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## EVALUATION OF CHOSEN DETERMINANTS OF THE POSITIVE PRACTICE ENVIRONMENTS (PPE) AT POLISH NURSING WARDS

EWALUACJA WYBRANYCH DETERMINANTÓW POZYTYWNEGO ŚRODOWISKA PRACY NA ODDZIAŁACH SZPITALNYCH W POLSCE

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### ABSTRACT

**Background:** At many Polish hospitals, insufficient attention is given to positive work environment. In many cases nurses, similarly to the representatives of other professional groups, are not provided with facilities or tools to perform their professional tasks in safe conditions. The aspects of recruitment and retention of employees are often ignored. The aim of this study has been to assess the chosen determinants of work environment of nurses in Poland using the concept of the Positive Practice Environments (PPE). **Material and Methods:** The survey was carried out from 2008 to 2011 among 1049 nursing students of 3 randomly selected public medical universities that provided nursing education at the graduate level of the Master of Science. All the people qualified for the study group were practising nurses or midwives. The Polish Nursing Association coordinated the project, obtained the tool, translated it and adjusted it to the Polish conditions. The areas covered in the survey were: a place of employment, selected physical and social elements influencing the work conditions, and biographical information. **Results:** Access to as many as 8 factors identified as attributes of friendly environments was found unsatisfactory by over 50% of the nurses. For the purpose of objective assessment, the results were compared with the results obtained in the group of nurses in England. **Conclusions:** The majority of the surveyed nurses were not satisfied with their work environments. Polish nurse managers should ensure that aspects of recognized attributes of friendly, positive practice environments for nurses are established to support nurses' satisfaction as a pre-condition for patients' safety. Med Pr 2016;67(1):11–19

**Key words:** nurses, workplace, occupational health, occupational environment, job satisfaction, patients' safety

### STRESZCZENIE

**Wstęp:** W wielu polskich szpitalach mało uwagi poświęca się budowaniu pozytywnego środowiska pracy. Podobnie jak w przypadku innych zawodów w Polsce w miejscu pracy pielęgniarki często brakuje podstawowego wyposażenia, urządzeń i narzędzi niezbędnych do bezpiecznego wykonywania obowiązków zawodowych. Ponadto często nie są przestrzegane standardy przeprowadzania rekrutacji i utrzymania pracowników. Celem niniejszego badania była ocena środowiska pracy pielęgniarek w Polsce z wykorzystaniem koncepcji pozytywnego środowiska pracy (positive practice environments – PPE) i porównanie wyników z uzyskanymi w Wielkiej Brytanii w 2005 r. **Materiał i metody:** Badanie przeprowadzono w latach 2008–2011 wśród 1049 studentów pielęgniarstwa 3 losowo wybranych publicznych uczelni medycznych, realizujących edukację pielęgniarek na poziomie studiów magisterskich. Wszystkie osoby zakwalifikowane do grupy badanej praktykowały jako pielęgniarki i/lub położne. Kierownikiem projektu było Polskie Towarzystwo Pielęgniarskie, które dostosowało kwestionariusz do polskich warunków po uzyskaniu prawa do jego przetłumaczenia. Do analizy włączono wyniki oceny środowiska pracy pielęgniarek i satysfakcji z niego w Polsce i Wielkiej Brytanii. **Wyniki:** Jako niezadowolający dla ponad 50% pielęgniarek zidentyfikowano dostęp do 8 udogodnień w miejscu pracy, określanych jako atrybuty pozytywnego środowiska pracy. **Wnioski:** Większość badanych pielęgniarek

rek nie była zadowolona z warunków środowiska pracy. Pielęgniarki-menedżerki powinny organizować pozytywne warunki pracy określone w PPE, ponieważ są one warunkiem satysfakcji pielęgniarek z pracy i zapewnienia bezpieczeństwa pacjentów. Med. Pr. 2016;67(1):11–19

**Słowa kluczowe:** pielęgniarki, miejsce pracy, medycyna pracy, środowisko pracy, satysfakcja z pracy, bezpieczeństwo pacjenta

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Received: April 11, 2015, accepted: August 3, 2015

## INTRODUCTION

Work environment directly influences man's life and professional activity; it stimulates and organizes man's activity. In the late 1990's, most articles regarding the work environment of nurses focused on questions pertaining to the effect of its positive and negative determinants on the level of recruitment and retention of employees [1]. In many publications, the importance of the process of creating conditions fostering work performance and meeting expected standards was emphasized. Numerous studies indicate the impact of work environment not only on good performance but on making decisions to resign from one's job in favor of taking up a new profession or even at a cost of not taking up a new job whatsoever [2–4].

