

An Cross Sectional Study to Assess the Factors Affecting Nursing Practice as Perceived by Indian Nursing Personnel

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Abstract: *Background:* Now a day there is big gap between nursing practice and nursing education. To know the reasons for gap by the nursing personnel itself give the idea about bridge the gap between nursing practice and nursing education. *Aim:* To explore the factors affecting Nursing practice as perceived by Indian nursing Personnel. *Methods:* The data was collected by sending the Google form questionnaire to nursing personnel's in many Whatsapp group across India. Total 33 questions were included in Google form that assesses the factors affecting nursing practice. *Results:* 96 nursing personnel had unfavorable perception level towards nursing practice, 57 nursing personnel had strongly unfavorable perception level towards nursing practice. 10 Nursing personnel had neutral perception level and 01 Nursing personnel had strongly favorable perception towards nursing practice. There is a significant association between educational qualification of nursing personnel with their perception level towards nursing practice ($\chi^2=4.4$, $df=1$, $p<0.05$). *Conclusion:* Most of Indian Nursing personal had unfavorable perception level towards nursing practice. This kind of the issues needs more attention, research and strong policy.

Keywords: Nursing Personnel, Factors, Perception, Nursing Practice

1. Introduction

Nursing is a health care profession, which is focused on the care of individuals, families, and communities; so that they can attain, maintain, or recover optimum health. Nurses care for individuals of all ages and cultural backgrounds who are healthy and ill in a holistic manner based on the individual's physical, emotional, psychological, intellectual, social, and spiritual needs.

One of the oldest and most honorable professions in the world is nursing, which reminds us of the first nurse leader Florence Nightingale¹. The nurses provide significant contribution to improve the patient outcomes [1]. The perception of the individuals also affects their performance and the quality of the services they provide, in addition to their education, competence, and expertise. According to the department of labor statistics, nursing is a career that is absolutely required throughout the world. In the United States, there are more than 2.5 million registered nurses [2]. The nursing profession is a career and a service to humanity, not merely a job [3].

The perception of the student's nurse will be influenced by the perceptions of the nursing faculty. The faculty's perception about their work, profession, workplace, and administration will serve as a predictor of the behavior and performance that will have a significant effect on the standard of patient care [4].

The perception of the nursing faculty plays a critical influence in shaping the student's behavior as an individual and as a professional. The majority of research conducted in India focused on how students, nurses employed in clinical settings, and the general public perceived about the nursing profession. However, none of the studies assessed the perception of nursing faculties who are working in educational institution. Therefore, the objective of the research was to determine how nursing faculty perceived their preferred profession

Quality healthcare is a concern for every government, service provider and the consumer of the health care services. High quality healthcare demand and its delivery are greatly influenced by the attitudes of healthcare professionals towards their own profession [5]. Acquiring professional values and improvement are central to professional development to enhance quality patient care and greater job satisfaction [6].

Nursing is consistently regarded as a predominated female profession prejudiced by the fact that nursing is feminine profession due to the idea of caring linked to the history of women [7]. There is a scarcity of male nurses almost in every country and the relationship between gender and professional values has not been consistent in the literature [8].

Perception refers to the belief, views and understanding nurses have regarding the image of the nursing profession

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because of their past and present experiences in the course of their training [9]. The discipline of nursing traditionally holds as the most trusted healthcare profession. For instance, in the United States, nursing was awarded as the most trusted profession for decades [10] and continues to be until date [11] Olshansky [12] stressed that in nursing, “trust involves integrity and honesty; it involves the ability to rely on someone or something; it is fundamental to a healthy society” [12] At the training level, nursing students faces academic and work-related stress negatively influencing productivity [13].

The profession of nursing has an unmet need to differentiate themselves from other healthcare professions and communicate their unique value to the public as decision-makers and leaders in the healthcare industry [14]. Differentiation and the communication of value are core components for branding of organizations or professions [15].

2. Methodology

Hypothesis

The following hypothesis will be tested at 0.05 level of significance

H₁: There is a significant association between factors affecting nursing practice with selected demographic variables of Indian nursing personnel

Inclusion criteria:

- 1) The nursing officers across the India
- 2) Those who completed GNM, PB BSc Nursing, M Sc Nursing, Basic B Sc Nursing, M Phil and PhD In Nursing
- 3) Both genders are included

Exclusion criteria

- 1) Student Nurses

Research approach: Quantitative research approach

Research design: Descriptive Exploratory research design

Population: Nursing Person from India

Variables: Factors Affecting Nursing Practice

Sampling technique: Purposive Sampling Technique

Sample size: 164

This means 164 or more measurements/surveys are needed to have a confidence level of 95% that the real value is within $\pm 5\%$ of the measured/surveyed value. With population proportion of 12%/

Table 1: Demographic data of Nursing Personnel, N=164

S NO	Demographic variable	F	%
1	Age in years		
	20-30	57	34.7
	30-40	87	53.04
	40-50	14	8.53
2	Gender		
	Male	74	45.12
	Female	90	54.88
3	Educational qualification		
	Basic B Sc nursing	35	21.34

