**INTERNATIONAL JOURNAL OF ADVANCED RESEARCH**
*International Peer-Reviewed Research Journal*
**ISSN (Online): 3106-7980 | ISSN (Print): 3106-7972**
**Volume 3 • Issue 7 • November 2026**

# NURSES' PERCEPTIONS OF ORGANIZATIONAL SUPPORT AND ITS INFLUENCE ON QUALITY OF PATIENT CARE IN TERTIARY CARE HOSPITALS IN KARACHI.

**Syed Uzma Paiam Bukhari[*1], Imtiaz Ali Kalhoro[2], Urooj Naeem[3], Johnson Joseph[4], Abdul Sattar[5], Faiza Zaheer[6], Vishal John[7], Sharoon Mirab[8]**

*[*1]PhD Scholar and Assistant Professor, Indus University of Health Sciences, Karachi, Pakistan*
*[2]Senior Lecture, College of Nursing JPMC, Karachi, Pakistan*
*[3]Lecturer, Department of Nursing, Indus University of Health Sciences, Karachi, Pakistan.*
*[4,5]Post RN BSCN Scholar, Mashal College of Nursing Karachi*
*[6]Post RN BSCN Scholar, The Divine Institute of Nursing Karachi*
*[7,8]Post RN BSCN Scholar, Bright Future College of Nursing karachi*

[*1]uzmazmat@gmail.com

DOI: https://doi.org/10.5281/zenodo.23977217

**Keywords**
*Organizational support; Nurses' perceptions; Quality of patient care; Tertiary care hospitals; Qualitative phenomenology.*

**Article History**
*Received: 05 August 2026*
*Accepted: 19 October 2026*
*Published: 05 November 2026*

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**Abstract**

*Organizational support influences the working conditions that nurses face while providing patient care, including access to resources, supervisory guidance, and responsive communication. The tertiary care hospital can benefit from nurses' view of this support to enhance the quality of care. A qualitative phenomenology design was used to examine the lived experiences of nurses and the meanings they ascribed to organizational support in their clinical practice. Ten registered nurses who had been involved in direct patient care were recruited via purposive sampling. Data was gathered through individual interviews using a semi-structured interview. The guide had open-ended questions about organizational resources, supervisory support, professional guidance, communication, staff well-being and perceived implications for patient care. Thematic analysis of the interview data was performed by repeated reading, identifying noteworthy statements, categorizing and organizing related meanings into subthemes and overarching themes. The four core themes discovered were: organizational settings that enable patient care; leadership and professional support; communication and psychological safety; and staff well-being and ability to deliver person-centered care. When staffing was adequate, resources were dependable, supervision and mentorship were accessible, nurses felt they were able to offer timely and coordinated treatment. The need for respectful responses to concerns and consistent communication to seek support and maintain continuity between shifts was evident. Emotional support, an opportunity for recuperation and adequate time for patient communication were also perceived to be relevant to attentive and compassionate therapy. In contrast, reports suggested that individual ability, teamwork and local coordination remained vital besides organizational assistance. The study showed that perceived organizational support for nurses was based on practical help, responsive relationships and*

*working conditions that affected their ability to give quality care. Hospitals need to re-examine the way work is allocated, to improve clinical mentorship and feedback, to enable staff recovery and to safeguard possibilities for patient education and proper family engagement.*

## INTRODUCTION

Quality patient care depends on environments that allow nurses to translate their professional expertise into consistent clinical practice. Nurses assess the patient, identify deterioration, coordinate treatment, educate and attend to emotional needs. Their capacity to deliver on these tasks is influenced by the resources, relationships and organizational processes that surround their work. The effects extend beyond chores left undone to the completeness of the patient's experience when care is delayed or withheld. In a comprehensive evaluation of 31 research from low- and middle-income countries, Imam et al. (2023) found that poor staffing was a major driver of missing nursing care, and that activities related to comfort and communication were often neglected. These results indicate that the organizational conditions should be taken into account while understanding the provision of nursing care. This sense of perceived organizational support refers to nurses' perception of whether the organization recognizes their contribution and cares about their needs. Judgments of this sort can emerge through daily experiences of managerial support, recognition, fairness, and access to resources. Importantly, the existence of formal policies does not necessarily reflect staff's perception of the helpfulness of those policies. Ibrahim (2026) explored perceived organizational support, psychological safety, organizational fairness and meaningful work among 349 nurses. Organizational support was positively related to meaningful work and psychological safety, emphasizing its importance for more than cash support. Although not causal, these links underscore the importance of investigating nurses' views of organizational behaviors and relationships.

