



Nurse and Midwife Workplace Barriers in Bangladesh

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Received Date: October 12, 2022

Published Date: October 19, 2022

Abstracts

Nurses and midwives face workplace barriers that impact their work activities. To ensure quality nursing and midwifery care, it's important to identify and resolve these barriers. Studies have identified and categorized the barriers affecting these healthcare workers. The aim of this survey study was to identify the specific barriers encountered by nurses and midwives in Bangladesh. This was a descriptive quantitative survey study. A self-reported questionnaire containing 10 items developed by the researchers was used to collect the nurses' and midwives' workplace barrier data. The participants were 1706 nurses and midwives. Descriptive statistics were used to analyze the nurses' and midwives' demographic and workplace barriers data. The study found that workplace barriers experienced by nurses and midwives included feeling unsafe, being unable to provide proper patient care, a lack of relationships with hospital colleagues, a lack of monitoring and work instructions, little opportunity to share ideas, and a lack of dressing rooms and toilets. Participants also faced difficulties getting weekly leave, rest and recreational leave, and maternity leave. Nurse and midwives experienced various workplace barriers. Resolving these barriers will contribute to a safe workplace, improve nurses' and midwives' performance, and improve the quality of nursing and midwifery care.

Keywords: Nurses; Midwives; Workplace barriers

Introduction

Nurses and midwives are well-known figures in hospitals. They are responsible for providing and coordinating nursing and midwifery care, preventing adverse health effects, and optimizing the use of health care facilities for patients [1]. Nurses and midwives require a safe, satisfying, and empowering workplace [2]. These qualities are essential to providing high-quality nursing and midwifery care and ensuring high-quality nurse and midwife job performance [3].

The Bangladesh government has made various efforts to increase and improve nursing and midwifery provision. Their goal has been to ensure the quality of nursing and midwifery care and achieve Sustainable Developmental Goals (SDGs). In response to

hospitals' demands, the government has deployed a remarkable number of nurses and midwives across the country. The Directorate General of Nursing and Midwifery (DGNM) is the regulatory body for the 42,239 nurses and 2,546 midwives working in government organizations in Bangladesh. These figures include nurse and midwife administrators, managers, teachers, and clinical nurses and midwives. DGNM supports the provision of safe hospital workplaces for nurses and midwives.

It is necessary to identify the workplace barriers that nurses and midwives experience and find solutions for resolving these barriers. This may contribute to improving nursing and midwifery care and also its outcomes. Studies among midwives have found

that they experience social, professional, and economic barriers [4,8] and that they have expressed concerns about hospital equipment, housing, and transportation [5]. However, there are few studies of the specific workplace barriers experienced by nurses and midwives working in Bangladesh. Therefore, the aim of this study was to identify the workplace barriers specific to Bangladesh. The results of this study will help nurse and midwife managers, administrators, and hospital authorities to improve nurses' and midwives' workplaces.

Data and Methods

This was a descriptive quantitative survey study. The participants were 1706 Bangladeshi nurses and midwives working at government hospitals as direct care providers. Data were collected through online self-reported questionnaires. A formal request for participants to take part in this study and the study questionnaire were placed on the DGNM website. The duration of the study survey was 10 days. The survey study questionnaire consisted of two parts: (a) a demographic questionnaire and (b) a workplace characteristics questionnaire (developed by the researcher). The questionnaires were validated by three expert nurses.

The demographic section included 10 items: (1) designation, (2) age, (3) gender, (4) marital status, (5) number of children, (6) professional educational qualification, (7) working hospital category, (8) hospital location, (9) preferred nursing area, and (10) preferred hospital. The workplace section also included 10 items: (1) feeling safe in the workplace, (2) feeling safe during night shift duty, (3) being able to provide proper care to patients, (4) relationships with hospital colleagues, (5) monitoring of nurses' and midwives' night work by supervisors, (6) availability of dressing rooms, (7) availability of toilets, (8) receiving work instructions from senior staff in charge of wards, (9) opportunities to share ideas, (10) opportunities to take leave. Items 1-5 were recorded via a 5-point Likert scale (4 to 0). Items 6-10 were recorded via a 2-point Likert scale (1 to 0). After completion, 10 days' data were downloaded and organized. The incomplete data

were excluded. Finally, 1706 participants' data were analyzed using the SPSS program. Descriptive statistics, including frequency and percentage, were used to describe the participants' demographic and workplace responses.

