FACTORS IMPACTING CLINICAL PRACTICE ENVIRONMENT

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Within the global healthcare system, the nursing profession is the largest and core group of healthcare providers challenged to provide quality care to the world's population. The clinical practice environment of nurses has long been linked to patient and nurse job outcomes (Trinkoff et al., 2011). When practice environment is with satisfied and engaging nursing workforce there is less intention to less to leave the job and can also promote high quality patient care (Van Bogaert et al., 2013). The clinical practice environment is characterized as the social and organizational structure operating in the workplace, which collectively affects employees' job performance and productivity (Carthon et al., 2020). Thus, it is crucial to understand the practice environment that determines the efficiency, effectiveness, and sustainability of healthcare services (Klopper et al., 2010).

Promoting nurse empowerment, engagement, and interpersonal relationships is fundamental to achieving a healthy work environment. Roche et al. (2015) identified five factors linked to the nursing clinical practice environment: nurse leadership, collegial relationships with doctors, nurse participation in decision making, resource availability, and the necessary foundations for quality care. Empirical studies have been done widely on the Nursing Organization and Outcomes Model (Aiken et al., 2002) that posit a strong link between the presence of an environment that supports professional nursing practice associated with higher quality nursing practices and positive patient outcomes (cited Choi et al., 2012). According to the model, a more supportive practice environment significantly contributes to higher job satisfaction where the practice environment facilitates participation in organizational affairs, supportive management, and availability of adequate resources. According to a study done on this model by Wang et al. (2015), state the most favorable aspect of the practice environment was the collegial nature of the nurse-physician relationship (subscale score of 3.27 ± 0.51), whereas the least favorable aspect was the adequacy of staffing and resources (subscale score of 2.64 ± 0.76). Furthermore, evidence confirms that higher quality nursing care was associated with fewer adverse patient events and the ability for error interception practices. A supportive practice environment enhances error inception leading to decrease errors (Flynn et al., 2012).

However, frequently nurses face numerous hurdles and obstacles in the clinical practice environment. Burnout is a common phenomenon resulting from chronic stress due to accumulated exposure to demanding conditions in the work environment of health professionals (Flynn et al., 2009; Read & Laschinger, 2015). Burnout is an occupationally based syndrome characterized

by psychophysical and emotional exhaustion, cynicism, and reduced professionalism. Literature provides evidence of on burnout in practice setting and its consequences (Van Bogaert et al., 2013). Emotional exhaustion resulting from burnout leads to recurrent stress, absence of energy required for the emotional requirements of providing services, deduced personal accomplishment or efficacy, perception of inadequacy, loss of self-esteem, and consequent feeling of personal failure (Galletta et al., 2016). A study done by Klopper et al. (2012) reported that a high degree of burnout is related to dissatisfaction with wages, opportunities for advancement, study leave and a practice environment with inadequate staffing and resources, and lack of nurse participation in hospital affairs.

Literature likewise highlights further adverse issues identified in the clinical practice environment affecting nursing practice. A study of Belgian nurses reported that the context and environment nurses' practice are a source of tension, dissatisfaction, and weariness. The respondents of the above mentioned study felt they worked in a stressful environment with insufficient time, inadequate collaboration, frustrations, and disappointments with healthcare's economic realities (Milisen et al., 2006). A systematic review of nurses' work environment indicated that the unfavourable management and organizational impacts nurses' emotional strains denoted by compassion emotional exhaustion manifested as fatigue and stress. Furthermore, the review identified that nurses' stress levels were directly linked with their workload and the number of patients assigned to them which indicate effects

the staffing ratio on patient outcomes (Wei et al., 2018).

Clinical practice environments that have poor workplace relationships significantly affected the nursing staff's psychological health. Literature also highlights significant effects of workplace incivility on nurses' job satisfaction, retention, and performance (AbuAlRub et al., 2013). Scholars also state that organizational factors in the work context may cause chronic stress consequences such as high absenteeism, poor job performance, mental diseases, anxiety, and job-related injuries. Additionally, adverse occupational outcomes such as needle stick injuries, exposure to body fluids, or musculoskeletal injuries can result from the organizational structures in the practice environment (Gershon et al., 2007). Furthermore, new graduates who begin their career faces challenges in the clinical practice environments such as burnout, incivility, and feeling less empowered (Spence Laschinger et al., 2009). Hence the link between adverse working conditions and employee stress, burnout, negative work attitudes and performance can threaten the quality of patient care and patient safety (Leiter & Spence Laschinger 2006). Therefore, favorable and supportive professional practice environment with civil relationships and empower

A supportive nursing practice environment characterizes a core set of organizational traits that support professional nursing practice. Clinical environment that enhances can nurses' job satisfaction, increase productivity, reduce turnover rates, and improve healthcare quality can significantly lower emotional exhaustion

than nurses in counterpart hospitals. Additionally, key leadership behaviors in a favourable clinical practice environment will be able to advocate for appropriate staffing and resources, be visible to inspire and motivate staff, give positive feedback and appreciation, set high standards of care, promote engagement by nurses in the operation of the hospital and foster clear and meaningful communication. A healthy work environment that supports professional scholarly development can enhance patient safety, and improved patient/family outcomes which should ultimate result of nursing practice.

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