

## Original Research Article

# A closer observation of the dedicated responsibilities of nurses at public hospitals in Bangladesh

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## ABSTRACT

**Background:** Nurses are important health caregivers in Bangladesh. They help to improve health-facilities every day and reach it to helpless people. This study aimed to assess the responsibilities of professional nurses in public health hospitals.

**Methods:** The descriptive cross-sectional study conducted at Rajshahi Medical College (RMCH), Bangladesh from 18 September 2018 to 19 February 2019 included 300 individuals with following inclusion and exclusion criteria. A pre-tested questionnaire was used as a tool for data collection.

**Results:** Majority of participants age range of 31-40y 46.33%, 41-50y 27%, 20-30y, and 51-60y 19% and 7.67%, respectively. Moreover, Female are 96.33% and males constitute only 7.74%. Based on religion, Muslim 87%, Hindu 10%, Christian 1.67%, and Buddhist 1.33%. Beginning of education, diploma was compared to very few with advanced training for instance Master's and Ph.D. 38.67% nurses were 1-5 years of experience. But only 11 had ≥21 years of experience. A significant portion, 48.02%, had a good level of assessment of patients and 36.67% of individuals excelled at a high level of proficiency. While only 2% showed an inferior level of patient assessment. Improvement of quality care, the majority of respondents 48.33% good, 17.67% excellent, 21.67% average, and 3.33% poor quality care.

**Conclusions:** Nurses are the key element of the healthcare system. The study outcomes showing their best to provide quality service despite of lack of resources. If the responsible authority has a deep look at this domain, in the future they could make a role model in Bangladesh.

**Keywords:** Healthcare, Healthcare providers, Hospital, Nurses, Profession, Responsibility

## INTRODUCTION

As a populous nation, the nursing profession is an important component of the healthcare system in

Bangladesh and they play a significant role in the healthcare system that is very essential in a public hospital.<sup>1</sup> To promote positive care outcomes and perceptions of quality of care, healthcare services must be

provided with respect and attention to the needs of both patients and their caregivers. This is what patient-centered care is all about.<sup>2</sup> According to definitions, care is a feeling of interest in, or concern for, a person or object that necessitates looking after them.<sup>3-5</sup> According to the Institute of Medicine (IOM), delivering patient-centered care entails acknowledging and accommodating each patient's unique requirements, preferences, and values in all clinical judgments.<sup>6</sup> In its 2003 report on health professions education, the IOM acknowledged the importance of patient-centered care and stressed that the primary core skill that should be the emphasis of health professionals' education is delivering patient-centered care.<sup>7</sup> As the patients' principal caregivers, they are in charge of a variety of tasks, including as resource management, teaching and training, patient advocacy, delivery care, documentation, patient assessment, and professional development.<sup>8</sup> In public hospitals, nurses play a critical role in meeting the population's healthcare demands and ensuring that patients receive high-quality, patient-centered care.<sup>9</sup> Seven days a week, nurses work in hospitals in shift rotations, keeping an eye on patients' conditions, acting as necessary, and reporting any changes.<sup>10</sup> Nurses provided in a respectful manner, assures open and ongoing sharing of useful information in an ongoing manner, and supports and encourages the patients and their families is what patient-centered care means when applied to a specific patient.<sup>7,11</sup> Apart from dispensing medication, guaranteeing patients' comfort, and advocating for their requirements, nurses are proactive caregivers who make substantial contributions to the healthcare industry by assessing, organizing, and assessing patient care requirements.<sup>10</sup> Even, nurse can maintain very effective relation and communication with patients. Studies have indicated that good communication between medical professionals and patients is critical to patient care and healing.<sup>12-15</sup> In a study on maternal care in Malawi, Madula et al found that patients expressed happiness when they received warm, empathic, and respectful treatment from nurses and midwives.<sup>5,16</sup> Others, however, claimed that their opinions of the services provided were impacted by the nurses' and midwives' poor communication, which included verbal abuse, rudeness, and refusals to answer queries.<sup>13</sup> In a similar, Joolae et al investigated the caring interactions that patients had in an Iranian hospital and discovered that patients valued effective communication between nurses and themselves more than physical care.<sup>17</sup> Nurses Performing thorough patient assessments, which involve gathering patient information, determining the patient's basic needs, and help to create a care plan, is the responsibility of nurses. In close collaboration with patients and their families, they ascertain the patients' medical requirements and pinpoint any underlying health issues or risk factors that might affect the patients' ability to heal.<sup>18</sup> Nurses offer a range of intervention care, including medication administration, wound care, and emotional support. Vital signs and treatment responses are observed and any changes are reported to the physician. They are also in charge of making sure that the

