



PROBLEM FACED BY THE NURSES DURING SERVICE DELIVERY IN SELECTED PUBLIC AND PRIVATE HOSPITAL

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ABSTRACT

It is important to underline that the way nursing and health work is organized entails implications for the workers and for the clients who are attended and receive care, in terms of the suffering that could and needs to be avoided. The aim of the study was to compare the problems faced by the nurse during service delivery in public and private hospitals at Dhaka Medical College Hospital (DMCH) and Bangladesh Medical College Hospital (BMCH), Dhanmondi, Dhaka, Bangladesh. The cross-sectional study was conducted conveniently selected 150 nurses who were working at Dhaka Medical College Hospital (DMCH) and Bangladesh Medical College Hospital (BMCH), Dhanmondi, Dhaka from 1st January to 31st December, 2018. Data were collected face to face by using semi structured questionnaire. Collected data were analyzed by using descriptive statistics. The mean age of the respondents was 34.43±8.20 years. According to the study findings, majority 50.7% of the respondents were faced over load of work, more visitors' problems during duty time. 28.7% were faced Personal security, more visitors, over load of work problems and 92.75 of the respondents had no job satisfaction where only 7.3% stated that they had job satisfaction.

KEYWORDS: Problems, Nurse, Assistant Nurse, Service delivery, Job satisfaction.

INTRODUCTION

Difficulties faced in the nursing routine work, mainly in hospitals, have been reported without the resulting ethical implications to workers and especially to clients, been sufficiently questioned. The work organization can be the main source of suffering to nursing workers, related to the exercise of power of different actors involved in the health institutions, which can potentially cause multiple problems and distress of ethical order.

Health care in Bangladesh is in a sad condition, with not enough doctors and nurses available to serve its people, but, even with this limited number of health care professionals, better care would be possible if greed for money and unaccountability to the people were controlled by the Government. The situation of clients who need health professionals' knowledge, can commonly represent suffering, pain, among other feeling, strengthening the professionals' urgent commitment to respect the clients' rights and the permanent need to recognize their human condition.

However, contradictorily, nursing work can be perceived as extremely pleasurable, when it can be realized, depending on the obtained results and, also, because it attends to nursing workers' needs of feeling useful and wanting to help.^[1] In this sense, it seems relevant to highlight that "feeling useful" and "wanting to help" can constitute a necessary but insufficient condition to work in health/nursing.

The organization of health/nursing work, on the other hand, considered as "in a way, the other person's will"^[2] can be a greater source of suffering for nursing workers and is related to the exercise of power by the multiple actors involved in health institutions. Therefore, talking about power means talking about the exercise of power, about Power in a relational conception, whose existence depends on multiple resistance points,^[3] It is relevant to highlight that a power relation needs to be understood as an action not on the others, but as an action on the others' action, whether these are real or possible. Hence, a power relation aims neither for the other's destruction nor

his/her annulment, as all relational possibilities would be closed off, but the other's survival as a subject of action is fundamental for the power relation to be sustained and maintained, allowing for answers, reactions, constructions.^[3]

A new economy of power relations requires the use of forms of resistance against the use of power forms. In a Foucaultian perspective, then, power relations can only occur between free subjects who are capable of resisting, of exercising opposite forces as, in the absence of this freedom, relations of domination instead of power would occur.^[3]

Hence, it is important to underline that the way nursing and health work is organized entails implications for the workers and for the clients who are attended and receive care, in terms of the suffering that could and needs to be avoided.^[4-6] In Brazil, difficulties nurses face in their daily work have been denounced, using different approaches. These are represented by low wages, Double employment with long work days, inappropriate work conditions, precarious material resources, insufficient human resources, disrespectful relations in the health and nursing team, among others, related to the organization of work.^[1,7-9] without focusing on or at least sufficiently studying the consequent moral suffering and ethical implications for the workers as well as for the clients.

In the attempt to get to know how patients' rights are being respected at a hospital institution, feelings of guilt were evidenced in the nurses, due to care actions that were not realized. In the face of the inappropriate work conditions faced in daily work, these professionals' defense of the institution seemed to be more evident than clarifications to the clients. In short, we could verify that the nurses denied the patients' right to information, out of

fear of retaliations and punishments by the heads and administration.^[9]

MATERIALS AND METHODS

A cross sectional study was conducted at Dhaka Medical College Hospital (DMCH) and Bangladesh Medical College Hospital (BMCH), Dhanmondi, Dhaka from January 2011 to June 2011. Total 150 nurses who were working at Dhaka Medical College Hospital (DMCH) and Bangladesh Medical College Hospital (BMCH), Dhanmondi, Dhaka had study sample. Convenient type of non-probability sampling technique was followed. Data were collected by face to face interview using semi-structured questionnaire on socio-demographic characteristic, nurse's opinion about their responsibilities, problems faced by them in their working places, nurses' facilities. To complete interview average 30 minutes were required. The data entry was started immediately after completion of data collection. Then data processing and analysis were done by using appropriate method of Statistical Package for Social Sciences (SPSS) Version 20. Following approval was given by the Ethical and Research Committee of Dhaka Medical College Hospital (DMCH) and Bangladesh Medical College Hospital (BMCH), Dhanmondi, Dhaka.

