucial to understand that enhancing a care delivery system involves both optimizing the utilization of human resources and implementing organizational reforms. It is essential for nurses to comprehend the environment around them. In order to provide individualized care for every user, nurses must take the environment into account when implementing care interventions. To find elements that could impact the user's health and have an impact on nursing practice, it is critical to evaluate the environment. Furthermore, a comprehensive and integrated nursing approach is required, taking into account not just the physical and social surroundings but also other aspects of the human being [5], [6]. Nursing practice environments are the managerial, interpersonal, and organizational settings in which nurses interact. These consist of the availability of required resources, workforce levels, cooperation with other experts, and leadership

support. When these circumstances are favorable, they enhance patient outcomes, lower stress levels, and increase nurse satisfaction. Nurses who are impoverished may feel frustrated, worn out, and even burned out [1]. Inadequate nursing practice environments make it challenging to employ nurses' skills and expertise and to provide nursing care. Additionally, it results in fatigue, attrition, difficulties recruiting, and professional unhappiness, all of which have detrimental effects on institutions. The degree of quality and safety, professional well-being, health workers' dedication and drive, and the efficiency and efficacy of services, organizations, and health systems are all significantly impacted by positive nursing practice settings [6], [7]. In 1980s saw a shortage of nurses in their respective markets, so researchers in the USA determined what made certain hospitals "magnets"—that is, able to draw in and keep highly skilled, dedicated nurses. Lake (2002) categorized them into five essential attributes: nursing participation in hospital affairs; nursing foundations for quality of care; nurse manager ability, support and leadership; adequate staff and resources; and collaborative nurse–physician relationships. It has been shown that nurses in Magnet hospitals place a much greater focus on patient care, have more opportunity to influence decisions, and have more opportunities to progress in their careers [2]. In recent years, the significance of promoting nurses' psychological health has gained more attention. Emotional equilibrium, stress management skills, and general job and life happiness are all components of psychological well-being. Nurses who are in good psychological health are more resilient, engaged, and able to deliver high-quality care. Regretfully, numerous studies reveal that nurses are experiencing higher levels of emotional weariness and job discontent, frequently as a result of unfavorable practice environment [8]. Individuals and communities experience well-being as a pleasant state. It depends on social, economic, and environmental factors and is a resource for day-to-day living. Some models of well-being at work include the Ryff model, which suggests that well-being encompasses six dimensions: autonomy, environmental mastery, life purpose, positive relationships with others, self-acceptance, and personal growth; Maslow's theory of self-actualization, which contends that well-being is attained when basic needs are satisfied and an individual has the chance to reach their full potential; and Deci and Ryan's theory of self-determination, which contends that well-being is attained when needs for autonomy, competence, and social relatedness are satisfied [9], [10]. The concept of well-being is broad and encompasses more than just physical health; it also includes overall quality of life and job satisfaction. This concept, which is a key predictor of productivity at the individual, business, and society levels, is impacted by social circumstances and is not limited to the workplace. Additionally, the significance of workplace health and safety stands out as a crucial component of overall workplace well-being. Establishing productive and healthy work environments requires acknowledging and fostering well-being at work [11], [12]. In order to discover important environmental characteristics that either protects or hinders nurses' mental health, this study aims to determine the relationship between the nursing practice environment and nurses' psychological well-being. With this information, healthcare companies may make well-informed decisions to retain healthy nurses and raise the standard of care by optimizing staffing ratios, strengthening leadership techniques, and fostering a more encouraging culture [13].

## Methodology

### Design of the Study:

A descriptive (cross-sectional) design study was carried throughout the present study to identify psychological well-being and nursing practice environment among nurses, during the period from 13<sup>th</sup> January 2025 to 4<sup>th</sup> July 2025.

### Setting of the Study:

The study has been carried out on governmental hospitals in Najaf city (AL-Hakeem general hospital, AL-Sadar general hospital, AL-Furat general hospital and AL Zahraa teaching general hospital).

### Sample of the Study:

A non-probability purposive sample of (233) nurses were selected from a AL-Hakeem general hospital (60), AL-Sadar general hospital (64), AL-Furat general hospital (56) and AL Zahraa teaching general hospital (53) at AL Najaf province.