Results

The majority (93.1%) of the participants were nurses. The remainder (6.9%) were midwives. Most were between 20 and 35 years old (74.7%), female (83.3%), and married (85.9%). 37.2% of participants had one child. 60.37% held a diploma in nursing science and 31.9% were working in district or general hospitals. More than half (50.7%) were working in their own district. 64.9% preferred to be a specialized nurse and 44.1% preferred to work in a medical college hospital (Table 1 & 2).

9.8% of participants reported feeling unsafe at work and 13.8% felt unsafe during night shifts. More than fifty participants (3.1%) felt unable to provide proper patient care. Only 5% reported no good relationships with hospital colleagues. However, 16.7% said that their night shift duty was not monitored by their supervisors, 9.1% did not receive work instructions from senior ward staff, and 23.3% had no opportunity to share ideas with seniors. 15.2% did not have access to a dressing room and 11.8% could not access a toilet. Moreover, participants reported problems taking weekly leave (15.5%), rest and recreation leave (28.1%), and maternity leave (5.6%).

Discussion

The present study found that about 10% of participants felt unsafe at work and about 14% of participants felt unsafe during night shifts. Participants' age, gender, and hospital category may be a factor in this. Most participants were female (83.3%) and most were aged between 20 and 35 (74.4%). Workers in these demographic groups might fear sexual harassment or violence. In addition, participants worked at different categories of hospital (including union sub-center, upazila health complex, district/general hospital, medical college hospital and specialized hospital).

Table 1: Nurse and Midwife demographic characteristics (n = 1706).

Items	Frequency	Percentage
Designation		
Nurse	1588	93.10%
Midwife	118	6.90%
Age		
20 - 35 years	1274	74.70%
36 - 45 years	268	15.70%
46 - 55 years	164	9.60%
Gender		
Male	216	12.70%

Female	1490	87.30%
Marital Status		
Married	1466	85.90%
Unmarried	235	13.80%
Widow	5	0.30%
Number Of Children		
Nil	622	36.40%
One	634	37.20%
Two	392	23.00%
Three	54	3.20%
Four	4	0.20%
Nursing Professional Qualification		
Diploma in nursing science	1030	60.40%
Diploma in midwifery science	113	6.60%
BSc in nursing	382	22.40%
Masters in nursing	176	10.30%
Masters in sexual and reproductive health	5	0.30%
Category Of Working Hospital		
Union sub center	12	0.70%
Upazila health complex	444	26.00%
District and general hospital	545	31.90%
Medical college hospital	442	25.90%
Specialized hospital	244	14.30%
Other hospital	19	1.20%
Hospital Location		
Own district	865	50.70%
Husband's district	162	9.50%
Husband's workplace district	123	7.20%
Other district	556	32.6
Preference Nursing Area		
General nursing	466	27.30%
Specialized nursing	1107	64.90%
Midwifery nursing	133	7.80%
Preference Hospital		
Union sub-center	14	0.80%
Upazila health complex	283	16.60%
District and general hospital	401	23.50%
Medical college hospital	752	44.10%
Specialized hospital	251	14.70%
Other hospital	5	0.30%

Table 2: Nurse and Midwife workplace barriers (n=1706).