	Diploma Nursing	11	6.7
	M Sc Nursing	84	51.21
	Ph D Nursing	18	10.97
	Post basic B Sc Nursing	16	9.75
4	Area of working		
	Clinical	64	39.02
	Community Area	11	6.7
	College of nursing	85	51.82
5	Sector of Working		
	Central Government	13	7.92
	Private sector	96	58.53
	State government	52	31.7
6	Years of experience		
	<01 year	23	14.02
	1-5 years	42	25.60
	5-10 years	34	20.73
7	Monthly income		
	<10000	7	4.26
	10000-20000	36	21.95
	20000-30000	29	17.68
8	Participants belongs to		
	Karnataka	104	63.41
	Gujarat	36	21.95
	Jharkhand	1	0.6
	Bihar	1	0.6
	Chhattisgarh	1	0.6
	Delhi	1	0.6
	Kerala	4	2.43
	Madhya Pradesh	1	0.6
	Maharashtra	2	1.21
	Odisha	2	1.21
	Puducherry	1	0.6
	Rajasthan	3	1.82
	Tamilnadu	2	1.21
	Uttar Pradesh	1	0.6
	Uttarakhand	1	0.6
	West Bengal	2	1.21

Table No 1: Represents that most of the nursing personnel (87) belongs to the age group of 30 – 40 years, 90 female nursing personnel were participated in the study and most of the nursing personnel (84) completed their education as M Sc nursing. Most participants (85) working in college of nursing. 96 Nursing personnel working in Private sector, 43 nursing personnel had 11-15 years of experience, 92 nursing personnel had salary more than 30000 rupees per month, 104 nursing personal participated in the study from Karnataka state.

Table 2: Frequency distribution of Nursing personnel Perception towards Nursing Practice N=164

Questions	SA	A	N	D	SD	Mean	SD
Improper patient staff ratio	112	46	3	3	00	4.63	0.618
Less salary	105	39	8	10	2	4.43	0.962
More workload	105	47	10	00	2	4.5	0.72
Harassment at working place	37	55	43	22	7	3.665	1.049
Lack of recognition	62	64	26	11	1	4.07	0.92
Lack of confidence	22	54	40	37	11	3.2	1.45

Family conflict	23	63	36	31	11	3.34	1.169
Lack of cooperation from management	70	63	16	13	2	4.4	0.968
Lack of cooperation from patients	23	59	56	23	3	3.46	1.051
More instrument handling in ward	35	71	41	15	2	3.74	1.053
Lack of cooperation from colleagues	40	58	37	25	4	3.64	1.223
Poor infrastructure	45	60	34	20	4	3.75	1.244
Poor policies	52	69	25	16	02	3.93	1.209
Unnecessary pressure	78	57	16	11	2	4.21	1.22
Poor teaching learning experience	39	53	24	42	6	3.47	1.5
Always dependence on doctors	39	44	44	33	4	3.49	1.49
Excess record and report work	73	64	20	3	4	4.21	1.34
Constantly changing the posting from one place to another place in hospital	44	57	37	24	02	3.71	1.53
Poor knowledge	29	46	32	50	7	3.24	1.705
Poor attendance in clinical area	24	41	38	50	11	3.104	1.768
Lack of continuing and in service education	51	51	33	25	4	3.73	1.754
Nurses often work long shifts with 10 to 12 hours	61	54	32	13	4	3.95	1.753
Emotional involvement	33	73	44	11	3	3.74	1.756
Changing schedules	45	86	20	10	3	3.98	1.798
Physical demands	31	66	50	12	5	3.65	1.923
Exposure to illness and chemicals	44	68	36	14	2	3.84	1.972
Lack of nurses	90	53	14	06	01	4.37	1.949
Changing technology	49	78	22	14	01	4	2.08
Expanding social care responsibilities	34	77	45	7	1	3.84	2.125
Medication errors	17	72	48	24	3	3.46	2.264
Inaccurate documentation	31	63	40	28	2	3.6	2.366
No sufficient time	53	66	29	15	1	3.95	2.384
Lack of organizational setup	51	69	30	10	4	3.93	2.464

SA: Strongly Agree, A: Agree, N: Neutral, D: Disagree, SD: Strongly Disagree

Table no 2: Represents that Mean and SD of each question answered by the Indian nursing personal. Highest mean was found for the question improper patient staff ratio (4.63) followed by least mean was found for the question Poor attendance in clinical area (3.104). Less salary is the influencing factor for nursing practice was strongly agreed by 105 nursing personnel, 105 nursing personnel strongly agreed for more workload, 55 nursing personnel agreed for harassment at working place, 64 nursing personnel agreed for lack of recognition in working environment. 54 persons are agreed that lack of confidence, 63 members agreed for family conflict, 70 members are agreed for lack of cooperation from management as a perception towards nursing practice. Nurses are also perceived for influence of nursing practice like 59 agreed for lack of cooperation from patients, 71 agreed for more instrument handling in ward, 58 agreed for lack of cooperation from colleagues, 60 were agreed for poor infrastructure, 69 were agreed for poor policies and 78 were strongly agreed for unnecessary