This approach has been a subject of interest of the World Health Organization (WHO) and the European Union for a long time. In cooperation with social partners and professional organizations, they have taken up actions aiming at promoting positive work environment policies for employees of the health care sector. It is believed that only such actions will enable an effective care of patients, which will help them return to work and everyday life, and contribute to a full development of economic potential. It is emphasized that all money invested in this sector will be recouped many times.

The studies show the role of an adequate number of staff members for the health and life of patients [5–9]. One of the highest indicators of the number of patients per nurse is observed in Poland. According to the Organization for Economic Co-operation and Development [10], there were 79 nurses looking after 10 000 patients in the European Region and only 52 in Poland, with no data regarding caring personnel supporting nurses in their everyday work. The improvement of work conditions should therefore become a key action of all stakeholders involved in health care, primarily for politicians [11].

According to the definition by the International Council of Nurses (ICN), the Positive Practice Environments (PPE) are settings that support excellence and decent work. In particular, they strive to ensure the health, safety, and personal well-being of staff, support quality patient care and improve the motivation, productivity, and performance of individuals and organizations [12].

Positive Practice Environments are characterized by the following elements:

- occupational health, safety and wellness policies that address workplace hazards, discrimination, physical and psychological violence and issues pertaining to personal security;
- fair and manageable workloads and job demands/stress;
- organizational climate reflective of effective management and leadership practices, good peer support, worker participation in decision-making, shared values;
- healthy work-life balance;
- equal opportunity and treatment;
- opportunities for professional development and career advancement;
- professional identity, autonomy, and control over practice;
- job security;
- decent pay and benefits;
- safe staffing levels;
- support and supervision;
- open communication and transparency;
- recognition programs;
- access to adequate equipment, supplies, and support staff [12].

It should be emphasized that the assessment of work environment has a multi-aspect nature. Social and material aspects as well as interpersonal relations and taking up actions in favor of building this environment are the most important [13].

The terms 'practice environment' and 'work conditions' are used interchangeably in the majority of litera-

ture. We intuitively define ‘work conditions’ as regarding issues directly associated with employment and work whereas ‘practice environment’ seems to be a broader concept. It covers determinants affecting both life and work. Moreover, both terms often include sets of elements and combinations that may change [14].

Positive work environment is characterized, first of all, by its influence on the organization functionality, individual work satisfaction, balance between professional and family lives, continuous development and organizational culture. Adverse work conditions mean definite costs resulting from the occurrence of medical errors, permanent stress and ‘professional burnout’ as well as absence or high turnover of staff which has a negative impact on care quality [14].

According to Wiskow et al. [14], positive work environment should also encourage continuous development and building trust in an employer (2010). Building an employee-positive work environment is therefore a key factor, from an employer’s point of view too. To summarize previous considerations, the Positive Practice Environments (PPE) may be defined as follows: the PPE includes all the factors (incentives, motivators, facilities) which not only encourage taking up a job in the profession but motivate to prove a good performance at the quality level expected in this profession, allow to achieve a balance between work and life (well-being), and discourage thinking of giving up the job in the organizational unit or any job within the profession. These factors constitute an incentive system in the form of financial and non-financial motivators important to an individual and a counterbalance to making decisions about remaining employed or leaving the organization [12].

The aim of this study has been to assess the chosen determinants of nurses’ work environment in Poland using the ICN concept of the Positive Practice Environment. The specific objective has been to evaluate satisfaction or dissatisfaction with the availability of facilities and to compare the results of the evaluation of the accessibility with the results in the United Kingdom (UK).

## **MATERIAL AND METHODS**

### **Population and sample**

The research was conducted with the use of the diagnostic survey method. The survey was carried out from 2008 to 2011 among 1049 nursing students of 3 randomly selected public medical universities that provided nursing education at the graduate level of the

Master of Science. All the people qualified for the study group were practising nurses or midwives. The Polish Nursing Association coordinated the project, obtained the tool from the Royal College of Nursing (RCN) with a permission to use it, translated it and adjusted it to the Polish conditions in 2007.

A pilot study was carried out for a group of 20 nurses, and afterwards some corrections were introduced in the original questionnaire. Taking into account a common lack of equipment for lifting and relocating patients, the questionnaire was supplemented with a set of questions related to bone and joint diseases (musculoskeletal disorders – MSDs) protection and prevention issues.