patients' surroundings are safe and hygienic, that supplies and equipment are adequately sanitized, and that the patients are getting the right amount of food and water.<sup>19</sup> One of the duties of professional nurses is to record patient care in medical records. They are making certain that all data is correct and current.<sup>20</sup> This documentation is used to track patient progress, communicate with other healthcare professionals, and provide a clear picture of the patient's health status. To get the best results possible, they help doctors collaborate to create a care plan and schedule treatments.<sup>21</sup> In order to answer any worries or inquiries patients may have, as well as to make sure they are aware of their health condition, they also interact with patients and their families. In addition to offering information on preventative measures and encouraging healthy behaviors, nurses educate patients and their families about their medical issues.<sup>22</sup> They also continuously upgrade their own knowledge and skills through continuous education and training programs to keep pace with advancements in healthcare. The management of resources, such as equipment and supplies, to ensure that patients receive the best possible care and also scheduling, ensuring that patients receive the care they need promptly.<sup>23</sup> Despite the enormous contributions that nurses make, they frequently deal with a variety of difficulties at work, such as scarce resources, insufficient staffing, and a lack of opportunity for training and growth.<sup>23</sup> This study is to investigate the major duties and difficulties experienced by professional nurses in their day-to-day work to gain a better understanding of the role that nurses play in Bangladeshi public hospitals.

## METHODS

### *Study design and data collection*

The cross-sectional study was conducted at Rajshahi Medical College Hospital (RMCH) from 18<sup>th</sup> September 2018 to 19<sup>th</sup> February 2019. The face-to-face interview was conducted to collect information with a semi-structured questionnaire. The focus group discussions were also designed to provide a platform for nurses to share their experiences, insights, and ideas on the challenges they face and the solutions that can be implemented. Before data collection written informed consent was collected from all participants.

### *Study population*

We conducted the study among professional nurses at the Rajshahi Medical College Hospital (RMCH), Rajshahi. Strictly, followed the exclusion and inclusion criteria. Participation in this study was fully optional and at any time of the study, they can withdraw. We informed them about the objectives of the study and for those who were willing to participate only information was collected from them. This qualitative study provides a comprehensive examination of the role of professional nurses in public hospitals in Bangladesh and the challenges they face in their daily work. By exploring these challenges and

potential solutions, this study aims to contribute to the ongoing efforts to improve the delivery of healthcare in Bangladesh and to ensure that nurses are equipped to provide quality care to patients.

### Inclusion criteria

Sample who was willing to participate in the study, age less than 60 years and participants who were mentally fit to give correct information were included.

### Exclusion criteria

Patient with age more than 60 years, over hectic participants, any mental disorder was excluded from this study.

### Sample size

To determine the minimum sample size, the following standard formula is widely used in biomedical and social research. I want in my study,

$$n = z^2pq/d^2$$

Where, z= at 95% confidence limit the value of z is 1.96, n= required sample size, p= estimated prevalence = 0.5, p= Expected proportion of event if not, known, it is regarded as 0.5 (50%)], q=1-p, d=margin of error at 5% (standard value of 0.05).

$$\begin{aligned} \text{So, } n &= \{(1.96)^2 \times 0.5 \times (1-0.5)\} / (0.05)^2 \\ &= (3.8416 \times 0.5 \times 0.5) / 0.0025 \\ &= 0.9604 / 0.0025 \\ &= 384 \end{aligned}$$

The estimated sample size was 384. Due to the allocation of data collection time, the feasible sample size had to be 300.

### Data analysis

We first spread out the data in an Excel sheet and then transferred it into the SPSS. and we analyzed the data by using a qualitative content analysis approach like SPSS.