RESULT

A cross-sectional study was conducted in two different hospitals at Dhaka district. In this study 150 respondents randomly selected from various ward at Dhaka Medical College Hospital (DMCH) and Bangladesh Medical College Hospital (BMCH), Dhanmondi, Dhaka to compare the problems faced by the nurse during service delivery in public and private hospitals. Collected data were cleaned, edited and analyzed with the help of Excel spreadsheet and Statistical package for the Social Sciences (SPSS) version 20 was used to perform for statistical analysis.

Table 1: Socio-demographic characteristics of the respondents (n=150).

Age category of the respondents	Sex of the respondents	
	Male	Female
<=19 years	0	1
	(.0)	(.7)
19-29 years	0	50
	(.0)	(33.3)
29-39 years	1	57
	(.7)	(38)
39-49 years	1	36
	(.7)	(24.0)
49- and above years	0	4
	(.0)	(2.7)
Total	2	148
	(1.3)	(98.7)
Professional qualification		
Diploma in Nursing	114	76
BSC Nursing	20	13.3
Junior Nursing Training	16	10.7
Monthly Income		

Age category of the respondents	Sex of the respondents	
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39-49 years	1	36
	(.7)	(24.0)
49- and above years	0	4
	(.0)	(2.7)
Total	2	148
<=20000	15	10.0
20000-40000	78	52.0
40000-60000	44	29.3
60000-80000	10	6.7
80000 and above	3	2.0
length level (in years)		
.25 -5 years	2	1.3
5-10 years	43	28.7
10-20 years	35	23.3
20-25 years	46	30.7
25-30 years	24	16.0
Total	150	100.0
Duty time		
Morning	82	54.7
Evening	68	45.4
Duty hours		
6.00	2	1.3
8.00	148	98.7
Total	150	100.0

Table 1 shows the majority of the respondents were female 98.7% and the rest 1.3% were male. Among the female the highest 38% were in age group 29-39. Mean age \pm SD =34.43 \pm 8.20 years. Maximum=60 years and Minimum=19 years. The majority 76% of respondents were in Diploma in nursing where 13.3% and 10.7% were BSC nursing and Junior training nursing and from them, 52% respondents ,monthly family income were in 20,000 -40000 TK and only 2% respondents had monthly

family income in 80000 and above group. Mean income \pm SD =41926.67 \pm 16976.532 TK., Maximum=100000 TK. and Minimum=20000 TK. From the respondents, minimum service years were 3 month and the maximum service years were 30 years. Out of total respondents, 54.7% respondents' duty time was morning where 45.4% was evening and 98.7% respondents' duty hours were 8 hours where only 1.3% was 6 hours.

Table 2: Types of problems faced by the respondents (n=150).

Types of problems	Frequency	Percent
Personal security, accountability, over load of work, more visitors	1	.7
Personal security, accountability, over load of work, more visitors and misbehavior of higher authority	2	1.3
Personal security, accountability, more visitors	1	.7
Personal security, more visitors, over load of work	43	28.7
Personal security, over load of work, more visitors and misbehavior of higher authority	1	.7
Accountability, over load of work, more visitors	14	9.3
Accountability, over load of work, more visitors and misbehavior of higher authority	5	3.3
More visitors	1	.7
over load of work, more visitors	76	50.7
over load of work, more visitors and misbehavior of higher	5	3.4

authority		
Overload of work	1	.7
Problems faced with logistic, drugs, and equipment's supply		
Yes	11	7.3
No	139	92.7
problems related with physical facilities		
More than three problems	100	66.7
Two to three problems	50	33.3
Total	150	100.0

Table 2 shows the majority 50.7% of the respondents were faced over load of work, more visitors' problems during duty time. 28.7% were faced Personal security, problems faced with logistic, drugs, and equipment's supply by the respondents. 92.7% faced no problems with logistic, drugs, and equipment's supply where only 7.3% were faced problems with logistic, drugs, and equipment's supply. Problems related with physical facilities faced by the respondents during working period. The problems were found Space, Ventilation, Toilet facilities, Manpower, Patient bed, Ambulance and Transport etc. The majority 100 (66.7%) respondents were faced more than three problems and 50 (33.3%)

respondents were faced two or three problems. No one was stated one problem or no problem.

Table 3: Distribution of the respondents by Job satisfaction (n=150).

Job satisfaction	Frequency	Percent
Yes	11	7.3
No	139	92.7
Total	150	100.0

Table 3 shows the distribution of the respondents by Job satisfaction. 92.75 of the respondents had no job satisfaction where only 7.3% stated that they had job satisfaction.

Table 4: Reasons of dissatisfaction on job by the respondents (n=150).

