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Relationship between Practice Environment and Nurses' Job Performance: A Descriptive Cross-Sectional Correlational Study

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ABSTRACT

Background: Practice environment significantly affects job performance by influencing the level of support, communication, and resources available to staff. A positive work environment boosts motivation, efficiency, and job satisfaction, ultimately improving performance. **Objectives:** To examine the relationship between practice environment and nurses' job performance. **Methods:** A descriptive cross-sectional correlational study design was adopted. The study took place in the Medical and Surgical Units at the Main Assiut University and the Heart Hospitals, Egypt. A convenience sample of 168 nurses working at these hospitals was included. Tools: First tool; Practice Environment Scale of the Nursing Work Index (PES- NWI) consists of two parts; part I: Personal data sheet; part II: PES- NWI and second tool; observational job performance checklist. **Results:** The findings revealed that the majority of nurses perceived their practice environment as supportive in both Main Assiut University and the Heart Hospitals (72.6, 90.3) respectively with total supportive perception (79.2%). Additionally, highest percentage of nurses in the Heart Hospital demonstrated satisfactory job performance (83.8%) compared to those in the Main Hospital (67.9%). However, most participants were classified as having satisfactory job performance (73.8%). There was a statistically significant positive association between the practice environment and job performance ($p < 0.01$). Moreover, significant differences in both practice environment and job performance were observed based on marital status and hospital affiliation. **Conclusion:** Supportive practice environments enhance nurses' job performance, with variations by hospital type and marital status. This study highlights the importance of shared governance models to boost nurse engagement and workplace support.

Keywords: Job Performance; Nurses; Practice Environment

INTRODUCTION

The conditions and atmosphere within the workplace are crucial in influencing nurses' job performance. As healthcare systems continue to evolve and respond to growing demands, it becomes increasingly important to identify the factors that contribute to enhancing nurses' performance (Välimäki *et al*., 2024). A key factor in this regard is the practice environment (PE), which includes organizational structures, resource availability, leadership styles, and professional relationships among nurses. A supportive PE is essential for fostering high-quality patient care, promoting effective collaboration, and facilitating the adoption of innovative practices (Salem *et al*., 2025).

PE has been described as the organisational and contextual features that either facilitate or hinder professional nursing care. It influences a wide range of nurse outcomes, including job satisfaction, turnover intentions, burnout, and emotional exhaustion, as well as patient safety indicators (Ibrahim *et al.*, 2019). Similarly, Pereira *et al.* (2024) defined the Nursing Practice Environment (NPE) as a combination of organisational traits and contextual factors such as staffing adequacy, supportive leadership, communication, teamwork, culture, and physical conditions that collectively shape how nurses deliver care. A safe and effective NPE is characterised by strong professional relationships, reasonable workloads, sufficient

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resources, professional autonomy, and opportunities for career development (Liu *et al*., 2024; Pereira *et al*., 2025).

Supportive environments foster motivation, empowerment, and job satisfaction, all of which positively contribute to nurses' job performance (Pereira *et al*., 2024). Job performance (JP) can be defined as the ability of employees to achieve organisational goals through the efficient and effective use of skills and resources. It reflects understanding of job responsibilities, meeting expectations, and maintaining performance standards (Anwar & Abdullah, 2021; Tate *et al.*, 2021). In nursing, performance is influenced not only by professional skills and abilities but also by external factors such as workload, physical environment, and family dynamics. For example, nurses who face stressful or unsafe living conditions may experience divided attention and reduced work efficiency (Aldhafeeri *et al*., 2025).

Enhancing PE is therefore essential to strengthen nurse performance, ensure patient safety, and improve the overall quality of healthcare services. By identifying and addressing weaknesses in the practice environment, healthcare organisations can cultivate settings that retain skilled nurses and promote optimal outcomes at both patient and organisational levels (Poghosyan *et al.*, 2022). Nevertheless, although the nursing practice environment is widely acknowledged as a critical factor influencing nursing outcomes, most previous studies have focused on isolated components such as leadership, staffing, or organisational support, rather than adopting a holistic, multidimensional approach. Furthermore, limited research has been conducted in developing countries, especially within the Egyptian healthcare context, where cultural, organisational, and resource-related factors differ significantly from Western settings. This highlights a crucial gap in understanding how PE uniquely impacts nurses' job performance in Egyptian hospitals.