For statistical processing, 1045 nurses, out of 1049 nurses originally selected, were selected. The analysis of the collected data allows for the observation that nearly 70% of the participants were over 35 years old (53% of which were within the age range of 35–44 and almost 15% – within the age range of 45–54), and only 12.7% nurses taking part in the survey were under 30 years old. The largest group consisted of nurses working at intensive therapy wards (nearly every fifth nurse). Every tenth nurse worked at a geriatric ward and nearly 10% of the employed in the primary health care represented school nurses, treatment rooms in the primary health care, etc.

The nurses employed in the home and family care made up 29.9% of the respondents. Nearly 10% of the nurses provided long-term care services, 8% of them worked at pediatric wards and 6.3% of them – in the gynecology and obstetric wards.

### **Research tool**

The original research tool, used under the consent of the owners of the copyrights, was the questionnaire published in the Ball et al.’s article issued by the Royal College of Nursing in Great Britain [19].

The questionnaire consisted of 27 questions concerning the availability of such facilities as: catering facilities during the day, catering facilities at night, staff rooms for taking breaks, break times, staff transport, free car parking, access to parental leave, possibility to work part-time, possibility to job-share, possibility to self-roster, flexible work, access to term-time or school, holiday contracts, child-care vouchers or allowance, out of hours play scheme, holiday play scheme, workplace nursery or crèche, counseling services, careers guidance, clinical supervision, opportunity for staff training and development, career breaks, changing facilities, shower facilities, laundering service, depen-

dent care leave, special leave. Questions were also asked whether employers talked to the respondents how they could help the respondents balance their work and life needs, and what facilities they needed or wanted.

Another tool indicated in the assumptions and used in the survey was the 'Health and Safety Executive (HSE) Management Standards Indicator Tool' questionnaire consisting of 35 closed-ended questions. This tool is commonly used in the United Kingdom for the assessment of professional distress of employees. The questionnaire contained questions about mobbing, physical and verbal abuse from patients, work overload, exposure to maltreatment at work and availability of support from a direct manager. The last component was the Clinical Outcomes in Routine Evaluation – Outcome Measure (CORE-OM) scale consisting of 34 closed-ended questions referring to the evaluation of the results of mental health and well-being measurement in the last 7 days after conducting the survey.

Selected results of the surveys carried out in Poland have been compared with the study on the PPE in the United Kingdom, which was carried out twice (in 2000 and 2005) by the Royal College of Nursing (RCN). For the purpose of this article, selected variables indicated in the RCN survey have been used as factors defining the PPE and are considered to be attributes of the Positive Practice Environments (PPE), which are presented in the Table 1.

### Ethical consideration

Ethical approval from the Medical University of Lodz (RNN/221/08/KB) was obtained on 22nd April 2008. There was no known risk or potential harm for the participants. All participants were informed about the objectives of the study and written consent was obtained from them. Participation in the study was voluntary. The participants were informed that any evaluation report and subsequent publication would respect their confidentiality.

**Table 1.** Satisfaction of nurses with the availability of chosen determinants of the Positive Practice Environment (PPE) in Poland  
**Tabela 1.** Satysfakcja pielęgniarek z dostępu do wybranych determinantów pozytywnego środowiska pracy w Polsce

Facility in the workplace Udogodnienie w miejscu pracy	Respondents Badani [n]	Availability of facilities Dostęp do udogodnień [%]		
		dissatisfying or very dissatisfying niesatysfakcjonujący lub bardzo niesatysfakcjonujący	neither ani tak / ani nie	satisfying or very satisfying satysfakcjonujący lub bardzo satysfakcjonujący
Catering facilities in the day / Dostarczanie produktów żywnościowych w ciągu dnia	800	58.0	34.4	7.6
Catering facilities in the night / Dostarczanie produktów żywnościowych w ciągu nocy	763	55.8	38.3	5.9
Staff rooms, e.g., for taking breaks / Pokoje socjalne dla personelu, np. na czas odpoczynku	838	46.4	5.1	48.5
Staff transport / Transport pracowników	806	49.5	33.6	16.9
Free car parking / Bezpłatny parking	802	35.9	21.6	42.5
Careers guidance / Przewodnik ścieżki kariery	797	62.6	13.8	23.6
Counselling services / Usługi doradztwa zawodowego	575	52.3	10.9	36.8
Opportunity for staff training and development / Możliwość rozwoju i szkolenia zawodowego	804	52.7	5.6	41.7
Changing facilities / Szatnie/szafka dla pracowników	761	60.3	25.1	14.6
Showering facilities / Prysznic dla pracowników	786	64.5	9.2	26.3
Locker for belongings / Szafka na rzeczy osobiste	821	38.6	5.7	55.7
Uniform laundering service / Usługa prania odzieży roboczej	813	50.1	11.8	38.1