Reasons	Frequency	Percent
Had job satisfaction	139	92.7
Insufficient salary, Overload of work and Lack of social respect	3	2.0
Insufficient salary, Overload of work, Lack of social respect and no incentive	1	.7
Overload of work	2	1.3
Overload of work and Lack of social respect	2	1.3
No incentive	1	.7
Lack of social respect	2	1.3
Total	150	100.0

Table 4 shows the distribution of the respondents by reasons of not job satisfaction. Only 7.3% of the respondents had no job satisfaction. The reasons they

stated as insufficient salary, Overload of work, Lack of social respect and no incentive were the most common.

Table 5: Comparison of the finding between Public and Private Hospital.

Problems category	Public hospital	Private hospital
Physical facilities related problems (Space, Toilet facilities, Manpower, transport, patient's bed etc.)	Inadequate	Adequate
Drug, logistics and equipment's supply related problems	Inadequate	Adequate
Monthly income	Sufficient	Insufficient
Overload of work	Less	More
Accountability	Less	More
Misbehavior of the higher authority	Less	More
Security problems	Less	Average
Medicine supply	Inadequate	Adequate

DISCUSSION

The results found that the majority of the respondents were female 98.7% and the rest 1.3% were male. The

majority 50.7% of the respondents were faced over load of work, more visitors' problems during duty time. 28.7% were faced Personal security, more visitors, over

load of work problems. Problems were considered in Personal security, Accountability, More visitors, Overload of work, Misbehavior of higher authority. The above table categorizes the problems. 92% respondents told that they were faced 2-3 problems, 6% were faced more than 3 problems and only 2% of the respondents were faced only one problems during their service delivery. 92.75 of the respondents had job satisfaction where only 7.3% stated that they had no job satisfaction. Only 7.3% of the respondents had not job satisfaction. The reasons they stated as insufficient salary, Overload of work, Lack of social respect and no incentive were the most common. This was a great problem to delivery service properly. Problems faced with logistic, drugs, and equipment's supply by the respondents showed that 92.7% faced no problems with logistic, drugs, and equipment's supply where only 7.3% were faced problems with logistic, drugs, and equipments supply. Physical facilities related problems faced by the respondents during working period. The problems were found Space, Ventilation, Toilet facilities, Manpower, Patient bed, Ambulance and Transport etc. The majority 100(66.7%) respondents were faced more than three problems and 50(33.3%) respondents were faced two or three problems. No one was stated one problem or no problem. There was strong association between by distance from living place to working place and types of physical facilities related problems (p -value=.001). According to statistical test the relationship between family monthly income and job satisfaction was insignificant ie, there was no association between family monthly income and job satisfaction of the respondents.

CONCLUSIONS

By demanding better organizational work conditions, nurses indirectly advocate for the patients, explicitly claiming that their values, as well as their ethical and professional responsibilities, be supported. The advocacy could be made easier if nurses had a greater sense of confidence, which results from their professional self-value. The present study concluded that a problem faced by the nurses during service delivery was greatly hampered of health care to the population. The majority (50.7%) of the respondents were faced by overload of work, more visitors problem during duty time, 28.7% were faced problems of personal security, more visitors and overload during work. The study also revealed that 66.7% were faced problem faced with physical facilities.

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REFERENCES

1. Lunardi WD Filho. Prazer e sofrimento no trabalho: contribuições à organização do processo de trabalho

da enfermagem. [dissertação]. Porto Alegre (RS): Faculdade de Ciências Econômicas/UFRGS, 1995.

2. Dejours C. Trabalho e saúde mental: da pesquisa à ação. In: Dejours C, Abdoucheli E, Jayet C. Psicodinâmica do trabalho: contribuições da escola dejouriana à análise da relação prazer, sofrimento e trabalho. São Paulo (SP): Atlas, 1994; 45-65.
3. Dreyfus H, Rabinow P. Michel Foucault Uma trajetória filosófica. Para além do estruturalismo e da hermenêutica. Rio de Janeiro (RJ): Forense Universitária, 1995.
4. Trevizan MA, Mendes IAC, Lourenço MR et al. Aspectos éticos na ação gerencial do enfermeiro. *Rev Latino-am Enfermagem*, 2002; 10(1): 85-9.
5. Mendes IAC. Convivendo e enfrentando situações de stress profissional. *Rev Latino-am Enfermagem*, 2001; 9(2): 1-5.
6. Mendes IAC. Nurses' actions in face of man's new needs. *Rev Latino-am Enfermagem*, 2001; 9(4): 1-5.
7. Pereira MCA, Fávero N. A motivação no trabalho da equipe de enfermagem. *Rev Latino-am Enfermagem*, 2001; 9(4): 7-12.
8. Selli L. Bioética na Enfermagem. São Leopoldo (RS): Ed. da Unisinos, 1999.
9. Soares NV. A problematização dos direitos dos clientes como desencadeadora da problematização dos direitos dos trabalhadores de enfermagem. [dissertação]. Florianópolis (SC): Programa de Pós-Graduação em Enfermagem/UFSC, 2000.