### Ethical considerations

To ensure the ethical conduct of this study, we collected ethical approval from the Institutional Review Board (IRB) at Rajshahi Medical College, Rajshahi. All participants were fully informed of the purpose of the study and assured that all data was kept confidential, and participants' identities were protected to ensure their privacy and safety.

## RESULTS

Table 1 presents the demographic characteristics of the study participants, delineated by specific variables and corresponding parameters. The distribution of participants is based on age, gender, marital status, and religion. The age distribution is categorized into four groups: the majority of participants were in the age range of 31-40 years, constituting 46.33% of the total. The age group of 41-50 years represents 27% of the total, while the 20-30 years and 51-60 years groups account for 19% and 7.67%, respectively. Moreover, participants are Female, comprising 96.33% and males constitute 7.74%. Married participants were the largest group, representing 61.3%, followed by single participants at 30.34%, and widows at 9%. The majority of participants follow the Muslim faith, accounting for 87%. Hindu, Christian, and Buddhist participants represent 10%, 1.67%, and 1.33%, respectively.

**Table 1: Demographic information of the respondents (n=300).**

Variables	Parameters	Number	Percentage
Age (Years)	20-30	57	19
	31-40	139	46.33
	41-50	81	27
	51-60	23	7.67
Gender	Male	11	7.74
	Female	289	96.33
Marital status	Single	91	30.34
	Married	184	61.3
	Widow	27	09
Religion	Muslim	261	87
	Hindu	30	10
	Christian	05	1.67
	Buddhist	04	1.33

**Table 2: Professional characteristics of the respondents.**

Variables	Number	Percentage
<b>Professional education</b>		
Diploma in Nursing	162	54
BSc in Nursing	81	27
Master degree	53	17.67
Ph.D. degree	4	1.33
<b>Working experience</b>		
1-5	116	38.67
6-10	94	31.33
11-15	47	15.67
16-20	32	10.67
≥ 21	11	3.67

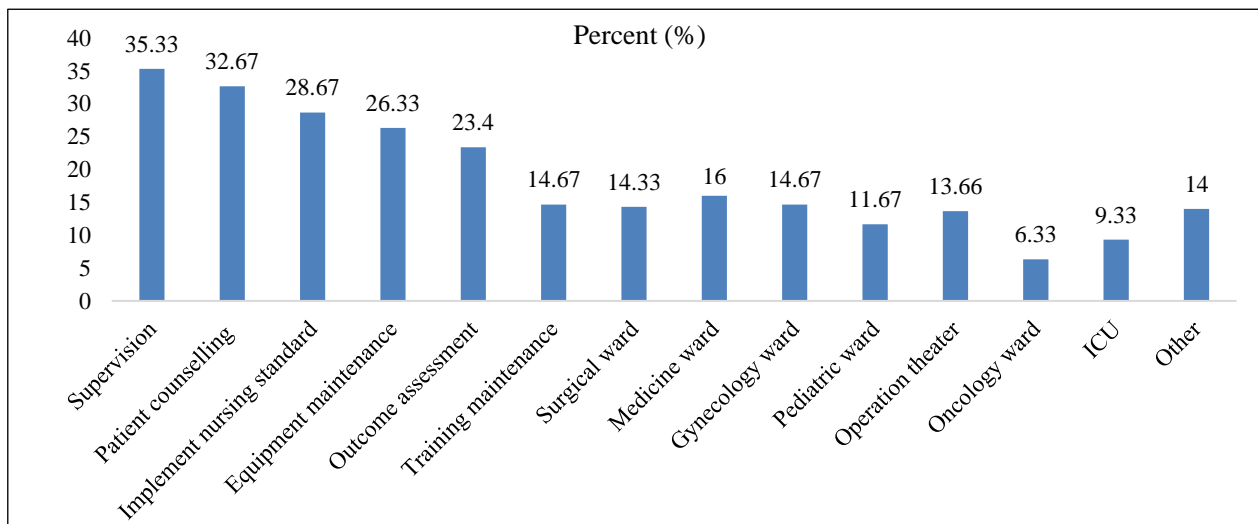
Table 2 provides information on the educational background and working experience of the study participants. The majority of the respondents had an entry-level education (diploma in Nursing) accounting for 54% compared to very few with advanced training for

instance Master's (17.67%) and Ph.D. degree (1.33%). Based on professional experience 116 (38.67%) was 1-5 years of working experience. But only 11 (3.67%) had

≥21 years of experience and the other group had 6-10, 11-15- and 16-20 years of working experience respectively.