**Instrument of the study:** A self-administrative questionnaire was constructed by the researcher

specifically for the study. Three components comprise the final research tool.

**Part1: Nurse's Socio-demographic Characteristics Form:** A socio-demographic characteristics sheet of (8) items, including, age, sex, marital status, level of education, monthly income, shift type, residency area and years of experience.

**Part 2: consist of two Forms**

**Practice Environment Scale:** An instrument called the Practice Environment Scale of the Nursing Work Index (PES-NWI) assesses the nursing practice environment, which is described as elements that either strengthen or weaken a nurse's capacity to practice nursing competently and provide high-quality care [14]. PES-NWI subscales include: Nurse Participation in Hospital Affairs; Nursing Foundations for Quality of Care; Nurse Manager Ability, Leadership, and Support of Nurses; Staffing and Resource Adequacy; and Collegial Nurse-Physician Relations. The PES-NWI, Nurse-Nurse Interaction and Job Enjoyment are evaluated at the level of the work group or unit, exactly as every other NDNQI indication [15]. Because of its high discriminant ability, minimal respondent burden, acceptable psychometric performance, and ability to be compared across studies, the PES-NWI is the most widely used tool for measuring the nursing practice environment.

**Rating and scoring of nursing practice environment scale:**

The PES-NWI uses a four-point Likert scale, ranging from 1 = strongly disagree to 4 = strongly agree, to identify factors present in the work environment that support nursing's ability to deliver high quality care; a higher score, represents a favorable nursing practice environment. A practice environment is deemed favorable if its score is higher than the midpoint of 2.5, and unfavorable if it is lower than that [15]. We employed the condensed form of the PES-NWI, which consists of 31 items over 5 subscales. The PES-NWI is the most commonly reported metric for evaluating nursing practice environments.

**Ryff's Psychological Well-Being Scale:**

The PWBS consists of six subscales: Autonomy, Environmental Mastery, Personal Growth, Positive Relations with Others, Purpose in Life, and Self-Acceptance are the six subscales that make up the PWBS. Each subscale consists of 14 items, seven of which are positive and seven of which are negative. Each issue is answered by participants using a 6-point rating system, with 1 denoting "strongly disagree" and 6 denoting "strongly agree." It has been demonstrated that the PWBS has strong construct validity and reliability.

**Scoring Instruction:**

1. **Recode negative phrased items:** # 3, 5, 10, 13,14,15,16,17,18,19, 23, 26, 27, 30, 31, 32, 34, 36, 39, and 41. (i.e., if the scored is 6 in one of these items, the adjusted score is 1; if 5, the adjusted score is 2 and so on...)
2. **Add together the final degree of agreement in the 6 dimensions:**
  - a. Autonomy: items 1, 7, 13, 19, 25, 31, 37
  - b. Environmental mastery: items 2, 8, 14, 20, 26, 32, 38
  - c. Personal Growth: items 3, 9, 15, 21, 27, 33, 39
  - d. Positive Relations: items: 4,10,16,22,28,34,40
  - e. Purpose in life: items: 5,11,17,23,29,35,41
  - f. Self-acceptance: items 6,12,18,24,30,36,42

**Data collection:**

The researcher employed a semi-structured interviewing technique with nurses after obtaining permission from the relevant authorities. The data was gathered using the planned questionnaire and the self-reported technique used in the Arabic version of the questionnaire for those subjects included in the study. Following a separate meeting with each nurse, the researcher obtained verbal consent from the subjects to participate in the study. He also explained the questionnaire's contents to them, and for all of the subjects in the current study, they completed the questionnaire simultaneously. The process of gathering data has been completed from February 15<sup>th</sup>, 2025, to March 16<sup>th</sup>, 2025.

## Ethical consideration

The University of Kufa's ethical committee accepted this study, and it was carried out in compliance with the committee's guidelines. All of the nurses gave their informed consent to guarantee their voluntary involvement.