## RESULTS

### Accessibility of the PPE determinants in Poland

The results of the survey show that though over a half of the surveyed nurses have access to staff rooms and related facilities (64.5%), more than 1/3 of nurses (34.5%) have no possibility to rest during the working day. Over a half of the surveyed nurses have no access to free parking spaces (54.2%) and counseling services (54.5%). Being entitled to days off in order to raise qualifications and participate in professional trainings has been reported by 61.8% of the nurses. Alarmingly, only 3/4 of the nurses have been given access to lockers for personal belongings (75.2%) and 59.4% of them – to laundry services at their workplace. Every third nurse has to keep her overalls clean at her own cost.

Just a little more than 1/3 of the nurses reported that their employers provided amenities at their workplace. It should be noticed, however, that a significant group of Polish nurses (8.2%) are unaware of this fact.

The majority of the surveyed nurses reported that the employers did not make shower facilities available to them (55.4%).

Though the majority of the nurses have their personal belongings secured by their employer, more than every fifth nurse (23.7%) has to take care of them on her own account (Table 1).

A worker's satisfaction with the accessibility to the amenities mentioned in the Table 1 (i.e., a sense of comfort associated with safekeeping of personal belongings during a working day) is another aspect that may contribute to positive evaluation of the work environment. Eight factors indicated as the determinants of a positive environment have been considered unsatisfactory by over a half of the nurses (Table 1). Those 8 factors were: the possibility of having a meal during the day and night shift (58% and 55.8%, respectively), transport service to and from the workplace (49.5%), access to counseling services at the workplace (52.3%), possibility of professional career development (promotion, not

**Table 2.** Comparison of the availability of the chosen determinants of the PPE in Poland and United Kingdom  
**Tabela 2.** Porównanie dostępu do wybranych determinantów pozytywnego środowiska pracy w Polsce i Wielkiej Brytanii

Facility in the workplace Udogodnienie w miejscu pracy	Respondents Badani [n]		Prevalence of facility Występowanie udogodnienia [%]					
			yes tak		no nie		do not know nie wiem	
	UK	PL	UK	PL	UK	PL	UK	PL
Catering facilities in the day / Dostarczanie produktów żywnościowych w ciągu dnia	2 759	962	74	8.3	35	89.7	1	2.0
Catering facilities in the night / Dostarczanie produktów żywnościowych w ciągu nocy	2 759	938	26	5.2	63	90.4	11	4.4
Staff rooms, e.g., for taking breaks / Pokoje socjalne dla personelu, np. na czas odpoczynku	2 759	944	67	64.3	32	34.5	1	1.2
Staff transport / Transport pracowników	2 759	938	15	15.6	79	82.3	6	2.1
Free car parking / Bezpłatny parking	2 759	947	55	54.2	44	41.2	1	4.6
Careers guidance / Przewodnik ścieżki kariery	2 759	948	28	29.3	42	55.5	30	15.2
Counselling services / Usługi doradztwa zawodowego	2 759	930	62	54.5	20	38.0	18	7.5
Opportunity for staff training and development / Możliwość rozwoju i szkolenia zawodowego	2 759	950	93	61.8	6	34.6	1	3.6
Changing facilities / Szatnie/szafka dla pracowników	2 759	944	50	23.9	46	58.3	4	17.8
Showering facilities / Prysznic dla pracowników	2 759	939	39	36.4	57	55.4	4	8.2
Locker for belongings / Szafka na rzeczy osobiste	2 759	950	57	75.2	41	23.7	2	1.2
Uniform laundering service / Usługa prania odzieży roboczej	2 759	951	24	59.4	69	39.1	7	1.5

UK – data from the survey in United Kingdom / dane z badania w Wielkiej Brytanii [15], PL – data from the authors' survey in Poland / dane z niniejszego badania w Polsce.



necessarily vertical) – 62.6%. Surprisingly, the lack of the possibility to have a meal at the workplace is not important for nearly 40% of the nurses. The access to staff training and personal development was unsatisfactory in the opinion of a half of the nurses (52.7%), despite the fact that more than 60% of them had this kind of possibility.

