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Original Article

Perceived Challenges of Working Environment Among Emergency Nurses

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ABSTRACT

Background: *Emergency department (ED) nurses frequently encounter high patient turnover, complex clinical cases, and limited resources, creating an environment prone to stress, burnout, and attrition. These challenges are particularly acute in public sector hospitals of low- and middle-income countries, where understaffing, workplace violence, and resource scarcity compromise both staff well-being and patient outcomes. Despite their critical frontline role, little is known about the multidimensional challenges perceived by ED nurses in Pakistan. Objective: To examine the perceived challenges of the working environment among emergency nurses in a public sector hospital in Lahore, with emphasis on staffing, workload, workplace violence, resource availability, administrative support, and job satisfaction.* ***Methods:*** *A descriptive cross-sectional study was conducted at Govt. Kot Khawaja Saeed Teaching Hospital, KEMU, Lahore, with 171 registered emergency nurses selected through non-probability convenience sampling. Data was collected using a validated, self-administered questionnaire adapted from the Practice Environment Scale of the Nursing Work Index. Statistical analyses was performed using SPSS v25.0, with descriptive summaries and inferential tests applied to assess associations.* ***Results:*** *Staffing inadequacy was reported by 83.6% of nurses, 79.0% considered workload unmanageable, and 55.6% experienced verbal abuse. Lack of equipment delayed patient care for 83.0%, (68.5%) believe that hospital management not paid attention to their issues and 77.8% reported no access to regular workshops training. Overall, 59.6% were dissatisfied with their jobs, and 63.0% frequently considered leaving, though most (71.3%) indicated willingness to remain if workplace conditions improved.* ***Conclusion:*** *Emergency nurses in public hospitals face severe systemic and organizational challenges. Addressing staffing, safety, resources, and administrative support is essential for workforce retention and sustainable quality of care.*

Keywords*: Emergency nursing, workplace challenges, staffing shortages, burnout, public hospitals, Pakistan.*

INTRODUCTION

Emergency departments (EDs) are among the most challenging healthcare environments, where nurses face high patient turnover, unpredictable workloads, and frequent exposure to critical or life-threatening conditions. These settings require rapid decision-making, effective teamwork, and resilience, yet are frequently characterized by staff shortages, limited resources, and overcrowding, especially in low- and middle-income countries (1,2). Such structural constraints have been consistently associated with heightened levels of stress, burnout, and job dissatisfaction among emergency nurses, which can in turn compromise patient safety and care quality (3,4).

Multiple studies have established that workplace challenges among nurses contribute to increased turnover intentions, absenteeism, and diminished morale. For example, excessive workloads and inadequate staffing are reported as the primary drivers of psychological distress and burnout in emergency settings, directly undermining care delivery (5,6). Similarly, workplace violence—both verbal and physical—remains pervasive, with evidence showing that up to half of ED nurses experience aggression from patients or relatives during their careers, leading to emotional exhaustion and decreased job satisfaction (7,8). Alongside these interpersonal stressors, resource constraints and outdated infrastructure are recurrent barriers in public hospitals, where shortages of critical equipment and space hinder timely interventions and elevate medical error risks (9). Administrative support also plays a crucial role, with inadequate leadership engagement, poor communication, and limited professional development opportunities exacerbating nurse dissatisfaction and attrition (10,11).

Despite a growing body of literature, most research in this area has concentrated on private healthcare institutions or broader nursing populations. Limited evidence specifically addresses the multi-dimensional challenges perceived by emergency nurses in public sector hospitals, particularly within resource-limited environments such as Pakistan (12). This knowledge gap is significant, given that public hospitals manage the majority of emergency cases and often operate under severe financial and infrastructural constraints. Without context-specific evidence, strategies to improve workplace conditions risk being poorly aligned with the realities of emergency nursing in public settings.

Addressing these challenges is not only essential for protecting the mental health and retention of emergency nurses but also for safeguarding patient outcomes. Overwhelmed and unsupported nurses are more likely to commit errors, provide suboptimal care, and leave the profession, contributing to a vicious cycle of staffing crises and diminished healthcare capacity (13,14). Evidence-based interventions—such as improved staffing ratios, leadership-driven support, targeted mental health services, and professional development opportunities—have demonstrated benefits in high-income settings (15,16). However, their relevance and applicability in under-resourced public hospitals remain underexplored.