The practicalities of support are particularly pertinent when nurses are required to juggle competing clinical demands. Staffing, equipment and workflow arrangements can impact on the time available for observation, assessment and communication. In a countrywide survey of 2,183 intensive-care nurses in Belgium, 76% reported at least one unfinished nursing action during their previous shift (Bruyneel et al., 2024). Staffing and resource adequacy were most strongly related with unfinished care, which was also associated with poorer perceived care quality and greater risk of burnout. This study was conducted during the COVID-19 pandemic and should not be considered representative of typical conditions elsewhere. However, it highlights the interrelatedness of organizational resources, nurse labor and perceived quality. Organizational support also works through professional empowerment and the context in which nurses use judgment. Access to knowledge, opportunity and help can affect whether nurses feel able to accomplish their responsibilities. The work environment, structural empowerment, job stress and job satisfaction among 1796 hospital nurses in Oman were examined by AbuAlRub et al. (2023). Those nurses who reported more stress also reported poorer satisfaction and empowerment, and less positive working environments. But the study did not support the hypothesized indirect or moderating effects on satisfaction. This contrast shows the importance of carefully studying organizational interactions rather than assuming all types of support work through the same channel or bring similar advantages. Another way nurses feel the support from the company is through communication. When workers expect fair treatment and meaningful responses, they may be more likely to challenge decisions, reveal hesitation, and report issues. Lee et al. (2024) studied these correlations in a sample of 1,255 registered nurses employed in 34 South Korean hospitals. Psychological safety

and perceived ability to make a difference were connected with more voice and less silence. Voice and silence showed varied connections with burnout . Their findings imply that asking nurses to speak up is only one part of a supportive atmosphere and that understanding why concerns are not raised is as important. An exploration of nurses' stories can illuminate the experiences of these processes in specific clinical contexts. Attention should be paid to nurses' professional well-being and the relevance of support to patient care. Even when personnel continue to work to satisfy patient demands, emotional weariness and lower satisfaction might occur, complicating the interaction between the experience of the staff and the delivery of care. Ebrahimi et al. (2025) investigated perceived organizational support and professional quality of life among 217 nurses working in five hospitals in Iran. Support was connected with higher compassion satisfaction and lesser burnout. These studies suggest potentially crucial linkages but do not prove that assistance improves patient outcomes. However, they indicate the need to investigate how nurses characterize the relationship between feeling supported, managing emotional demands and retaining their capacity to attend to patients.

Caring workplace also involves the quality of the relationships among coworkers and leaders. In their qualitative content analysis, Friesen et al. (2025) found stories of teamwork, behaviors that enhanced or damaged caring environments, and the distress associated with disappointed expectations. In their findings they show how nurses separate supportive intentions from everyday realities. At the patient-care level, Alanazi et al. (2023) observed links between stronger safety culture, interprofessional teamwork and lower recorded fall rates across hospital units. However, certain associations differed based on whether falls were ascertained from incident reports or nurses' views. Taken together, these research support the study of organizational interactions with a clear separation between perceived treatment quality and independently assessed patient outcomes. International evidence provides valuable principles but cannot substitute for understanding local experience of nursing for tertiary care hospital in Karachi. Support could be understood differently based on institutional arrangements, clinical roles, supervisory relationships and conditions of specific units. A qualitative study might explore what nurses perceive as significant assistance, when they perceive it as available, and how they feel it impacts their ability to give care. The present study was conducted to evaluate the nurses' perspectives regarding the role of organizational support in quality patient care in tertiary care institutions of Karachi. It was about making sense of perceived relationships and contextual experiences rather than trying to demonstrate a causal effect or taking nurses' narratives as direct indicators of patient outcomes

**Problem Statement:**

The way nurses work, in terms of factors such as the availability of resources, the presence of supportive leadership, professional supervision and the opportunity to express concerns, affects the ability of nurses to provide quality care to patients. However, these factors may not necessarily transfer into support that nurses perceive as accessible or effective. Sönmez et al. (2023) found associations between the nursing work environment, decent work and physical and mental health of nurses and Tiryaki Sen and Yildirim (2023) reported different associations of organizational, supervisory and colleague support with psychological well-being and job performance. These differences imply that organizational support should not be seen as a single, undifferentiated experience. Leadership practices also count: Lee and Seo (2024) associated inclusive leadership with psychological safety and innovative work behavior, and Labrague et al. (2025) showed that a positive practice environment was associated with better compliance to clinical safety guidelines and less missed nursing care. Altogether, the evidence points to a need to explore what kinds of assistance nurses find important and how they view its relevance to routine patient care.