### **Satisfaction with the availability of the PPE determinants**

A large number of the surveyed nurses were not satisfied with access to changing facilities (60.3%) and to shower facilities (64.5%). More than a half of the respondents were not happy with the lack of access to uniform laundry service (50.1%) (Table 2). Thus we may assume that these factors are important to nurses and may affect their work environment regarded as friendly.

The comparison of the results of this research with the RCN results suggests that good work conditions are important to nurses. This confirms the hypothesis that most nurses have access to various amenities which may be regarded as the ones accounting for a positive work environment, though not to a satisfactory level.

## **DISCUSSION**

Various aspects of work environment were, and still are, in the area of interest of researchers of health care systems in Poland and worldwide. For many years, the effort has been made to draw managers' attention to the fact that in order to ensure care safety to patients, radical changes aiming at improvement of work conditions are necessary [6,16].

The surveyed population is generally a drawback of the majority of such empirical trials. In many cases, it consists of several hundred nurses but surveys often refer to only one specialty or a single research problem and, consequently, the results of such surveys in general do not have an extrapolation value.

The PPE is a set of attributes perceived by an employee as important (including strong leadership, non-remuneration benefits – incentives and positive environment), increasing satisfaction with work and improving results of the provided care [12]. Although many factors related to work environment have been improved in the last 5 years, the workload has increased and almost a half of the nurses (46%) expresses the opinion that, all in all, work environment is worse than it was five years ago [17].

Numerous studies indicate that the incentive system affects both job satisfaction and plans to give up one's job. Taking into consideration cultural differences and medicine advancement level, the incentive system in Poland may vary from what the American or British nurses report, for instance. In the studies carried out in the United Kingdom, the PPE determinants have been verified for several years. The studies assessed, among other things, access to day nurseries, access to shower at the workplace or facilities for keeping personal belongings, which was compared with the studies from the 1990s. Nurses, similarly to the representatives of other professional groups, want to perform their work well and therefore, they need conditions that provide them with minimum comfort.

Developing an incentive system that helps retain and recruit new staff is well documented in the literature, too. Although it seems right to consider remuneration to be the main motivator, numerous surveys have proven that non-financial incentives are most attractive to employees [18]. The essential factor indicated in the Blegen survey from 2009 is an adequate number of staff [19].

The PPE determinants were defined in the research carried out by the RCN in 2005. Those were, among others: career development and education opportunities, possibility to have a meal during the day or night shift, support of the clinical supervision, availability of staff rooms and related facilities to rest during the work shift, counseling services from superiors (clinical support), lockers for personal belongings, access to free parking space, improvements to work conditions (equipment), access to shower (to wash after work), career paths indicated by a mentor, access to uniform laundry service at the workplace, access to transport service to and from the workplace. When assessing the above mentioned determinants, it was proven that in the United Kingdom, in comparison with the year 2000, access to the facilities indicated by the nurses as the ones that determine the PPE had significantly decreased [15].

Among numerous analyzed variables, the lack of the possibility to have a meal at the workplace (when work time exceeds 8 h) may have an adverse impact on health. In the United Kingdom, 60% of nurses are privileged to have meals during the working day (the drop from 70% in 2000) whereas in Poland as many as 90% of the surveyed nurses have no meal available during the working day (it is available just for 8.3%) and this situation is the source of extreme dissatisfaction for nearly 60% of the nurses. Proportions were similar

when nurses were asked about the availability of a meal during the night shift. In the United Kingdom, the proportion of nurses who have meals available during the night shift has decreased in comparison with the year 2000 from almost 50% to just over 40% [15].

In the distinctly feminized profession of nursing one of incentives to remain in the profession may be the availability of care services, parental leave or availability of day nursery services. The survey shows that 78% of the nurses are eligible for parental leave whereas in the United Kingdom, the increase from 48% in 2000 to 53% in 2005 was observed.

Another incentive which may help ensure child care is access to childcare vouchers (non-financial incentive). In the United Kingdom, 16% increase in this kind of incentives offered by employers has been noticed. However, the level of satisfaction with access to this solution has decreased [15]. In Poland, almost every fifth nurse (17.5%) has access to this form of help but 64.4% of nurses declare dissatisfaction with its availability.

Qualification raising and, through various forms, the Continuing Professional Development (CPD) are of importance in order to fulfill one's professional role. Access to education and professional skills development is perceived by nurses as an important factor of the evaluation of professional satisfaction [20]. They also consider their work socially useful and requiring qualification raising. Therefore, the lack of access to adequate education will lead to dissatisfaction with the job [18]. Thus providing nurses with professional development and continuing learning opportunities is a motivating factor [21] and contributes to retention of employees in the profession [22]. In Poland, there is no system to monitor the level of nurses' involvement in the long-life learning process but, in recent years, several thousands of nurses (12 570 as at 31 December 2012) have raised their professional qualifications up to the bachelor's degree [23].