Moreover, as emphasised at the end of this introduction, the absence of local studies investigating the comprehensive effect of PE on nursing performance underscores the necessity of this research. This study aims to fill this gap by employing culturally adapted tools and direct observational methods to explore how leadership, management practices, resource availability, and interprofessional relationships shape nursing job performance in Egypt.

The current study aimed to examine the relationship between practice environment and nurses' job performance

Objectives

1. Examine the features of the nursing practice environment.
2. Evaluate the levels of nurses' job performance.
3. Explore the relationship between the practice environment and nurses' job performance.
4. Analyse the associations between nurses' practice environment and job performance in relation to their demographic and personal characteristics.

Research Questions

What are the key characteristics of the nursing practice environment as perceived by nurses?

What is the current level of job performance among nurses?

Is there a significant relationship between the nursing practice environment and nurses' job performance?

How do nurses' personal characteristics influence the practice environment and job performance?

METHODOLOGY

Study Design

A descriptive cross-sectional correlational study design was adopted to guide the research.

Study Setting

The study was conducted within the Medical and Surgical Units of both the Main Assiut University and the Heart Hospitals. The distribution of hospitals, units, beds, and rooms was presented in (Table 1).

Table 1: Distribution of Study Setting According to Hospitals, Units, Beds and Rooms

Hospitals Name	Units Name	Beds Number	Rooms Number	Total
Main Hospital Assiut University	Medical	112	14	260 beds
	Surgical	148	20	34 rooms
Heart Hospital Assiut University	Medical	67	28	133 beds
	Surgical	66	26	54 rooms
Total		**393**	**88**	

Sample

A convenience sampling technique was utilised, involving all nurses present and working at the General Medical and Surgical Units of the two hospitals at the time of the study. The total sample comprised 168 nurses.

Data Collection Tools

Two standardised instruments were used to collect the required data for this study.

Tool I: Practice Environment Scale of the Nursing Work Index (PES- NWI) consists of two parts:

Part One

Personal Data Sheet: This section was designed by the researcher to gather demographic and professional information from nurses, including hospital and unit name, age, gender, educational background, years of experience, and marital status.

Part Two

PES-NWI: Originally developed by Lake (2002) and later adapted by the researcher, this tool was used to evaluate the characteristics of the nursing practice environment. It comprises 30 items divided into five key domains: nurse participation in hospital affairs (eight items), nursing foundations for quality care (six items), nurse management ability, leadership, and support (eight items), staffing and resource adequacy (five items), and collegial nurse-physician relations (three items).

Scoring System

Each item was evaluated using a five-point Likert scale, with responses ranging from 1 (strongly disagree) to 5 (strongly agree). The total score across the 30 items could reach a maximum of 150. Scores between 90 and 150 ($\geq$ 60%) were interpreted as reflecting a supportive practice environment, while scores from 0 to 89 ($<$ 60%) indicated an unsupportive practice environment.

Tool II

Job Performance Observational Checklist: Originally developed by Youssif *et al*. (2017) and adapted from Ali *et al*. (2020) to assess nurses' job performance through direct observation in the workplace. It includes 55 items distributed across 11 domains: attendance and punctuality (three items), appearance (four items), work habits (eight items), staff relations and communication (six items), communication with patients (seven items), nursing care plan activities (eight items), material planning (one item), safety measures and patient safety (six items), documentation (six items), coordination (one item), and keeping up to date technically (five items).

Scoring System

The responding scoring system was measured (zero) for not done, and (one) for done. A total score of 70% or higher indicated a satisfactory level of job performance, while scores below 70% were considered unsatisfactory.

Preparatory Phase

This stage spanned approximately four months, from April to July 2023. During this period, relevant literatures on the study topic was reviewed, the research proposal was developed, and the assessment tool for evaluating the nursing practice environment was translated into Arabic.

The face validity of the two study instruments—PE and Job Performance (JP)—was assessed by a panel of five experts from the Nursing Administration Department at the Faculty of Nursing, Assiut University, including three professors and two assistant professors. Their evaluation focused on the clarity and understandability of the tool items. In addition, content validity was examined using Confirmatory Factor Analysis (CFA), which evaluated the relevance, significance, and appropriateness of the tools. The CFA results indicated that all items in the practice environment scale had scores above 2.00, and all items in the job performance scale scored above 1.80, confirming acceptable content validity.