The ramifications are not just for workforce stability, service delivery and patient safety, but

also staff satisfaction. AbdElhay et al. (2025) identified transformational leadership and work–life balance as major characteristics linked with nurse retention. Xu et al. (2025) observed that structural empowerment mediated the association between burnout and patient safety culture. Structural empowerment, missing nursing care, and perceived care quality were found to be associated by Travis and Fitzpatrick (2026). Additionally, a systematic review and meta-analysis linked nursing fatigue to inferior quality of care, lower patient satisfaction, and a range of negative safety consequences (Li et al., 2024). However, these results, which are mainly quantitative and obtained from contexts other than Karachi, do not explain how nurses in tertiary care institutions in Karachi view organizational support and its impact on their clinical practice. The problem addressed by the present study is hence the need for a contextual understanding of how organizational configurations are viewed at the bedside. By understanding the nurses' narratives, perceived impediments, the types of assistance that help, and the organizational priorities for change may be uncovered, without presuming causality between support and patient outcomes.

**Research Objective:**

1.To explore nurses' perceptions of how organizational support influences the quality of patient care in tertiary care hospitals in Karachi.

**Research Question:**

Q1. How do nurses perceive the influence of organizational support on the quality of patient care in tertiary care hospitals in Karachi?

**Literature Review**

Recent studies have studied organizational support via nurses' well-being, leadership connections, professional performance, and psychological safety experiences. Zheng et al. (2024) investigated 792 nurses from five tertiary hospitals in China and reported that perceived organizational support was positively associated with occupational well-being and perceptions of decent labor. Their mediation study revealed that support, professional quality of life and working conditions were related to each other. However, the cross-sectional design was not able to determine the direction of these associations. The study adds data to the exploration of support as a multidimensional experience, but raises challenges to how nurses perceive certain organizational practices in daily clinical work. Workforce stability has also been researched in connection with leadership and organizational support. Pattali et al. (2024) studied 296 nurses working in eight private hospitals in Bahrain and reported that transformational leadership, authentic leadership and perceived organizational support were associated with decreased turnover intention . This study's findings imply that nurses' perceptions of their work environment are reflective of leadership style and broader institutional context of support. But intention to leave is an employment-related consequence and not a direct measure of service quality. Its importance to this study is in revealing relationships in the organization that need further investigation, not in establishing that supportive leadership inevitably results in improved patient outcomes.

Evidence on professional performance also suggests the impact of organizational settings. Song et al. (2024) surveyed 1,136 young Chinese nurses and found positive correlations between perceived organizational justice, organizational climate, job embeddedness, and job performance. The findings thus incorporate fairness as a related but different issue in the examination of support. A research by Engström et al. (2025) of 409 Swedish telephone nurses showed that thriving at work moderated the relationship between structural empowerment and a number of outcomes, including nurses' satisfaction with the care they provided. However, nursing in telephone settings is not the same as in tertiary hospital settings, and satisfaction with care received should not be confused with independently validated quality of patient care. Research on the medical storytelling capacity of nurses has drawn attention to the relational dimensions of treatment. Li et al. (2024) examined 1,831 nurses in eight hospitals in

China, finding favorable connections among perceived organizational support, job well-being, and the ability to understand and respond to patients' illness narratives. Support was related to narrative ability, in part, through work well-being. In doing so, the literature is extended beyond retention and occupational satisfaction to capacities essential to sympathetic communication. The assessments, however, were self-reported and the study did not find any increase in observed communication or patient outcomes. Thus its contribution is suggestive rather than causal.