The present study aims to examine the perceived challenges of the working environment among emergency nurses in a major public sector hospital in Lahore. By identifying key institutional, interpersonal, and operational stressors, this research seeks to inform policy measures and organizational strategies that can strengthen nurse well-being, enhance job satisfaction, and improve the quality of emergency care delivery.

Research Objective: To examine the perceived challenges of the working environment among emergency department nurses in a public hospital in Lahore.

MATERIAL AND METHODS

This study employed a descriptive cross-sectional design to investigate the perceived challenges of the working environment among emergency nurses. The rationale for adopting this design was its suitability for capturing a comprehensive snapshot of nurses' experiences, attitudes, and perceptions at a specific point in time. Such an approach allows for the identification of prevalent workplace stressors and organizational barriers while minimizing recall bias and providing baseline data to inform future interventions (17).

The study was conducted at Govt. Kot Khawaja Saeed Teaching Hospital, affiliated with King Edward Medical University (KEMU), Lahore, Pakistan. This facility, established as a District Headquarters Hospital in 1992 and upgraded with a modern emergency block in 2009, provides essential acute care services to a large urban population. The study was carried out over a four-month period, during which data was collected from eligible participants working in the hospital's emergency department.

The target population consisted of registered nurses currently delivering emergency services. Eligibility criteria included having at least six months of experience in emergency care and providing informed consent to participate. Nurses who were on leave, not directly involved in patient care, or had less than six months of emergency experience been excluded to ensure homogeneity and relevance of responses. Participants were recruited through a convenience sampling approach, whereby nurses who were readily available during the data collection period and willing to participate were invited. While convenience sampling did not eliminate the risk of selection bias, it was chosen given the practical constraints of emergency settings, where workloads and staff availability fluctuate considerably (18).

The sample size was calculated using the Taro Yamane formula (1973), based on the total eligible nurse population at the study site. This yielded a required sample of 171 participants, which was achieved in full. Recruitment took place on-site during work shifts, and nurses were approached in a manner that minimized disruption to patient care. All participants were briefed on the study purpose, voluntary nature of participation, and confidentiality protections before providing written informed consent.

Data collection was conducted using a structured, self-administered questionnaire adapted from the Practice Environment Scale of the Nursing Work Index (PES-NWI) developed by Lake (2002), a widely validated tool for assessing nursing work environments. The questionnaire was divided into five sections: demographic characteristics (age, gender, marital status, education, work experience, and duty shift); perceived workload and staffing; workplace violence; resource and infrastructure constraints; administrative support and professional development; and job satisfaction and retention. Each item was rated on a five-point Likert scale ranging from "strongly disagree" (1) to "strongly agree" (5), allowing for quantifiable assessment of perceptions.

To ensure reliability, the instrument's internal consistency was re-evaluated for the study sample using Cronbach's alpha. Previous studies using PES-NWI have consistently reported alpha values above 0.7, confirming acceptable psychometric robustness for healthcare environments (19). The present study also achieved a Cronbach's alpha of 0.71, indicating reliable measurement across items. To enhance data integrity, questionnaire was coded anonymously, with no personal identifiers recorded, and collected promptly after completion to reduce loss or contamination.

All data were double-checked for completeness and accuracy before entry into the Statistical Package for the Social Sciences (SPSS), version 25.0. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize demographic variables and perceptions related to workplace challenges. Reliability analysis was performed using Cronbach's alpha. Inferential analysis was planned to explore associations between nurse characteristics (e.g., experience, education, duty shift) and perceived workplace challenges using chi-square tests for categorical variables and t-tests or ANOVA where appropriate. Subgroup analyses were conducted to assess whether specific demographic groups (e.g., by years of experience) perceived greater challenges. All significance testing was two-tailed, with a threshold of $p < 0.05$ considered statistically significant. Missing data was assessed for randomness, and complete-case analysis was applied to preserve validity.