## Statistical analysis:

The statistical package for social sciences (SPSS) version 25 has been used to enter and analyze data from the study sample. Analysis included the two types of statistics:

1. Descriptive statistics presented as mean, frequencies and percentages. Using bar charts and a normal distribution curve, all continuous variables were tested for statistical normality.
2. Inferential Statistics: According to the distribution and type of variables, statistical tests had been applied. Chi-square test was used for frequency comparison. Bivariate Pearson's correlation test was used to ascertain the correlations. The correlation coefficient ( $r$ ) is a measure of correlation strength and direction; its value ranged from zero (complete lack of correlation) to one (ideal correlation) the higher  $r$  value close to one indicated more potent correlation, the positive (no sign)  $r$  value indicated a direct (positive) correlation and the negative signed  $r$  indicated an inverse correlation. A significant difference or correlation was defined as a difference or correlation with a level of significance  $\leq 0.05$ .

## Results

**Table 1.** Statistical distribution of study subjects by their demographic data.

Demographic Data	Rating And Intervals	Freq.	%
<b>Age</b>	<b><math>\leq 25</math></b>	<b>116</b>	<b>49.8</b>
	26 – 30	88	37.8
	31 – 35	26	11.2
	36+	3	1.3
<b>Sex</b>	<b>Female</b>	<b>167</b>	<b>71.7</b>
	Male	66	28.3
<b>Marital Status</b>	<b>Single</b>	<b>129</b>	<b>55.4</b>
	Married	97	41.6
	Divorced	7	3.0
<b>Residency</b>	<b>Rural</b>	<b>210</b>	<b>90.1</b>
	Urban	23	9.9
<b>Monthly income</b>	<b>Sufficient</b>	<b>110</b>	<b>47.2</b>
	barely sufficient	107	45.9
	Insufficient	16	6.9
<b>Level of education</b>	School of nursing	10	4.3
	<b>Institute</b>	<b>160</b>	<b>68.7</b>
	Bachelors	63	27.0
<b>Shift type</b>	Morning shift	116	49.8
	<b>Evening shift</b>	<b>117</b>	<b>50.2</b>
<b>Years of experience</b>	<b><math>\leq 3</math></b>	<b>124</b>	<b>53.2</b>
	4 – 8	96	41.2
	9+	13	5.6
	<b>Total</b>	<b>233</b>	<b>100.0</b>

Table 1 displays the statistical distribution of the study subjects based on socio-demographic data, and it describes that the samples' subgroup has the highest percentage of: participants ages were ( $\leq 25$ ) 49.8% and (71.7%) of them were female nurse and (55.4%) of them were not married; those who live in urban areas (90.1%); those with sufficient incomes(47.2%);and those who are graduated from Institute

(68.7%) and those who working in the evening shift (50.2%) and those with  $\leq 3$  years of experience (53.2%).

**Table 2.** Overall assessment of Ryff's Psychological Well-Being Scale for study subjects.

Ryff's Psychological Well-Being Scale	Levels of Well-Being	Frequency	Percent
	Low	22	9.4
	<b>Medium</b>	<b>138</b>	<b>59.2</b>
	High	73	31.3
	<b>Total</b>	<b>233</b>	<b>100.0</b>

Table 2 provides the overall assessment of Ryff's Psychological Well-Being Scale for the study subjects. It shows that the overall assessment of Ryff's Psychological Well-Being Scale is Medium (59.2%), while (31.3%) of them have high levels of Well-Being.

**Table 3.** Descriptive statistics and assessment of Ryff's Psychological Well-Being subscales

Autonomy subscale	Rating	Freq.	Percent	MS	Assess
	Low	100	42.9	2.03	High
	Medium	25	10.7		
	High	<b>108</b>	<b>46.4</b>		
<b>Environmental Mastery subscale</b>	Low	71	30.5	2.07	High
	Medium	74	31.8		
	High	<b>88</b>	<b>37.8</b>		
<b>Personal Growth subscale</b>	Low	<b>94</b>	<b>40.3</b>	1.92	Low
	Medium	63	27.0		
	High	76	32.6		
<b>Positive Relations with Others subscale</b>	Low	66	28.3	2.19	High
	Medium	57	24.5		
	High	<b>110</b>	<b>47.2</b>		
<b>Purpose in Life subscale</b>	Low	82	35.2	1.86	Medium
	Medium	<b>101</b>	<b>43.3</b>		
	High	50	21.5		
<b>Self-Acceptance subscale</b>	Low	87	37.3	2.04	High
	Medium	49	21.0		
	High	<b>97</b>	<b>41.6</b>		
	<b>Total</b>	<b>233</b>	<b>100</b>		