Pilot Study

An initial study was performed on a subset representing 10% of the total participants (n=16) from the Medical and Surgical Units at Assiut University Main and Heart Hospitals. Its purpose was to assess the clarity of the research tools, estimate the time required for questionnaire completion and performance observation, and identify potential challenges during data collection. Each nurse received an explanation of the study objectives and support in completing the questionnaire. Their job performance was observed across three shifts (morning, evening, and night). The pilot results indicated no need for modifications to the tools. The pilot study participants were not part of the main investigation.

Reliability

The internal consistency of the study tools was evaluated using Cronbach's Alpha coefficient, with all tools demonstrating high reliability, as the values exceeded 0.8 (Table 2).

Table 2: Reliability of Study Tools Based on Cronbach's Alpha Coefficient

Tools	Reliability
Practice environment	α = 0. 932
Job performance	α = 0.812

Data Collection

Data was collected over six months, from December 2023 to May 2024. The researcher coordinated with Nursing Directors to access nurses during various shifts and informed them about the study's objectives, inviting them to participate. After obtaining written consent, participants completed a self-administered questionnaire, taking approximately 30 minutes. The researcher then evaluated nurses' job performance in the Medical and Surgical Units of Assiut University Main and Heart hospitals using a direct observation checklist during morning, evening, and night shifts. Observations revealed no significant performance differences across shifts. The entire observation process, which took about five months, was conducted from January to May 2024.

Ethical Consideration

The researchers obtained ethical clearance from the Ethics Committee of the Faculty of Nursing, Assiut University, Egypt with reference number 1120230681 on 22nd October 2023.

RESULTS

Table 2 reveals distributions of personal data of nurses; shows that the majority of nurses surveyed were females (70.8%), with less than two-thirds being married and work at Assiut University Main Hospital (65.5,

and 63.1%) respectively. Nearly half of the respondents have more than 10 years of experience (49.4%), and the highest percentage of nurses hold a technical nursing institute diploma (44.0%).

Table 3: Personal Data for Nurses Working at Selected Hospitals (n=168)

Personal Data	Frequency	Percent
Hospital Name		
Main Hospital	106	63.1
Heart Hospital	62	36.9
Unit Name		
Main medical units	45	26.8
Main surgical units	61	36.3
Heart medical units	26	15.5
Heart surgical units	36	21.4
Age		
<30 years	68	40.5
30-40 years	68	40.5
> 40 years	32	19.0
Mean±SD	32.3±8.2	
Gender		
Male	49	29.2
Female	119	70.8
Educational Qualifications		
Secondary nursing school diploma	70	41.7
Technical nursing institute diploma	74	44.0
Bachelor's degree in nursing science	24	14.3
Years of Experience		
<5 years	56	33.3
5- 10 years	29	17.3
>10 years	83	49.4
Mean±SD	10.5±8.7	
Marital Status		
Unmarried	58	34.5
Married	110	65.5

Table 4 indicates that the highest percentage of nurses agree on the collegial nurse-physician relations domain (88.1%). while the lowest percentage agree on the staffing and resource adequacy domain (45.8%).

Table 4: Agreement upon Practice Environment as Reported by Nurses at Selected Hospitals (n=168)

Practice Environment Domains	Main Hospital		Heart Hospital		Total	
	Frequency N=106	Percent 100%	Frequency N=62	Percent 100%	Frequency N=168	Percentage 100%
Nurse manager, ability leadership and support	80	75.5	56	90.0	136	81.0
Nurse participation in the workplace	70	66.0	42	67.7	112	66.7
Staffing and resource adequacy	45	42.5	32	51.6	77	45.8
Nursing foundations for quality care	90	85.0	54	87.0	144	85.7
Collegial nurse-physician relation	90	85.0	58	93.5	148	88.1