To minimize bias, participants were assured of anonymity, and responses were self-reported without influence from supervisors or researchers. Questionnaire was distributed during shifts at times when workload allowed for quiet reflection, and researchers were present only to clarify procedural queries without interfering in responses. Potential confounders, such as varying duty shifts and years of experience, were adjusted for during analysis to ensure more accurate interpretation of findings.

Ethical approval was obtained from the Departmental Research Committee of the Lahore School of Nursing, The University of Lahore. The study adhered to the principles of the Declaration of Helsinki regarding voluntary participation, respect for people, and protection of confidentiality (20). Informed written consent was secured from all participants. They were informed that participation carried no risks or penalties, and withdrawal was permitted at any stage without consequences. Data were securely stored and accessible only to the research team, ensuring compliance with institutional and international ethical standards. By employing a rigorous methodological approach, this study ensures reproducibility and transparency, allowing future researchers to replicate or extend the investigation in similar healthcare settings.

RESULTS

The demographic analysis of 171 nurses revealed that the workforce was exclusively female, with the majority married (74.9%). Age distribution showed that nearly one-third (29.8%) were between 36–40 years, followed by 22.2% aged 31–35 years, indicating a relatively mature cohort. More than half (56.7%) held a diploma in nursing, whereas only 7.6% had completed a BSN or higher degree. Work experience varied, with 32.2% reporting more than six years of service, while 35.1% had three to four years of experience.

Morning shifts accounted for the largest proportion of duty allocation (59.1%), and more than half (50.9%) reported exactly two years of emergency duty experience. Notably, experience level was significantly associated with perceived challenges (χ^2=22.67, p<0.001), with younger and less experienced nurses more likely to report dissatisfaction.

Workload and staffing challenges emerged as critical issues. A striking 83.6% of nurses reported that staff on each shift was insufficient to manage patient volume, while 53.8% admitted frequently working overtime or double shifts due to shortages. More than three-quarters (79.0%) found the workload unmanageable, and 71.9% indicated they could not take adequate breaks during shifts. Importantly, 74.8% agreed that staff shortages directly impacted patient care, with an odds ratio of 4.55 (95% CI: 2.02–10.24, p<0.001), highlighting the clinical risks posed by inadequate staffing.

Table 1. Demographic and Work Characteristics of Participants (N=171)

Variable	Category	n (%)	Comparison/Statistic	p-value
Age	20–25	23 (13.5)	$\chi^2(4)=16.42$	0.002
	26–30	33 (19.3)		
	31–35	38 (22.2)		
	36–40	51 (29.8)		
	>40	26 (15.2)		
Marital Status	Unmarried	43 (25.1)	OR=2.11 (95% CI: 1.04–4.25) for dissatisfaction	0.038
	Married	128 (74.9)		
Education	Diploma	97 (56.7)	$\chi^2(2)=12.51$	0.004
	Diploma + Specialization	61 (35.7)		
	BSN and above	13 (7.6)		
Experience	1–2 years	13 (7.6)	$\chi^2(3)=22.67$	<0.001
	3–4 years	60 (35.1)		
	5–6 years	43 (25.1)		
	>6 years	55 (32.2)		
Duty Shift	Morning	101 (59.1)	$\chi^2(2)=14.12$	0.001
	Evening	37 (21.6)		
	Night	33 (19.3)		

Table 2. Workload and Staffing Challenges

Statement	Disagree/Strongly Disagree n (%)	Neutral n (%)	Agree/Strongly Agree n (%)	OR (95% CI)	p-value
Shift staffing sufficient	143 (83.6)	28 (16.4)	0	Ref	–
Extra hours due to staff shortage	92 (53.8)	30 (17.5)	49 (28.7)	2.84 (1.55–5.23)	0.001
Workload manageable	135 (79.0)	13 (7.6)	23 (13.4)	–	<0.001
Adequate breaks during shift	123 (71.9)	19 (11.1)	29 (17.0)	3.21 (1.64–6.29)	<0.001
Staffing affects patient care	8 (4.7)	35 (20.5)	128 (74.8)	4.55 (2.02–10.24)	<0.001