Table 3 provides the overall assessment of subscales of Ryff's Psychological Well-Being Scale for nurses. It demonstrates that the Autonomy subscale is high (46.4%) and Environmental Mastery subscale is moderate (37.8%), while Personal Growth subscale is low (40.3%) and Positive Relations with Others (47.2%) and Purpose in Life subscale (43.3%) is medium and finally Self-Acceptance subscale is high (41.6%).

**Table 4.** Overall assessment of Practice Environment Scale for study subjects.

Practice Environment Scale	Rating	Frequency	Percent
	<b>Poor</b>	<b>15</b>	<b>6.4</b>
	<b>Medium</b>	<b>63</b>	<b>27.0</b>
	<b>Good</b>	<b>155</b>	<b>66.5</b>
	<b>Total</b>	<b>233</b>	<b>100.0</b>

Table 4 provides the overall assessment of Practice Environment Scale for the study subjects. They demonstrate that the overall assessment of Practice Environment Scale was good practice (66.5%).

**Table 5.** Descriptive statistics and assessment of Practice Environment domains (n=233).

Nurse Participation in Hospital Affairs	Rating	Freq.	%	MS	Assess.
	Unfavorable practice	30	12.9	2.99	Favorable
	Favorable practice	203	87.1		
Nursing Foundations for Quality of Care	Unfavorable practice	19	8.2	3.11	Favorable
	Favorable practice	214	91.8		
Nurse Manager Ability, Leadership, and Support of Nurses	Unfavorable practice	35	15.0	2.82	Favorable
	Favorable practice	198	85.0		
Staffing and Resource Adequacy	Unfavorable practice	45	19.3	2.94	Favorable
	Favorable practice	188	80.7		
Collegial Nurse-Physician Relations	Unfavorable practice	14	6.0	3.01	Favorable
	Favorable practice	219	94.0		

**MS: Mean of Scores; midpoint of  $\geq 2.5$  = Favorable,  $< 2.5$  = Unfavorable practice.**

Table 5 provides the Descriptive statistics and assessment of Practice Environment domains of participant. It demonstrates that the all Practice Environment domains represent a favorable nursing practice environment at scores above the midpoint of 2.5.

**Table 6.** Association between Practice Environment Scale and Psychological Well-Being Scale (n=233).

Correlations			
		Practice Environment Scale	Psychological Well-Being Scale
Practice Environment Scale	Pearson Correlation	1	.186**
	Sig. (2-tailed)		<b>0.004*</b>
Psychological Well-Being scale	Pearson Correlation	.186**	1
	Sig. (2-tailed)	<b>0.004*</b>	

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

Table 6 shows that there is a significant correlation (Sig. = 0.004) between Practice Environment Scale and Psychological Well-Being Scale.

**Table 7.** Correlation between psychological wellbeing domains scores and total Practice Environment Scale among studied staff nurses (n=233).

Psychological Well-Being Domains	Practice Environment Scale	
	R	P
Autonomy	0.031	0.639
Environmental Mastery	0.145	0.026*
Personal Growth	-0.046	0.485
Positive Relations	0.314	0.000*
Purpose in life	0.372	0.000*
Self-acceptance	0.168	0.010*

**\*.** Correlation is significant at the 0.05 level (2-tailed)

Table 7 presents that there is a significant correlation between Practice Environment Scale and Psychological Well-Being domains (Environmental Mastery, Personal Growth, Purpose in life and Self-acceptance), except in Autonomy and personal growth domains.

**Table 8.** The relationships between Practice Environment Scale and their demographic characteristic.

Items	Chi-Square	Df	Sig.
Age	53.883	6	<b>0.000*</b>
Sex	7.375	2	<b>0.025*</b>
Marital Status	108.508	4	<b>0.000*</b>
Shift type	13.025	2	<b>0.001*</b>
Level of education	15.153	4	<b>0.004*</b>
Monthly income	84.501	4	<b>0.000*</b>
Residency area	2.215	2	0.330
Years of experience	84.189	4	<b>0.000*</b>

\* Significant at  $P < 0.05$  , df: degree of freedom

Table 8 advances the relationship between Practice Environment Scale and their demographic characteristic. It indicates that there is significant relationship between Practice Environment Scale and their demographic characteristic at ( $P < 0.05$ ), except Residency area, it was not statistically significant.