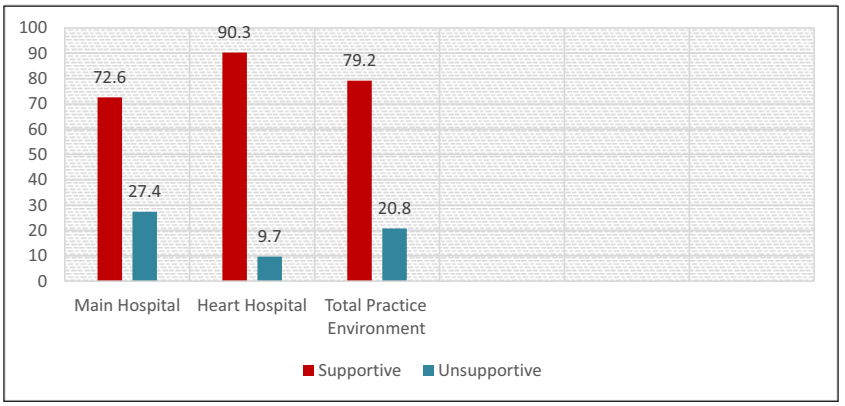

Figure 1: Distribution of Nurses' Perception of Practice Environment as Reported at Selected Hospitals (n=168)

Figure 1 shows that the majority of nurses perceived their practice environment as supportive in both Main Assiut University and the Heart Hospitals (72.6, 90.3) respectively with total supportive perception (79.2%).

Table 5 reveals that the highest percentage was regarding communication with patients domain (88.1%), whereas the lowest percentage for material planning domain (12.5%).

Table 5 : Nurses' Job Performance as Observed at Selected Hospitals (n=168)

Job Performance Domains	Main Hospital		Heart Hospital		Total	
	Frequency N=106	Percent 100%	Frequency N=62	Percent 100%	Frequency N=168	Percent 100%
Attendance and punctuality	70	66.0	49	79.0	119	70.8
Appearance	30	28.3	21	33.9	51	30.4
Work habits	73	68.9	46	74.2	119	70.8
Staff relations and communication	85	80.2	55	88.7	140	83.3
Communication with patients	90	84.9	58	93.5	148	88.1
Nursing care plan activities	70	66.0	50	80.6	120	71.4
Material planning	12	11.3	9	14.5	21	12.5
Safety measures and patient safety	40	37.7	28	45.2	68	40.5
Documentation	67	63.2	42	67.7	109	64.9
Coordination	80	75.4	55	88.7	135	80.4
Keeping up-to-date technically	48	45.3	32	51.6	80	47.6

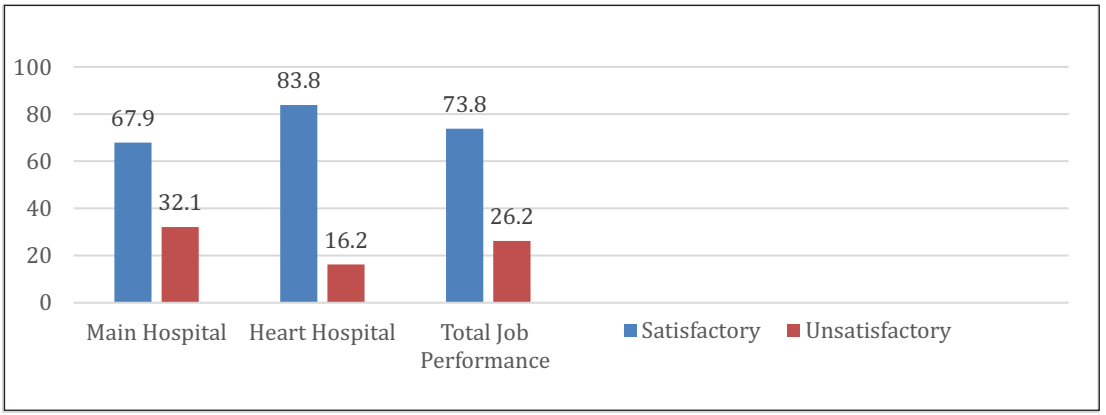

Figure 2: Distribution of Nurses' Job Performance Level as Observed at Selected Hospitals (n=168)

Figure 2 shows that a higher percentage of nurses in the Heart Hospital demonstrated satisfactory job

performance (83.8%) compared to those in the Main Hospital (67.9%). Conversely, unsatisfactory performance was more prevalent in the Main Hospital (32.1%). Out of the total sample, most nurses demonstrated satisfactory job performance (73.8%).

Table 6 the results show a strong, statistically significant positive association between the practice environment and job performance (r = 0.824**).