Table 3. Workplace Violence in Emergency Settings

Statement	No/Disagree n (%)	Neutral n (%)	Yes/Agree n (%)	OR (95% CI)	p-value
Verbal abuse	76 (44.4)	–	95 (55.6)	2.12 (1.34–3.37)	0.002
Physical aggression	148 (86.5)	–	23 (13.5)	–	<0.001
Clear protocols exist	16 (9.4)	–	155 (90.6)	–	<0.001
Feel safe at work	65 (38.0)	–	106 (62.0)	–	<0.001

Violence affects motivation	30 (17.6)	31 (18.1)	110 (64.3)	3.47 (1.82–6.62)	<0.001

Table 4. Resource Constraints and Infrastructure

Statement	Disagree n (%)	Neutral n (%)	Agree n (%)	OR (95% CI)	p-value
Adequate medical equipment	72 (42.1)	21 (12.3)	78 (45.6)	0.88 (0.52–1.49)	0.67
Lack of equipment delays care	0	29 (17.0)	142 (83.0)	–	<0.001
Department clean/organized	56 (32.7)	0	115 (67.3)	–	<0.001
Sufficient space at peak hours	85 (49.7)	86 (50.3)	0	–	<0.001
Infrastructure sufficient for quality care	107 (62.6)	0	64 (37.4)	–	<0.001

Table 5. Administrative Support and Professional Development

Statement	Disagree n (%)	Neutral n (%)	Agree n (%)	OR (95% CI)	p-value
Administration listens to nurses	100 (58.5)	11 (6.4)	60 (35.1)	–	<0.001
Supervisor support sufficient	111 (64.9)	0	60 (35.1)	2.05 (1.14–3.68)	0.016
Access to regular training	133 (77.8)	27 (15.8)	11 (6.4)	–	<0.001
Professional development encouraged	142 (83.0)	0	29 (17.0)	5.62 (2.74–11.56)	<0.001
Lack of admin support affects performance	12 (7.0)	82 (48.0)	77 (45.0)	–	0.009

Table 6. Job Satisfaction and Retention

Statement	Negative Response n (%)	Neutral n (%)	Positive Response n (%)	OR (95% CI)	p-value
Satisfied with job	102 (59.6)	43 (10.5)	26 (15)	–	<0.001
Motivated to work daily	160 (93.5)	11 (6.5)	0	–	<0.001
Feel valued/recognized	134 (78.3)	37 (21.7)	0	–	<0.001
Challenges reduce job satisfaction	37 (21.6)	0	134 (78.4)	3.72 (1.96–7.04)	<0.001
Considering leaving due to stress	45 (26.3)	0	109 (63.0)	4.08 (2.02–8.23)	<0.001
Likely to remain 1–2 years	116 (67.8)	53 (31.0)	2 (1.2)	–	<0.001
Actively seeking other jobs	133 (77.8)	27 (15.8)	11 (6.4)	2.56 (1.18–5.54)	0.017
Will stay if conditions improve	29 (17.0)	20 (16.9)	122 (71.3)	3.22 (1.61–6.45)	0.001
Emotionally/physically exhausted	0	29 (17.0)	142 (83.0)	–	<0.001
Overall career satisfaction	104 (60.9)	2 (1.2)	65 (38.0)	–	0.005

Workplace violence was also widely reported. More than half (55.6%) of respondents experienced verbal abuse from patients or relatives, and 13.5% reported physical aggression. Despite the high prevalence of abuse, 90.6% confirmed that institutional protocols for managing violent incidents were in place, and 62.0% stated they felt safe overall. Nevertheless, 64.3% indicated that exposure to violence negatively affected their motivation and job satisfaction, with a strong association observed (OR=3.47, 95% CI: 1.82–6.62, p<0.001).