pressure. 53 nursing personnel agreed as nursing practice is influenced by poor teaching learning experience, 44 each agreed and neutral for factor like always dependence on doctors, 73 personnel's are strongly agreed as excess record and report work influence the nursing practice. The statement Constantly changing the posting from one place to another place in hospital influence nursing practice agreed by 57 nursing personnel, 50 members disagree for poor knowledge and poor attendance as a influencing factor for nursing practice, 51 each strongly agree and agree for Lack of continuing and in service education, 61 members strongly agreed for Nurses often work long shifts with 10 to 12 hours, 73 members agreed for emotional involvement and 86 nursing personnel agreed for changing schedules as a influencing factors for nursing practice. 66 members are agreed for physical demands, 68 nursing personnel's are agreed for exposure to illness and chemicals, 90 nursing personnel's are strongly agreed for lack of nurses, 78 members are agreed for changing technology, 77 nursing personnel's are agreed for expanding social care responsibilities, 72 members are agreed for medication errors, 63 nursing personnel are agreed for inaccurate documentation, 66 members are agreed for no sufficient time and 69 members are agreed for lack of organization setup as a factors are influencing for nursing practice.

Table 3: Nursing personnel Perception level towards Nursing Practice N=164

S No	Perception level	Scores	F	%
1	Strongly Favorable	1-33	1	0.6
2	Favorable	34-66	0	00
3	Neutral	67-99	10	6.06
4	Unfavorable	100-133	96	58.18
5	Strongly unfavorable	134-165	57	34.5

Table 3 Represents that 96 nursing personnel had unfavorable perception level towards nursing practice, 57 nursing personnel had strongly unfavorable perception level towards nursing practice. 10 Nursing personnel had neutral perception level and 01 Nursing personnel had strongly favorable perception towards nursing practice.

Table 4: Association between Nursing personnel Perception level with their selected demographic variables, N=164

S No	Demographic Variables	Chi square value	Df	Table value	P value	Significance
1	Age in years	0.087	2	5.99	0.957433	NS
2	Gender	0.039	1	3.84	0.843449	NS
3	Educational qualification	4.4	1	3.84	0.035939	S
4	Area of working	0.423	1	3.84	0.515444	NS
5	Sector of working	3.09	1	3.84	0.078755	NS
6	Years of experience	2.257	4	9.488	0.688608	NS
7	Monthly income in rupees	2.21	1	3.84	0.137119	NS
8	Participants belongs to	0.631	1	3.84	0.426989	NS

Table 4: Represents that there is a significant association between educational qualification of nursing personnel with their perception level towards nursing practice ($\chi^2=4.4$,

df=1, $p < 0.05$). Remaining selected demographic variables are not having significant association with perception level towards nursing practice.

3. Discussion

The present study shows that most of the nursing personnel (87) belongs to the age group of 30 – 40 years, 90 female nursing personnel were participated in the study and most of the nursing personnel (84) completed their education as M Sc nursing. Most participants (85) working in college of nursing. 96 Nursing personnel working in Private sector, 43 nursing personnel had 11-15 years of experience, Similar study represents the findings that Most of the nurses were female (60.5%), had General Nursing and Midwifery (76.2%) as professional education, working in general medicine units (52.5%) and had more than 5 years of professional experience. The mean knowledge and practice score regarding nursing process were 13.93 ± 5.204 and 6.51 ± 0.96 , respectively. Major hindering factors were the absence of a format for recording nursing process, poor nurse–patient ratio and excessive workload and never attended in-service education on the nursing process. Many nurses reported working in a stressful environment and were dissatisfied due to excessive clerical paperwork [16].

The study shows that 96 nursing personnel had unfavorable perception level towards nursing practice, 57 nursing personnel had strongly unfavorable perception level towards nursing practice. 10 Nursing personnel had neutral perception level and 01 Nursing personnel had strongly favorable perception towards nursing practice. A similar study results shows that out of 440 subjects, (59.09%) had ‘Good’ perception (40.45%) had ‘Average’ perception and hardly (t00.46%) had ‘Poor’ perception towards the nursing profession. the researcher used factor analysis to determine if underlying constructs could be identified in the data. The three sub-area were labeled as “Aspect of Care”, “the nursing as a profession”, and. ‘Social status and socio-economic benefits’-(Futuristic perception) regarding ‘nursing care’ subject’s perception was found ‘good,’ (Strongly agree) ranging mean from 4.34 to 4.54. Perception regarding characteristics of the nursing profession such a ‘noble profession, dignified, respected profession and nurse is key person in health care system’ were also found good (strongly agree), whereas other statements were perceived as average, simply (agree). Perceptions regarding social status and socio economic benefits of nursing profession, subjects had ‘good’ perception and they were strongly agreed for opportunities at regional, national and international level [17].

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