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Obstacles Facing Health Sector Workers, Especially Nursing

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ABSTRACT

1. Introduction

The challenges that are posed to healthcare workers directly impact the level of care that is available to patients; the short- and long-term consequences of these challenges largely overlap and intertwine in complex ways. Moreover, the various challenges that healthcare workers face transcend any simple comparison by location, gender, or specific health worker profession. Many health workers find themselves demotivated by their difficult circumstances and are seriously contemplating leaving their jobs, which represents no small matter for an already weakened and struggling healthcare system. Each individual health worker, however, nevertheless attempts to deliver care of one kind or another despite the mounting and significant obstacles to achieving this crucial goal. Patients within the healthcare sector deserve greater recognition for their vital role in and the treatment they receive from the largest health worker population. Nurses, who are often seen as the overlooked backbone of the healthcare sector, occupy a unique and largely unjustified position at the periphery of the solutions that are proposed. These solutions are, nonetheless, presented in a manner reminiscent of an MBA-style approach – emphasizing "the critical need to invest in healthcare staff – urgently and comprehensively across the board." 2

methods

Research has shown that understanding the challenges facing health workers requires a broad view of the needs and expectations of health workers, taking into consideration all the spheres of health worker motivation and the work atmosphere in which they operate. On the macro level, recent analysis showed that an urgent need exists to invest in health worker wages, provide better access to training opportunities, and increase the population-to-doctor ratio in Although salaries were generally low, balancing them against cost-of-living indices yielded a different picture. Most health workers earned salaries clearly above the relative income that would be necessary to cover basic needs. Substantial income inequalities existed between rural and urban regions and between private and public facilities. Overall, a great deal of goodwill, dedication, and belief in a just cause was necessary for health workers to function in such environments.

conclusion

Currently, the health sector is facing a range of challenges. The limited time to give adequate care to each patient is coupled with multiple patients, insufficient resources, lack of receiving the right supplies as requested, lack of money to acquire the demanded supplies, lack of collaboration and communication among departments, understaffing, and a limited number of health workers were considered as challenges for patient care. The need to consult other departments for advanced diagnoses, organizations of drugs and supplies, and workloads assigned to health workers in other departments were considered as challenges for health care workers. Thus, the lack of and masking by professional training, low income, poor transport system, lack of rewards, lack of recognition by the higher authority, and prohibitions from public health departments were considered as challenges related to the profession itself and management and organizational level 1. The shortage of supplies and drugs assigned in this regard and having the vaccines and treatment standards were considered as challenges

for the health system. The effect of the supportive supervision on health care involvement and gradually. On the responders' quality of life, the loading factor of each variable was greater than 0.4 in generation of factors and greater than 1.5 in rotation. During the qualitative data collection with focus group discussions, the valid points which were not adequately addressed in the questionnaire were noted.

2. Historical Context of Nursing

Historically, there has been a struggle with focus and paradigm in nursing education, and questions have been raised about advances on some levels as obstacles appear on others. The fiercest of these struggles has most likely occurred concerning the character of the education, who should govern it, and how it should be framed in relation to the medical profession. Struggles between nurses and doctors over national authority and responsibility for nursing education began shortly after Florence Nightingale established a nursing school in 1840 5. Considerable chaos ensued as a plethora of institutions for nursing education, both formal and informal, sprung up, each provider framing education in accordance with its own views regarding nursing and desirable characteristics of the nurse. This chaos was undesirable, and the medical profession benefited by seeking to impose order and structure by acquiring the power to govern nursing education.

Even though the essence of nursing did not differ significantly from context to context, entry requirements, curricula, and title differed greatly, from merely observing the sick for a period of time to a lengthy education and the title of state registered nurse (SRN). The issue being debated was cross-national, although solutions differed from country to country. One agreement was that nursing education should be the responsibility of one particular sector and would thereby be governed by the profession. However, there was disagreement about which profession, nursing or medicine. Besides recent nursing initiatives, medical interest in gaining control of nursing education in Scandinavia was intense. The nurses' submission to the medical fraternity has not been with complete tranquillity and acquiescence.

The tussles have gone through periods of tumult and periods of relative calm. During tumultuous periods, there have been accusations that nurses are trying to take over all medical tasks; parallel with this, there have been recollections of how long it took them to learn how to take the pulse and how many things they were always forgetting. Direct confrontation similar to that of a hundred years ago is rare today, but the tension between the two professions continues to be palpable in the everyday lives of both nurses and doctors. The modern nurse is often regarded as a doctor's subservient minion and is assigned little or no professional status, while many doctors regard nurse-patients as a means to rouse medical patients and have to put up with endless calls for medications from nurses who stubbornly refuse to learn basic medical terms or regards for patients' pre-existing conditions.