**Table 3: Aspect-related knowledge and skills of nurses (n=300).**

Knowledge and skill	Very poor (%)	Poor (%)	Average (%)	Good (%)	Excellent (%)
Assessment of patient	6 (2.00)	14 (4.67)	26 (8.67)	144 (48.02)	110 (36.67)
Device nursing plans	5 (1.67)	8 (2.67)	52 (17.33)	161 (53.67)	74 (24.65)
Clinical competency	3 (1.0)	6 (2.1)	25 (8.33)	196 (65.78)	70 (23.34)
Health education	0 (0.0)	4 (1.33)	18 (6.0)	162 (54.0)	116 (38.68)
Interpersonal relationship	6 (2.0)	13 (4.34)	46 (15.33)	150 (50.0)	85 (28.33)
Patient counseling skills	7 (2.33)	8 (2.67)	35 (11.67)	150 (50.00)	100 (33.33)
Self-assessment and outcome of performance	15 (5.0)	16 (5.33)	116 (38.67)	48 (16.06)	105 (35.0)
Management of time	6 (2.0)	10 (3.13)	102 (34.03)	129 (43.0)	53 (17.67)
Improvement of quality care	7 (2.33)	10 (3.33)	65 (21.67)	145 (48.33)	73 (17.67)



**Figure 1: Distribution of professional responsibilities-respondents.**

Table 3 provides an assessment of individuals' proficiency in assessing patients, with percentages indicating the distribution across different proficiency levels. A significant portion, 48.02%, demonstrated a good level of proficiency in the assessment of patients and 36.67% of individuals excelled at a high level of proficiency. The average proficiency level is 8.67%, suggesting a moderate level of competency in assessing patients. 4.67% of individuals were rated as having a poor level of proficiency in the assessment of patients while only 2% showed a very poor level of patient assessment proficiency. Nurse's knowledge and skills were almost closer to the device nursing plan 53.67% and clinical competence 65.78%. However, health education and interpersonal relationship skills were almost the same 54% and 50%. The average proficiency level is 11.67%, suggesting a moderate level of competency in patient counseling skills. The majority 50.00%, demonstrated a good level of proficiency and 33.33% of individuals had excellent in-patient counseling skills. Self-assessment and outcome of performance were excellent in 35.0% of

individuals, 16.06% good, 38.67% average, poor 5.33%, and very poor 5%. For time management, 43.0% demonstrated a good time management practice. The average proficiency level is 34.03%, suggesting a moderate level of competency in time management and 17.67% had excellent time management capability. Improvement of quality care, the majority of respondents 48.33%, demonstrated good, 17.67% excellent, 21.67% average, and 3.33% poor quality care.

The nurses in the public hospitals of Bangladesh are employed in myriad disciplines. The magnitude of the nurses' assigned roles carried out for providing patient care was assessed. 35.33% of the respondents said that they worked as a supervisor. More than 30.0% of them have played the role of patient counselling, 28.67% implement nursing standards, 26.33% play a role in equipment maintenance and 23.4% are involved in outcome assessment. As a manager, 14.67.0% of the respondents carried out their responsibilities. Working fields of respondents were found to be medicine, surgery,



gynecology, and pediatric departments 16%, 14.33%, 14.67%, and 11.67% respectively. Among respondents about 13.6% were operation theater, about 6.33% oncology ward, 9.33% ICU, and 14 % were found in others (Figure 1).