**Table 9.** The relationships between Ryff's Psychological Well-Being Scale of nurses and their demographic characteristic.

Items	Chi-Square	Df	Sig.
Age	18.674	6	<b>0.005*</b>
Sex	5.007	2	0.082
Marital Status	26.351	4	<b>0.000*</b>
Shift type	10.931	2	<b>0.004*</b>
Level of education	9.367	4	0.053
Monthly income	25.347	4	<b>0.000*</b>
Residency area	8.023	2	<b>0.018*</b>
Years of experience	31.784	4	<b>0.000*</b>

\* Significant at  $P < 0.05$  , df: degree of freedom

Table 9 illustrates the relationship between Ryff's Psychological Well-Being Scale of study subjects and their demographic characteristic. It indicates that there is significant relationship between Ryff's Psychological Well-Being Scale and their demographic characteristic at ( $P < 0.05$ ), except sex and Level of education, they weren't statistically significant at ( $P > 0.05$ ).

## Discussion

Nurses who work in hospital environments experience stress at work, which has an immediate impact on their performance and job satisfaction. Burnout and, in certain situations, symptoms similar to traumatic stress can be caused by repeated working stress, which can also affect health professionals' psychological and physical well-being. It is a condition that puts nurses' physical and psychological well-being at risk [16]. The study's main findings show that a significant percentage of nursing staff members rated their psychological well-being as being at a moderate level. This result is in line with the study [17] who find that most of nurses were found to be have moderate levels of psychological well-being. One of the study's most notable findings was that the majority of nurses exhibit high levels of autonomy, environmental mastery, positive relations, and self-acceptance. This could be because many nurse feeling good about themselves when compared to their friends, which may contribute to their high levels of self-acceptance. According to the results of the current study, most nurses demonstrated good levels of nursing practice. This result agreed with the study by [18] who finding that the majority of nurses have good levels of nursing practice.

The study findings elucidate that there is a positive significant relation between positive relations with others as a domain of psychological well-being and practice environment. This finding which might be due to when nurses maintain good relations with each other's this will encourage them to create and maintain a favorable nursing practice environment and have the desire to assist the patient more, the patient is satisfied with the treatment they receive and can approach the manager to express gratitude and receive more incentives.

The results of study revealed that, there was a statistically positive significant correlation was found between environmental mastery, purpose in life and self-acceptance psychological well-being domains in relation to total score of practice environment. In this way, workplace dimensions and working environment promote nurses' job activities and performance. These features and conditions also support nurses' autonomy and improve work results.

Table (1) displays the statistical distribution of the study subjects based on socio-demographic data, the study indicated that higher percentage of participants age was ( $\leq 25$ ) 49.8%, this finding is consistent with the findings of a study by [19] who found that 38.5% of the nurses were between (20-30) years old. In relation to marital status, the results show that (55.4%) of them were single, This result is agrees with the study of [20] who found that most of nurses were single (74.5%). According to sex, this result shows the highest percentage of participants (71.7%) were female nurse. Besides, the study of [1] who reported that (90.4%) of participant were female nurse. Concerning the residence area, the study reveals that (90.1%) of nurses were living in urban areas. These findings accord with [21], who found that 89.1% of subjects were in urban area. In terms of socioeconomic status, the majority of the study participants have a sufficient socioeconomic status (47.2%). This result is in line with [22] who found that the majority of participants were sufficient income. Table (1) shows that the majority of the subjects' educational level 68.7% were graduated from this study consistent with the study of [22] who found that most of the nurses 82.1% have an Institute level of education.

## Conclusion

The study revealed that a positive, healthy work environment could enhance nurses' psychological well-being. The results contribute toward constructing an appealing and healthy work environment focusing on the quality and outcomes of nursing care. This is expected to serve as a potential resource for developing a working environment that promotes quality nursing care.

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