Qualitative studies provide extra insight into the feeling of supportive situations. In Sweden, Stenvall and Edelbring (2026) interviewed nine specialized nurses on psychological safety in temporary emergency-care teams. Their results suggested interpersonal conduct, confidence, collaboration, leadership and organizational accountability. Mazzocato et al. (2026) added to this work by conducting four focus groups with 20 workers and management after a psychological safety intervention at a Swedish hospital. Participants reported a transition toward an atmosphere where blaming was less prevalent, self-awareness was more common, and leadership was more accessible. These research clarify interpersonal processes that surveys may miss, yet the particular contexts and small qualitative samples need caution in judging transferability. Together, these studies locate organizational support within a network of working circumstances, justice, leadership, well-being and communication. But much of the research evaluated comes from outside Pakistan and many of the studies measure staff outcomes or perceived performance rather than actually measuring quality of patient treatment. Qualitative information provides insight into how support is perceived, but does not determine how these experiences are implemented in healthcare systems. This provides a justification for studying nurses' views in tertiary care institutions in Karachi in terms of their description of meaningful assistance, hurdles to its access and its perceived impact on care delivery. This technique can generate a contextual understanding without thinking that foreign findings can be transferred as is to local practice.

## Research Methodology

### Research Design

The present study used a qualitative phenomenological research design to evaluate the perceptions of nurses regarding the impact of organizational support on the quality of patient care in the tertiary care hospitals of Karachi. Semi-structured interviews allowed participants to share their experiences and viewpoints in their own words. The transcripts of the interviews were analyzed using inductive qualitative content analysis. The meaning units were recognized, reduced and classified and related codes were grouped into sub-categories and categories. The interpretation of patterns across the data generated overarching themes, with different opinions kept.

### Sampling Technique

Registered nurses directly involved in patient care in participating tertiary care facilities in Karachi were selected by purposive sampling. Participants had to have at least six months of experience at their present hospital, so that they would be familiar with the organizational processes in their hospital. Participants were selected to provide a range of clinical units, nursing qualifications and professional experience. Student nurses and nurses who were working only in administrative positions were excluded. Sample adequacy was evaluated through concurrent data collection and analysis, with emphasis to the richness, relevance and diversity of participants' accounts.

### Research Instrument

Data was obtained through a semi-structured interview guide prepared by the researcher and related to the research purpose. The guide had professional background questions and open-ended questions regarding organizational support, supervisory guidance, resources, communication, staff well-being, and perceived implications for patient-care quality. Follow-up questions were

used to elicit elaboration of responses and description of specific experiences. Interviews were audio-recorded with participant permission and important contextual observations were collected in field notes.

**Ethical Consideration**

Ethical protocols were followed. Information on the purpose of the study, interview procedures, confidentiality and withdrawal arrangements were provided and written informed consent was obtained. Participation was voluntary and nurses were advised that non-participation would not impact their employment. Identifying information was replaced with participant codes, and quotations were checked to reduce risks of identification. Recordings, transcripts and consent forms were retained in a safe manner with access limited to authorized researchers in compliance with institutional norms.

**Data Analysis**

The data was analyzed using thematic analysis. The following themes erupted from the data.