Table 6: Correlation Matrix of Nurses' Practice Environment and Job Performance in Selected Hospitals (n=168)

Variables	**Spearman's Rank Correlation Coefficient**	
	Practice Environment	
Job Performance	*p* value	<0.01*
	r value	0.824

(*) Statistically significant at p<0.01

Table 7 shows a significant positive path from the practice environment to nurses' job performance (Estimate = 0.605, SE = 0.062, z = 9.714, $p < 0.001$).

Table 7: Path Coefficient of the Effect of Practice Environment on Nurses' Job Performance in Selected Hospitals (n=168)

Path Coefficients	**Estimate**	**Std. Error**	***z*-value**	***p***	**Lower**	**Upper**
Job Performance	**Practice Environment**					
	0.605	0.062	9.714	<0.001*	0.483	0.727

(*) Statistically significant at p<0.05

Table 8 reveals that there is a statistically significant difference between nurses practice environment and marital status and hospital ($p = \leq 0.006$*).

Table 8: Percentage Distribution of Nurses' Practice Environment and Personal Characteristics at Selected Hospitals (n=168)

Personal Characteristics	**Practice Environment**				***p*-value**
	Supportive		**Unsupportive**		
	No.	**%**	**No.**	**%**	
Hospital Name					
Main Hospital	77	72.6	29	27.4	0.006*
Heart Hospital	56	90.3	6	9.7	
Age					
<30 years	48	70.6	20	29.4	0.07
30- 40 years	57	83.8	11	16.2	
>40 years	28	87.5	4	12.5	
Gender					
Male	37	75.5	12	24.5	0.46
Female	96	80.7	23	19.3	
Educational Qualification					
Diploma	113	78.5	31	21.5	0.59
Bachelor	20	83.3	4	16.7	
Years of Experience					
<5 years	44	78.6	12	21.4	0.10
5-10 years	19	65.5	10	34.5	
>10 years	70	84.3	13	15.7	
Marital Status					
Unmarried	39	67.2	19	32.8	0.006*
Married	94	85.5	18	14.5	

(*) Statistically significant at p<0.05

Table 9 highlights that there are statistically significant differences between nurses' job performance, marital status and hospital (0.03*, 0.001*) respectively.

Table 9: Percentage Distribution of Nurses' Job Performance and Personal Characteristics at Selected Hospitals (n=168)

Personal Characteristics	Job Performance				*P*-Value
	Satisfactory		Unsatisfactory		
	No.	%	No.	%	
Hospital Name					
Main Hospital	72	67.9	34	32.1	0.001*
Heart Hospital	52	83.8	10	16.2	
Age					
<30 Years	46	67.6	22	32.4	0.29
30-40 Years	54	79.4	14	20.6	
>40 Years	24	75.0	8	25.0	
Gender					
Male	36	73.5	13	26.5	0.95
Female	88	73.9	31	26.1	
Educational Qualification					
Diploma	105	72.9	39	27.1	0.52
Bachelor	19	79.2	5	20.8	
Years of Experience					
<5 Years	42	75.0	14	25.0	0.28
5-10 Years	18	62.1	11	37.9	
>10 Years	64	77.1	19	22.9	
Marital Status					
Unmarried	37	63.8	21	36.2	0.03*
Married	87	79.1	23	20.9	

(*) Statistically significant at p<0.05

DISCUSSION

Practice environment plays a crucial role in shaping job performance across different professions. In nursing, supportive environment is linked to greater satisfaction, lowering of burnout, and a stronger safety culture, all of which enhance job performance (Dorigan & Guirardello, 2018). Likewise, in other fields, a supportive work setting boosts employee commitment and motivation to succeed, ultimately leading to better task performance (Zhenjing *et al*., 2022).

Practice environment serves as a mediating factor by enhancing work engagement via the fulfilment of core psychological needs and the promotion of organisational dedication. A supportive environment not only improves individual job performance but also supports overall organisational success by fostering a culture of commitment and engagement (Ni *et al.*, 2023). In line with this, this investigation aimed to examine the relationship between practice environment and nurses' job performance.

A survey of 168 nurses from Assiut University Main and Heart Hospitals revealed that most participants were female, married, and employed at Assiut University Main Hospital, Egypt. About half had over ten years of experience, and less than half held a diploma from a Technical Nursing Institute. The study showed the highest agreement among nurses on collegial nurse-physician relations, while the lowest was on staffing and resource adequacy. Most nurses felt their practice environment was supportive, but challenges in staffing and resource allocation remain. These findings suggest strong interpersonal relationships, but structural and administrative improvements are needed for a fully supportive environment.