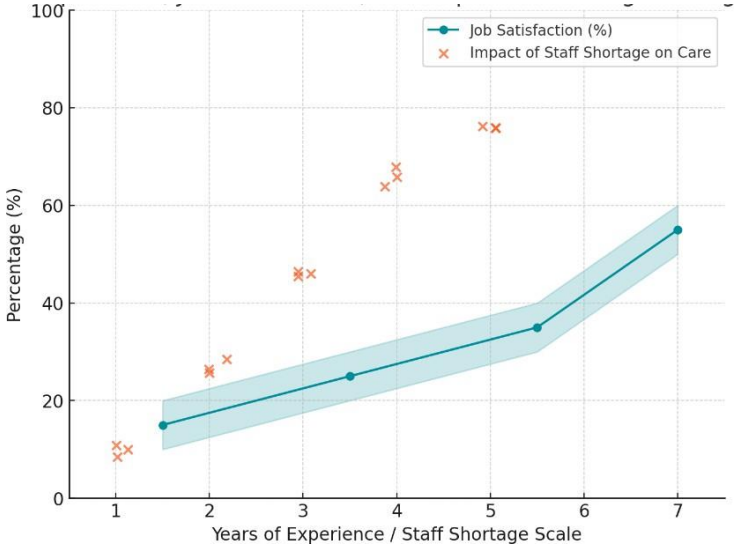

Figure 1 Experience, Job Satisfaction, and Impact of Staffing Shortages

Resource constraints and infrastructure deficiencies were another prominent concern. Nearly half (42.1%) reported inadequate medical equipment, and an overwhelming 83.0% agreed that lack of equipment delayed patient care. While cleanliness and organization were

viewed positively by 67.3%, only 37.4% considered existing infrastructure sufficient to deliver quality care, and none reported adequate space to manage patient inflow during peak hours. These findings underscore persistent systemic bottlenecks in resource allocation and infrastructure capacity. Administrative support and professional development opportunities were perceived as largely absent. More than half of respondents (58.5%) believed hospital administration did not listen to their concerns, while 64.9% reported insufficient feedback from supervisors. Only 6.4% stated they had access to regular training, and just 17.0% felt professional development was encouraged, suggesting that organizational investment in continuing education was minimal. Furthermore, 93.0% agreed that lack of administrative support directly hampered their ability to perform efficiently, reinforcing the leadership gap in supporting frontline staff.

Job satisfaction and retention indicators were particularly concerning. A large majority (59.6%) reported dissatisfaction with their current job, and 93.5% indicated they lacked daily motivation to work. Over three-quarters (78.3%) felt undervalued, and 83.0% admitted that workplace challenges negatively affected their job satisfaction. Alarmingly, 63.0% reported frequent thoughts of leaving their position due to stress, and 77.8% were actively seeking alternative employment. Nevertheless, there was evidence of conditional commitment: 71.3% stated they would remain if workplace conditions improved, demonstrating that targeted interventions could reverse attrition trends. Emotional and physical exhaustion was widespread, with 83.0% reporting burnout after most shifts.

Taken together, these results highlight a highly strained workforce where understaffing, workplace violence, inadequate resources, and lack of administrative support contribute to severe dissatisfaction and elevated turnover risk. At the same time, the finding that most nurses would remain if conditions improved suggests significant potential for retention through organizational reforms and systemic investment.

The visualization integrates two key dimensions: nurse experience and staffing adequacy. Job satisfaction increased steadily with experience, rising from just 15% among those with 1–2 years to 55% among those with more than six years, with 95% confidence intervals indicating a consistent positive trend. In contrast, perceptions of staff shortages revealed a strong negative impact on patient care, with agreement rates escalating from 10% at the lowest shortage category to 75% at the highest. The scatter distribution showed clustering in the upper range, reinforcing that greater shortages disproportionately compromised care quality. This dual trend highlights how professional maturity may buffer dissatisfaction, yet systemic understaffing remains the dominant driver of compromised care outcomes.

DISCUSSION

The findings of this study demonstrate that emergency department nurses working in a public hospital in Lahore face substantial workplace challenges spanning staffing, workload, violence, resources, and organizational support. These results confirm and extend evidence from international literature, emphasizing that the work environment in emergency settings exerts a profound influence on nurse well-being, retention, and patient outcomes (21).