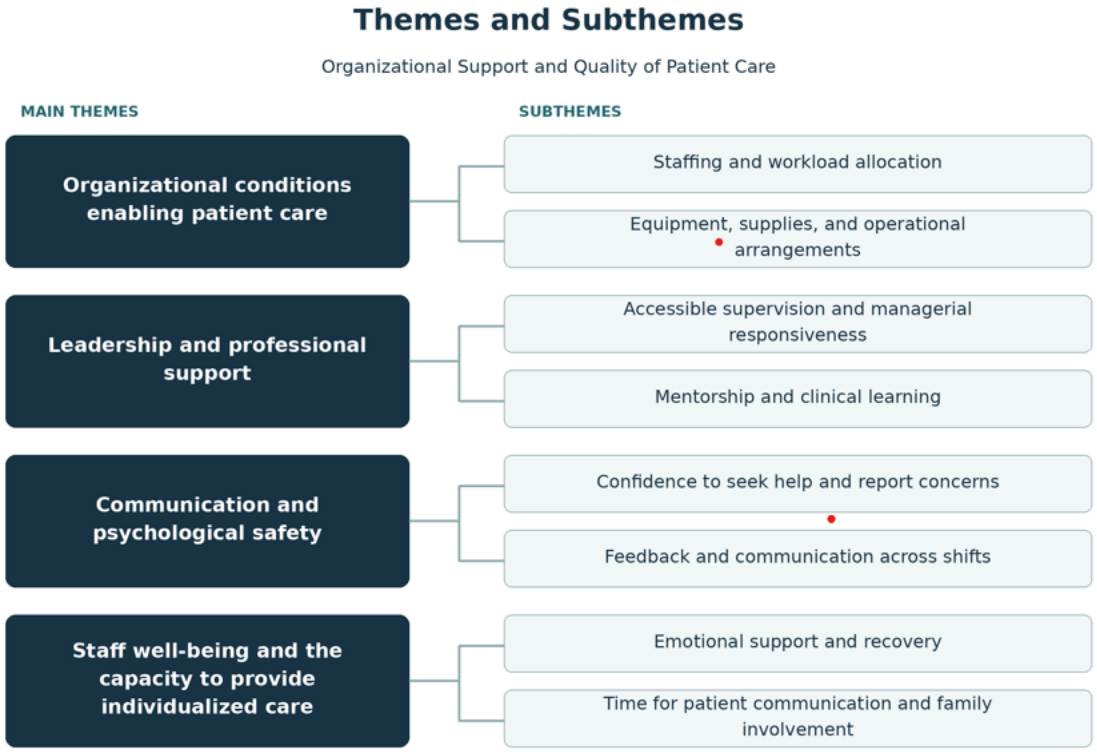



**Fig1: Graphical Representation of themes.**

**Theme 1: Organizational Conditions Enabling Patient Care**

**Subtheme 1.1: Staffing and workload allocation**

The issues of staffing and workload distribution is whether the number, experience and distribution of nurses meet the care needs of patients. In the data set, fairness means the same number of patients for each nurse vs involving patient dependency and staff competence. Support is therefore articulated in terms of systems that make clinical obligations achievable.

P1: When assignments have patient dependency I can arrange care better. Equal distribution of number of patients is not necessarily the fairest approach to divide labor.

P8: Skill mix is important as numbers of staff.Many of the nurses on our team are novice nurses, so we need more supervision.

These accounts dissociate the numerical staffing from the clinical needs on a team. S01 deals with the complexity of the patient, while S08 deals with the supervisory demands related to the expertise of the staff. Manpower shortages among those who contribute to missed nursing care in Karachi were noted by Aziz et al. (2025). Internationally, Lasater et al. (2025) found larger patient-to-nurse ratios resulted in worse results for patients and nurses. These observational results support the investigation of work load configurations but do not prove causality. jpma.org.pk. Available from: https://jpma.org.pk/index.php/public_html/article/view/20048?utm_source=chatgpt.com

P7: When a supervisor changed the assignments after a couple of high dependency admissions we could give more regular observation and personal care.

This subtheme exemplifies a way in which staffing assistance could be seen as the fit between clinical demand and available nursing capability. The accounts show that in analyzing perceived potential to offer complete and timely care, both staffing levels and allocation decisions should be examined.

**Subtheme 1.2 Equipment, supplies, and operational arrangements**

Material and operational support involves working equipment, available supply and reliable systems for accessing the necessary resources. It is important in eliminating needless interruptions to therapeutic activity. In the fictional stories, nurses assess assistance by the time and effort needed to provide the essential conditions for patient care.

P7: There was an outstanding pending request for replacement equipment. We got by on stuff borrowed but it required time to set up each shift.

P10: The hospital modified the way frequently used supplies were restored. I saw fewer patients and spent more time with each one.

These opposing accounts demonstrate how organizational arrangements can either absorb or release nursing time. P7 reports recurring workarounds, whereas P10 has better routine supply management. Aziz et al. (2025) found that missed care was related to material-resource restrictions. Similarly, Abdollahi and Haghighi-Moghadam (2025) found that poor working conditions were impediments to perceived organizational support, giving a contextual basis for examining the practical availability of resources.

P2: A little equipment problem can take one's mind off monitoring.

The material introduces tangible assistance into the organizing of everyday care. It indicates that comprehending nurses' perspectives requires attention to resource reliability and the additional labor generated by the unavailability of supplies or equipment.

**Theme 2: Leadership and Professional Support**

**Sub-theme 2.1: Accessible supervision and managerial responsiveness**

Accessible supervision means being able to access timely help from someone who understands the clinical issues and can help you to respond appropriately. Being a responsive manager is more than simply being approachable; it's about authority and follow-through. The explanations distinguish the human willingness of supervisors to help from their organizational competence to address difficulties.

P1: Our ward in-charge tries to help, but there are some problems that are beyond her authority. She may understand our workload but not be able to arrange another nurse.

P5: I raise them with the in-charge. I've seen some things get fixed, so I won't say management never listens.