These findings aligned with those of Saad *et al.* (2021), who reported that nurses in Benha University Hospital, Egypt. Perceived their practice environment as generally favourable, particularly regarding interprofessional collaboration and leadership support. Similarly, Almadani (2023) found that the nursing practice environment in Saudi Arabia demonstrated strengths in professional relationships but continued to struggle with staffing adequacy confirming that resource-related challenges are a common issue across various healthcare settings in the Middle East.

The current results were also in agreement with Pursio *et al*. (2024), who emphasised that supportive practice environments in Finnish Magnet-aspiring hospitals, Egypt. were characterised by strong

nurse–physician collaboration and participative management. Their findings reinforce the notion that positive interpersonal dynamics and leadership engagement are critical determinants of job satisfaction and performance.

In contrast, the present findings differed from those of Gurková *et al*. (2021), who observed that many nurses perceived a gap between the importance of a supportive environment and the actual conditions they experienced. This discrepancy might be attributed to contextual differences particularly the organisational structure, leadership styles, and available resources in their study settings. Similarly, the variation from Abdullah *et al*. (2021), who identified the foundation for quality nursing care as the most favourable domain, may stem from differences in cultural expectations, workload distribution, or institutional policies affecting nurses' perception of their work environment.

The findings enhance understanding of how the practice environment affects nurses' experiences, guiding managerial interventions to optimize staffing and resource allocation for improved job performance and patient care outcomes. The study found that nurses in the Heart Hospital exhibited better job performance than those in the Main Hospital, with most participants classified as satisfactory performers. This may be due to the supportive professional relationships and strong teamwork culture in the Heart Hospital, which reduce stress, improve coordination, and enhance patient outcomes. A collegial environment fosters shared problem-solving, learning, efficiency, and accountability, while continuous education and professional development further enhance nurses' competence and confidence, reflecting positively on their performance.

The findings of the current study were consistent with those of Gad *et al.* (2021), who found that nearly two-thirds of nurses demonstrated high job performance, particularly in relation to teamwork and interprofessional collaboration. Similarly, Sarıköse and Göktepe (2022) reported high overall job performance among nurses, emphasising the critical role of teamwork and organisational support in fostering high-quality care. The alignment between these studies and the current research underscores the universal influence of cooperative and supportive workplace dynamics on nursing performance across different healthcare settings.

In contrast, the present findings differed from Ali *et al*. (2020), who reported that the highest performance was limited to specific domains such as nursing care planning, suggesting that task-based rather than holistic approaches may have influenced their outcomes. Moreover, Mohamed and Ghalab (2022) observed that nearly half of their participants exhibited moderate levels of job performance, which could be related to variations in workload intensity, managerial practices, or institutional support systems. Similarly, Dirdjo *et al*. (2023) found that more than half of the nurses demonstrated poor performance, likely due to inadequate staffing, heavy workloads, and limited access to professional development factors that differ markedly from the current study context. These findings highlight the need for healthcare administrators to cultivate collaborative work environments and implement continuous education initiatives to sustain and enhance nursing performance.

The study found a strong positive association between the practice environment and job performance. Path analysis revealed that a supportive workplace, characterized by effective leadership, open communication, and collegial relationships, positively impacts nurses' job performance. This environment enhances professional autonomy, motivation, confidence, and commitment, leading to higher job satisfaction and improved performance outcomes.

The present findings were consistent with those of Kim *et al*. (2019), who reported a strong positive relationship between the practice environment and nurses' job performance, emphasising that supportive leadership and effective communication channels enhance work engagement and reduce burnout. Similarly, Sarıköse and Göktepe (2022) found that favourable perceptions of the practice environment were directly linked to better job performance, reinforcing the idea that the psychosocial and structural dimensions of the workplace jointly influence nurses' effectiveness.

In line with this, Alkorbi *et al.* (2022) also confirmed a significant positive correlation between a supportive nursing environment and higher performance levels, highlighting the critical role of adequate staffing and managerial recognition in sustaining high performance. Furthermore, Shaikh (2022) demonstrated that a positive work environment substantially boosts employee productivity in both public and private healthcare sectors, thereby affirming that the impact of the environment on performance extends beyond

nursing to the broader workforce context.