## DISCUSSION

Because of Nurses team mentality, close proximity to the bedside, and comprehension of patient care in the community as well as the hospital, nurses are still in a strong position to transform healthcare.<sup>24</sup> The current study found that nurses in public hospitals carry out their duties in a variety of ways and consider their obligations as patient care providers.<sup>25</sup> This research population's demographic profile shows that, at 46.33% of the total, there is a noticeable concentration of individuals in the age range of 31 to 40 years old. This may indicate that people in this age range are more willing to participate in the study or are more actively involved. But the distribution in other age groups-41-50 years old (27%), 20-30 years old (19%), and 51-60 years old (7.67%)-also offers a varied picture of several life phases. Another study revealed similar demographic results, with the majority of participants being in the 31-40 age range, which is indicative of a general trend in several populations.<sup>26,27</sup> The gender distribution shows that women are significantly overrepresented-96.33 percent of the total-as opposed to men, who make up 7.74%. The results of the study could be impacted by this glaring gender imbalance, particularly if the research issue involves gender-specific nuances. The high percentage of female participants can be an indication of the gender distribution that predominates in the particular topic or setting that is being studied.<sup>28</sup> Religious diversity is evident, with the majority following the Muslim faith (87%), and smaller representations from Hindu, Christian, and Buddhist participants at 10%, 1.67%, and 1.33%, respectively. The majority representation of Muslims may reflect the overall religious distribution in the study region or population. The data reflects a diverse healthcare workforce with varying levels of professional education and extensive working experience. The majority of professionals have foundational education (Diploma and BSc in Nursing), suggesting a mix of entry-level and mid-level practitioners. This result consists the similar findings of another study where maximum respondent was completed diploma degree.<sup>29</sup> On the other hand, the prevalence of people with Ph.D. and Master's degrees indicates a dedication to higher learning and maybe advanced positions in research, academia, or specialty clinical practice. A combination of early-career professionals, mid-career practitioners, and a smaller but significant number of seasoned specialists with more than two decades of experience are indicated by the distribution of working experience. This range of experience levels is beneficial for creating a well-rounded, collaborative healthcare environment where the knowledge of both more seasoned and less seasoned professionals can support patient care, mentoring, and

ongoing development. Nurses must act as caregivers, decision-makers, communicators, coordinators, educators, managers, supervisors, administrators, and patient advocates in order to deliver patient care in hospitals.<sup>25,30-32</sup> According to our research, nurses at tertiary level hospitals in our nation carried out a good number of these duties to care for hospital patients. It is encouraging to see how well nurses in postsecondary hospitals perform in their roles as educators, managers, supervisors, and decision-makers in addition to providing care. Six responsibilities of nurses in general practice were identified by Philips et al.'s study: patient care, organizer, quality controller, issue solver, educator, and agent of connectivity.<sup>33,34</sup> These roles are nearly identical to those of the nurses in this study. However, in that study, physicians tended to overlook the role that nurses played as educators in the practice.<sup>35</sup> In contrast, 54% of nurses in our study reported having a good command of health education, and 38.68% reported having exceptional performance as educators. One of the most important aspects of patient safety is drug administration.<sup>36-38</sup> When administering medication, 97.0% of the nurses in this study adhered to the five rights, a sign of high-quality nursing care. According to a comparable study conducted in Ethiopia by Gerensea et al, nurses use the five rights to deliver medication to nearly all patients (96.5%).<sup>39</sup> According to a study by Hendrich et al, nurses were involved in patient care, documentation, medicine delivery, coordination, patient assessment, and vital sign reading,<sup>40</sup> which had remarkably comparable results to those of our investigation. Susan Hassmiller listed nine issues that need to be resolved by both individual nurses and the nursing profession. Among them is the production of evidence and research activities. The author expounded on the challenge by stating that nursing research contributes to the establishment of the scientific basis for clinical practice, preventive, and enhanced patient outcomes.<sup>41</sup> However, just 15.0% of nurses participated in the research for this study. The main excuses given by the respondents for not participating in research were lack of expertise, lack of experience, lack of interest, time limits, work overload, and financial limitations. The relevant authorities must implement a suitable plan to get around these limitations.

This study has few limitations. The study was conducted with a limited number of variables. So, the findings might be inflated by information biases. The study was conducted in single public hospital, the findings may not be generalized to all healthcare settings. Data were collected from the registered nurses only.

## CONCLUSION

The study findings revealed that in public hospitals nurses carry out their roles and responsibilities with quite satisfaction except for research and policy-making issues. They have also less experience in practicing evidence-based health care services. Therefore, it is recommended

to arrange appropriate training on evidence-based health services and also for allocating adequate budget by government, public and private universities and nongovernment hospitals to inspire nursing departments to conduct research in the nursing field.

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