A larger number of qualified nurses than of lower educated nurses means the reduction of adverse events and patient deaths [24] and an optimal number of nursing staff (including caring personnel) is closely associated with the reduction of the number of adverse events [13,25].

Availability of a leave from work for qualification raising was reported by 23.9% of the nurses. However, every fourth nurse is not aware of such a possibility. In the United Kingdom, the proportion of nurses eligible for such a leave is bigger and amounts to 60%,

and 93% of British nurses are privileged with an opportunity of development and professional training. In Poland, this opportunity is available merely to 61.8% and 52.7% of nurses regard this fact as dissatisfactory. For 6% of nurses this is not important [15].

Overalls laundry services and access to a locker for personal belongings were assessed in the United Kingdom in 2005 for the first time. It was observed, among other things, that nearly 3/4 of the surveyed nurses have no access to overalls laundry services [15]. In Poland, such laundry services are available to merely 39% of nurses, 1.5% of them do not know that overall laundry services remain their employer's responsibility.

Availability of transport services to and from the workplace is an important factor which may reduce the time of being at the employer's disposal and may impact the balance between work and private life. In Poland and in the United Kingdom, transport services of employees to and from the workplace is at a similar level (15% in the UK and 15.6% in Poland). Access to free parking spaces for nurses in Poland is similar to the situation in the United Kingdom (54.2%). A convergence also appears in determining one's career path: in Poland, it is a privilege for 29.3% of the survey target group [15].

Work amenities in a situation of staff shortage may solve the problem of workload. Therefore, employers should take care of making amenities available for their employees. While comparing the introduction of changes at the workplace by employers in Poland and the United Kingdom, one may notice differences in the significance assigned to this determinant. Access to and prospect of changes in Poland have been positively evaluated by every fifth nurse (23.9%). In the United Kingdom, every second nurse reports that employers introduce changes (50%) but 46% of nurses in the United Kingdom and 58.3% of them in Poland express negative opinions on access to facilities available at the workplace [15].

Satisfaction with the availability of amenities is experienced by one-fourth of nurses in Poland (26.3%). However, the level of satisfaction among British nurses has been significantly higher: it amounted to 65% in 2000 and has dropped by 15% to 50% [15]. A significantly larger number of nurses in Poland than in the UK (8.2% vs. 4%) are not aware that the availability of amenities at the workplace is possible [15].

A big problem with nurses' work in Poland is also maladjustment of work station with regard to ergonomics, e.g., unsuitable beds, couches without height

adjustment or with mechanical height adjustment, low furniture, bad condition of equipment. Lack of modifications in this area may result in a feeling of excessive workload and pain in the osteoarticular system is reported as the main health problem among nurses in many surveys [26,27].

Functional impairment of the vertebral column causes a lot of severe problems, impedes work, everyday well-being, social activities. These problems may influence performance of professional tasks. Availability of all sort of amenities that make work easier is important to nurses because disability lasting over one year is reported by almost every fifth nurse included in surveys both in Poland (17%) and in the United Kingdom (19%) [15].

In the above described health situation it seems essential that nurses have access to medical consultations even without referral. These factors may, at the same time, be an incentive to work in the organization. This survey has shown that 54.9% of nurses were given such an opportunity. Similar proportion of nurses in the United Kingdom reports availability of this service [15]. However, for over 40% of Polish nurses availability of medical consultations is strongly unsatisfactory.

## CONCLUSIONS

In work environment of nurses in Poland, many attributes regarded as contributing to the creation of safe and positive work environment are not present. Therefore, in practice, the Positive Practice Environments (PPE) does not exist and employers, unfortunately, do not see the need to make any amenities available, even if a considerably big group of nursing staff is at risk of disability. Work environment in the Polish healthcare system does not foster work at a high level of patients' safety, good quality, and nurses' sense of satisfaction with performance at the workplace.

Polish nurse managers should recognize the determinants of a friendly environment for nurses and other medical staff members as a pre-condition for safety of the patients. The results provide an important insight for policymakers on how to improve the current situation in the healthcare system. Policymakers should consider the improvement of work environment as a method of retaining qualified nursing staff in Poland. Further research could provide deeper understanding of the essential factors and may be helpful in efforts to improve the situation and prevent nurses from leaving the job in Poland.

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