The findings provide region-specific insights into how practice environment factors like leadership support, teamwork, and autonomy impact job performance among nurses. This underscores the importance of healthcare organizations investing in strategies to promote supportive work environments, such as empowerment, participative management, and equitable resource distribution. The study also found significant differences in nurses' perceptions of their practice environment based on marital status and hospital affiliation. Married nurses may have different expectations and coping mechanisms, particularly regarding workload, managerial support, and schedule flexibility, influenced by family responsibilities. Additionally, differences between the Main and Heart Hospitals may reflect variations in leadership style, staffing adequacy, and organizational culture, which shape the quality of the nursing practice environment.

These findings were consistent with McCaughey *et al.* (2020), who found that the practice environment varied significantly across hospital unit types and between Magnet-designated and non-Magnet hospitals, suggesting that organisational context plays a critical role in shaping nurses' perceptions. Similarly, Jarrar *et al*. (2021) reported notable differences in the nursing practice environment based on hospital and unit characteristics, further emphasising that contextual and managerial variations influence staff perceptions and satisfaction. The congruence between these studies and the current results reinforces the idea that the nursing practice environment is not uniform across institutions but is instead shaped by the interplay between structural, managerial, and personal factors.

The study identified significant differences in nurses' job performance based on marital status and hospital setting. Married nurses, with stronger social and emotional support systems, may manage stress better, leading to higher motivation and job engagement. Differences between hospitals could be attributed to variations in administrative support, workload distribution, and professional development opportunities, all of which influence performance outcomes. Similar findings were reported by Al-Ahmadi (2009), who found that experience and marital status positively impact job performance, and by Park and Choi (2020), who noted that married nurses perform better due to greater emotional stability and support networks. However, Ali *et al.* (2020) found no significant relationship between marital status and job performance, possibly due to contextual or cultural differences in workforce dynamics.

These findings underscore the need for hospital administrators to adopt flexible management policies that account for nurses' personal circumstances while ensuring equitable workload distribution and supportive leadership across hospital units.

Limitations

The data collection process, involving time-consuming individual observations of nurses' job performance, may have impacted the study's duration and feasibility. Self-administered questionnaires could also be influenced by social desirability bias, with participants potentially overestimating their performance or environment. As the study was conducted solely in Egyptian hospitals, the findings may not be fully generalizable to countries with different cultural, organizational, or healthcare systems. Cultural differences in leadership, communication, and healthcare structures could affect how the practice environment influences nurses' job performance, which should be considered when interpreting the results.

CONCLUSION

The current study concluded that most nurses perceived their practice environment as supportive in both Main Assiut University and Heart Hospitals. Nurses from the Heart Hospital generally demonstrated higher levels of satisfactory job performance compared to those from the Main Hospital. Overall, the majority of participants across both hospitals were classified as having satisfactory job performance. Statistical analysis indicated a significant positive relationship between the practice environment and job performance, suggesting that improved practice environments are linked to enhanced performance among nurses. Moreover, significant differences in both the practice environment and job performance were observed based on marital status and hospital affiliation. Longitudinal research designs are recommended to assess the long-term effects of changes in the practice environment on job performance.

Future research should use longitudinal designs and larger, more diverse samples to enhance generalisability and clarify the direction of this relationship. Studies exploring mediating factors such as leadership styles or job satisfaction, as well as cross-cultural comparisons, are also recommended to guide nursing management and policy.

Recommendation

Develop shared governance models to involve nurses in decision-making, and regularly assess staffing needs to maintain optimal nurse-to-patient ratios and resource allocation. Ensure adherence to professional dress codes through orientation and oversight and introduce an organized materials management system for timely supply availability. Strengthen safety measures by reinforcing protocols and providing ongoing patient safety training. Improve documentation quality through audits and focused training. Support nurses' education with continuous professional development on clinical technologies and best practices. Conduct intervention-based studies to evaluate the impact of improvements such as leadership training, staffing adjustments, or communication enhancement on nursing outcomes. Longitudinal research is recommended to assess the long-term effects of practice environment changes on job performance.

Conflict of Interest

The authors declare that they have no competing interests.

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