Such viewpoints are variable in how help is experienced. P1 points out a restriction on the authority of managers, P5 sees effective answers. Ali and Shaban (2025a) found that nurses' narratives of organizational support for mental-health recovery were critical to empathetic and communicative leadership. Another key feature was organizational climate, identified by Abdollahi and Haghighi-Moghadam (2025). Neither study suggests that all approachable supervisors can overcome institutional barriers.

P3: It depends if another department or administration has to do something.

This subtheme presents assistance as an interlink between interpersonal accessibility and institutional decision-making. The data propose that we look at who can respond, what authority they have, and how departmental cooperation influences the perceived utility of aid.

**Subtheme 2.2: Mentorship and clinical learning**

Mentorship and clinical learning are instruction that help nurses acquire judgment, operate unfamiliar equipment and manage challenging situations. Support comprises formal instruction and support in the clinical job. Knowledgeable colleagues are appreciated when opportunities to learn are accessible.

P4: I was concerned about a patient after surgery and a senior nurse assisted me to evaluate her. She told me what to look for and helped me raise the concern.

P2: When I was using a technology I was not familiar with, the clinical educator remained with me. I could concentrate on the patient and learn safely.

These examples illustrate contextual learning within the framework of care delivery. In their study, Scott et al. (2025) highlighted coaching and supporting others as elements of clinical leadership in emergency nurses. Likewise, reflective learning, information sharing and collaboration within nurses' leadership and resilience were reported by Lenssen et al. (2025).

*P4: I would like to see mentorship beyond orientation with a named person to go to with clinical questions.*

This depicts professional progress as a continuous process. The accounts indicate that orientation, practical instruction and ongoing access to experienced colleagues can be analytically different types of help, which should be studied separately.

**Theme 3: Communication and Psychological Safety**

**Subtheme 3.1: Confidence to seek help and report concerns**

Confidence to seek help and disclose problems is associated with nurses' perceived capacity to admit doubt, ask for direction and voice patient-care issues without fear of humiliation or unjust treatment. This subtheme focuses on the impact of interpersonal connections and organizational reactions on the desire to talk openly, especially in unfamiliar situations or in the presence of possible dangers for nurses. It also differentiates constructive professional accountability from responses that discourage transparency by blaming.

P4: I might spend too long trying to figure things out by myself if I feel embarrassed.

P9: It's different to feel accountable than to feel blamed. The way managers react can decide whether the next concern is raised by personnel.

The statements show that there may be a link between anticipated replies and the desire to report difficulties. Scott et al. (2025) described clinical leadership that helps less experienced nurses and builds confidence in clinical judgment. The relationship between perceived organizational support and nurses' safety behavior was found by Tang et al. (2026). The latter gives a broader numeric picture but does not clearly prove the reporting method portrayed in this.

P2: Often clinical concerns are taken seriously. But when the team leader says, Are there any questions? I can talk more easily.

Confidence to ask for help and raise issues depends on an environment that is open to queries and responds to concerns in a polite and fair way. Accessible guidance and constructive accountability may motivate nurses to report uncertainty and potential dangers expeditiously. If strengthened, these factors can encourage collaborative problem solving and organizational learning, with potential benefits for patient-care quality and safety.

**Subtheme 3.2: Feedback and Communication Across Shifts**

Feedback and communication between shifts includes prompt sharing of correct information and unambiguous reaction to concerns made by nurses. This subtheme includes clinical handovers, updates on organizational choices, and communication on actions taken to resolve reported concerns. Shift consistency helps nurses understand priorities of care, define tasks and ensure continuity in patient management .

P7: I disclose difficulties verbally and sometimes in writing. I get discouraged when I do not know if somebody has acted.

P10: Sometimes information about a change gets to one shift before other shifts. This leads to uncertainty about what our expectations are.

Effective communication between shifts includes both reliable sharing of information and feedback on issues that are not resolved in a timely manner. Clear handovers, easy access to information and recorded follow through can eliminate ambiguity and enable coordinated care. Improving these systems can assist nurses maintain continuity of care and get their concerns addressed by the organization.

P8: Management agreed to change in handover practice and gave time for staff training. Information became more apparent and fewer problems were left unresolved between shifts.

Effective feedback and communication between shifts are vital to the delivery of coordinated nursing care. Clear handovers, regular updates and fast reaction to identified concerns can reduce uncertainty and improve continuity of care. These processes also illuminate the assistance the organization provides to ensure nurses have the information and follow-through to fulfill their clinical obligations.