Items	Frequency	Percentage
1. Feeling of Safety in the Workplace		
Completely safe	186	10.90%

Safe	763	44.70%
Pretty safe	591	34.60%
Unsafe	166	9.80%
2. Feeling of Safety During Night Shift Duty		
Completely safe	131	7.70%
Safe	606	35.50%
Pretty safe	734	43.00%
Unsafe	235	13.80%
3. Able to Provide Proper Care to the Patients		
Completely able	494	29.00%
Able	941	55.20%
Pretty able	216	12.70%
Unable	55	3.10%
4. Relationship with hospital colleagues		
Completely good	925	54.20%
Good	718	42.10%
Pretty good	58	3.40%
Not good	5	0.30%
5. Monitoring of night work by supervisors		
Completely do monitoring	212	12.40%
Do monitoring	945	55.40%
Pretty much do monitoring	264	15.50%
No monitoring	285	16.70%
6. Receiving Work Instructions from Seniors		
Yes	1537	90.10%
No	169	9.90%
7. Opportunity to Share Ideas with Seniors		
Yes	1308	76.70%
No	398	23.30%
8. Availability of Dressing Room		
Yes	1446	84.80%
No	260	15.20%
9. Problems Taking Holiday and Leave		
Weekly leave		
Yes (has experienced problems)	256	15.00%
No	1450	85.00%
Rest and Recreation Leave		
Yes	480	28.10%
No	1226	71.90%
Maternity Leave		
Yes	95	5.60%
No	1611	94.40%
10. Availability of Toilets		
Yes	1505	88.20%
No	201	11.80%

These hospitals, and their structures and systems, may not be supportive enough of employee safety (or perceived safety). The finding that feeling unsafe at work is a barrier to effective nursing and midwifery is consistent with other studies, which identified social barriers [6] and personal or organization-based perceived disrespect barriers [7-8].

Some participants (3.1%) felt unable to provide proper patient care. This might be a result of hospital systems, particularly nurses' and midwives' workloads, unavailability of hospital supplies, and lack of a supportive environment. This is consistent with a previous study which identified professional and economic barriers [6]. A few participants (.3%) were unable to build relationships with hospital colleagues. This might be due to specific personal issues and is similar to the findings of a study which identified personal self-barriers [7]. 16.7% of participants reported that their night shift duty was not monitored by their supervisor. This may be a result of a lack of supervisors or may reflect that some supervisors were less aware about their supervisory roles. Alternatively, some supervisors' workloads may not allow time for this task. This barrier is similar to that found in a study which identified professional barriers [6] and organization-based perceived disrespect barriers [7].

In addition, 9.1% of participants reported not receiving work instructions from senior ward staff and 23.3% of participants did not have the opportunity to share their ideas with seniors. This may be caused by the senior staff in charge of the ward and may reflect managers' unwillingness or inability to inform and include their staff. This barrier is similar to the personal and organization-based perceived disrespect barriers identified in another study [7]. 15.2% of participants reported the unavailability of dressing rooms and 11.8% reported the unavailability of toilets. This absence of basic facilities may be a result of hospital structures. The finding is similar to that of a study that found organization-based perceived disrespect barriers [7]. Finally, participants faced problems taking weekly leave (15.5%), rest and recreation leave (28.1%), and maternity leave (5.6%). These problems may have been caused by hospital systems and a shortage of nurses and midwives. This finding is consistent with a study that identified economic barriers [6].

Conclusions

Nurses and midwives experienced workplace barriers, including feeling unsafe, being unable to provide proper patient

care, lack of relationships with hospital colleagues, absence of monitoring, lack of work instructions, little opportunity to share ideas, and unavailability of dressing rooms and toilets. In addition, participants confronted difficulties in taking weekly leave, rest and recreation leave, and maternity leave. To improve nursing and midwifery care and nurses' and midwives' job performance, it is important to find solutions to these workplace barriers.

Recommendations

Further study may be conducted in different hospitals, including specialized, medical college, district and upazila hospitals with more specific questionnaire.

Ethical Considerations

Data collection approval was obtained from the Directorate General of Nursing and Midwifery.

Acknowledgements

The researchers express appreciation to the Bangladeshi nurses and midwives for their participation in this study.

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