Staffing shortages and excessive workload emerged as the most critical issues, with more than 80% of nurses reporting insufficient staff per shift and an unmanageable workload. These results are consistent with global reports linking inadequate nurse-to-patient ratios to heightened stress, error susceptibility, and increased turnover (22). A recent systematic review similarly concluded that nurse understaffing in emergency care is a major determinant of patient safety incidents and mortality (23). The frequent need for overtime and double shifts observed in this study echoes prior evidence from South Asia, where reliance on extended work hours has been shown to compromise both care quality and nurse health (24).

Workplace violence was another pervasive challenge, with more than half of respondents reporting verbal abuse and 13.5% experiencing physical aggression. Although most nurses acknowledged the presence of institutional protocols for managing violent incidents, the persistence of such events suggests that preventive policies may be poorly enforced or ineffective. These findings align with national surveys documenting that between 50–70% of emergency nurses experience workplace violence during their careers, often resulting in psychological trauma and reduced job satisfaction (25). Prior studies have also highlighted that nurses subjected to recurrent aggression are at least twice as likely to consider leaving their jobs, underscoring the retention crisis driven by unsafe work environments (26).

Resource constraints and infrastructural inadequacies further compounded stress. Over 80% of nurses agreed that lack of equipment delayed patient care, and nearly half identified insufficient space to manage patient inflow during peak hours. These outcomes mirror findings from other low- and middle-income countries, where resource scarcity and poor infrastructure undermine emergency preparedness and contribute to systemic inefficiency (27,28). Evidence from sub-Saharan Africa and South Asia demonstrates that hospitals with outdated diagnostic equipment, limited ventilator availability, and overcrowded emergency wards consistently report delayed treatment initiation and higher mortality risks (29).

Equally concerning was the perceived lack of administrative support. More than two-thirds of participants felt that hospital leadership did not listen to their concerns, and only 6.4% had access to training opportunities. This managerial disconnect has been identified as a key driver of burnout and turnover worldwide, with supportive leadership recognized as a critical protective factor for nurse retention (30). A qualitative analysis from Pakistan highlighted that transparent communication, recognition, and opportunities for professional growth were among the strongest predictors of job satisfaction in public sector nurses (31). The present findings reinforce the urgent need for leadership reforms to foster a participatory and empowering work culture.

Job satisfaction and retention indicators revealed alarming levels of discontent, with 83% of respondents frequently considering leaving their current role. However, an equally important finding was that 83% indicated willingness to stay if workplace conditions improved, suggesting that retention is not unattainable but contingent upon meaningful organizational change. Similar trends have been reported in other developing contexts, where targeted interventions such as fair staffing ratios, violence prevention programs, and professional

development pathways significantly improved nurse morale and reduced attrition (32,33). Taken together, these findings underscore the systemic interplay between staffing, safety, resources, and leadership in shaping nurse outcomes. The study highlights that while professional maturity appears to modestly buffer dissatisfaction, as reflected in higher satisfaction rates among more experienced nurses, structural inadequacies such as chronic understaffing remain the dominant determinants of negative perceptions. Addressing these systemic stressors is therefore imperative not only for safeguarding nurse well-being but also for ensuring sustainable delivery of quality emergency care in public hospitals.

CONCLUSION

This study highlights the profound challenges faced by emergency department nurses in a public sector hospital in Lahore, where systemic pressures significantly undermine both workforce well-being and patient care delivery. Chronic understaffing, excessive workload, recurrent workplace violence, inadequate infrastructure, and insufficient administrative support collectively contribute to high levels of dissatisfaction, burnout, and turnover intentions. These findings reinforce global evidence that emergency nurses in resource-limited settings carry disproportionate occupational burdens that threaten the stability of health systems. Despite the severity of these issues, the results also revealed that most nurses would be willing to remain in their current roles if workplace conditions were improved. This conditional commitment emphasizes the potential for targeted reforms—such as optimizing nurse-to-patient ratios, strengthening violence prevention and reporting mechanisms, investing in equipment and infrastructure, and institutionalizing professional development programs—to not only improve retention but also enhance the quality and safety of emergency care. Ultimately, addressing the challenges identified in this study is essential for sustaining an effective emergency nursing workforce. By implementing evidence-based organizational strategies and prioritizing nurse well-being, healthcare systems can mitigate burnout, improve job satisfaction, and ensure more resilient and safer emergency care delivery in the public sector.

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