**Theme 4: Staff Well-Being and the Capacity to Provide Individualized Care**

**Subtheme 4.1: Emotional Support and Recovery**

Emotional support and recovery include interpersonal support and organizational settings that encourage nurses to cope with distress and rebuild emotional and physical capability after intensive clinical practice. Access to confidential support, opportunities to talk about tough situations, proper breaks and sufficient rest between shifts. It explores the way in which workplace factors impact on nurses' ability to sustain focus and emotional engagement in patient care.

P6: After a particularly traumatic patient death we got on with work without discussion. I had difficulty giving full attention to the next patient.

P9: When covers are taken, I come back more focused. On shifts when there is no cover, fatigue builds up.

Most useful are practical steps to relieve persistent pressures in the workplace, along with emotional support. Ali and Shaban (2025a, 2025b) pointed out the importance of supportive leadership, collegial connections and organizational culture in the experience of recovery and resilience of nurses. Work intensification is associated with occupational fatigue (Güngör & Sönmez, 2025) and poor recovery between shifts is weakly associated with increased missing nursing care (Alshammari et al., 2025). The results show that emotional support and rest chances should be viewed jointly.

P3: Support helps us stay alert and caring. But a worker wellness activity is not worth much if the burden is unmanageable.

Emotional support and recovery must therefore be seen as shared organizational duties and not as individual coping issues alone. Help, supportive supervision and work conditions that allow sufficient rest may help nurses maintain their well-being and ability to deliver compassionate care. Their worth relies on how well they fit with nurses' needs and the realities of everyday clinical work.

**Subtheme 4.2: Time for Patient Communication and Family Involvement**

Time for patient communication and family engagement refers to the times nurses need to explain care, answer questions, check understanding and include family members chosen by patients where appropriate. These conversations foster personalized care that considers patients' choices and situations. This subtheme explores how nurses' capacity to meaningfully interact with patients and families is affected by workload, interruptions, privacy, and educational resources.

P5: Sometimes if the ward is busy I might just quickly explain something and then later I realize the parent still has questions.

*P6: Uninterrupted assessment time allows me to identify symptoms and explain treatment.*

How an organization is structured can either open or close the door for these conversations. Nurses can give clear explanations if they have enough time and teaching tools that are easy to use but if they have other things to do these may stop the discussion or leave queries unanswered. Aziz et al. (2025) identified personnel, material resources and communication concerns as variables contributing to missing nursing care in Karachi. Alshammari et al. (2025) found that limited staffing and excessive patient loads were among the factors cited for lapses in care. Although these studies do not explicitly address effects on family involvement, they provide a useful backdrop for analyzing situations around patient education.

P5: The hospital needs to provide the caregivers with teaching materials. It made us consistent in the way we explained care and to check parents' understanding.

Meaningful patient communication and adequate family involvement are essential roles of nurses. With more time, adequate space, and accessible educational tools, nurses may be able to address concerns and foster informed participation in care. Thus, organizational assistance should be aimed at conditions essential for prolonged discourse as well as those required for clinical treatments.

## Conclusion

Organizational support provides an important framework to comprehend the settings under which nurses care for patients. The example analysis brings together staffing and resource adequacy, accessible leadership, professional advice, communication and staff well-being as inter-related dimensions of support. It argues that organizational connections that are respectful of nurses' work and practical support have to be considered simultaneously when considering nurses' capacity to deliver timely, coordinated and individualized care.

These factors provide priorities for additional research and organizational improvement for tertiary care hospitals of Karachi. Focus on workload distribution, clinical mentorship, positive reporting procedures, emotional support and patient communication may help to develop more supportive practice settings. However, these findings were based on simulated replies and the actual impressions of nurses or the quality of patient care will have to be verified in empirical research.

## Recommendation

- Strengthen staffing and resource allocation: Review patient dependency, nursing skill mix, and workload when assigning duties, and ensure reliable access to essential equipment and supplies.
- Improve supervisory support and mentorship: Establish accessible clinical guidance and continuing mentorship, particularly for newly appointed nurses and those managing unfamiliar situations.
- Promote constructive reporting and feedback: Provide clear channels for raising concerns, ensure fair responses, and communicate actions taken to address reported problems.
- Support nurses' emotional well-being and recovery: Facilitate confidential counselling, voluntary support after distressing events, protected breaks, and adequate rest between shifts.
- Facilitate patient communication and family involvement: Allocate time for patient education, provide accessible teaching materials, and involve families according to patients' preferences and consent.

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