3. Current Challenges in the Nursing Profession

The challenges facing the healthcare profession are many and diverse. Healthcare workers deal with physical issues, stress, certitude, and technology questions 6. However, a balance must be reached between the demand for results and the results' delivery. While delivery pride is essential, getting the job done is paramount. Unrealistic expectations are easy to fall prey to, especially when those expectations come from administration. When changes are required so too is the time to implement them. When thorough training is offered and deniers are ignored, the results of certifications and audits accepted, the new program has had time. Change can take downtime for all staff; therefore priorities must be defined. Certification and ensuring patients understand the procedure and the medications makes a difference in pre-op and post-op events. Today's consumers will become tomorrow's clients. As the population ages there is even more need for attention. Long term care agencies must adjust how they commentate to avoid oversight becoming an accepted practice. Nursing today is truly on the brink. A high percentage of the population and healthcare is affected directly by nursing staff shortages. Currently, patient assessments are taking too long and consequently are being done improperly. Treatment orders cannot be given until the assessment is completed. Surgical rooms are the busiest areas of the hospital but are the hardest to staff due to the nursing shortage. Agencies can be used to meet needs during short term shortages but staffing on an ongoing basis is not feasible. The nursing shortage is growing at a pace that will not only be perceived but supported. Solutions must now be found or in a few short years the problem will be debilitating. On one hand nursing is ripe with opportunities, on the other it is looming with disaster. Too many students are leaving nursing schools, too many nurses are retiring, too many turned their backs on a profession because it is too stressful, too many nurses in administration are only looking out for themselves, too many private duty nurses are working in home care because the pay is better. Those privileges who failed to respond to many inquiries, who would not wonder over the red flag by themselves and look retrospectively and with compassion on the effects of a Mercy administrator's role on nursing are struck. The bottom line remains that nursing is its own worst enemy.

3.1. Workforce Shortages

Healthcare workforces across the world are insufficient to meet health needs, causing international migration of health workforce. Who get recruited, why, where do they go and what consequences do their emigrant countries face? Evaluating international health workforce migration from low-resource countries illustrates the chronic current and projected future shortfall of healthcare professionals and paraprofessionals in health systems, especially in the nursing sector, across the world, particularly in rural settings, country-age model. Recommendations for promoting healthcare professional and paraprofessional retention include personalized, preventative, participative, and predictive health service delivery; common working conditions; progressive politics; widening training access; excellent career prospects; and engendering professional trust 7.

There are more than 135 M health workers (HWs) globally, a shortfall of nearly 23 M is estimated in 2030 8. Low-resource countries lose a greater proportion, and where shortages exist, they are more severe, particularly in the nursing sector. In the US, the largest provider of a globalised exodus of HWs, individual states and rural areas are most affected. Infant mortality, doctor to population, and nurse to population ratios, each indicate severe health workforce shortages in Southern Africa. Global shortfalls chiefly affect countries within the African region, particularly numbering one of the lowest density of HWs globally and losing the highest proportion to other countries. At health system levels, chronic HW shortfalls can lead to inadequate service coverage, inequitable access to services, poor health outcomes, and inefficiency. Health systems are front-line defenders of national sovereignty and stability. A chronic shortfall of HWs impacting on health system performance can have severe consequences for national and state stability.

4. Impact of COVID-19 on Nursing

The outbreak of COVID-19 disease has transformed every face of life. The world is undergoing tremendous challenges due to the abrupt outbreak of the COVID-19 pandemic which has impacted every sector of society, such as health-care activities, other business activities, educational institutions, leisure and entertainment, etc. The pandemic has greatly altered the landscape of health care, raising the burden on the health-care workforce. To be precise, with the unforeseen sudden rise in infections and deaths in the health care, there has been an unparalleled increase in the workload of the health-care staff. The available resources and support system to the frontline health staff, especially the nursing staff, are highly compromised in global settings, including India. As the pandemic-associated disease burden is generally taxing the already overburdened Indian health-care system, it drives an increase in the workload of the frontline health-care workforce in India, amidst the already limited resources.

The COVID-19 pandemic has significantly deteriorated the working conditions of the nursing workforce across global settings. Already vulnerable working conditions of nurses in India are imprecated due to inadequate supplies, new disease burden, sustaining work in the changed environment, etc. It has been reported that COVID-19 and the associated disease burden on health-care systems have resulted in moral distress and burnout among health-care staff, which has a detrimental impact on health-care delivery and the mental health of staff. As per the WHO estimates, about 35% of the frontline health workforce got infected with the COVID-19 from 3999 staff who were tested across 24 health centers; about 20% of them were from nursing cadre.

Nurses in particular are primarily involved in direct caring for patients infected with COVID-19. The rapid escalation in the number of COVID-19, and the workload on the nurses to effectively and critically care for the patients may have utmost effects on their job satisfaction and health outcomes. The COVID-19 associated infection in the health-care staff demanded steady use of PPE. The increased demands for stepped up use of PPE by the frontline health staff while caring for COVID-19 infected patients raised a shortage in supply. It has been reported that due to the rapid escalation of infection case load, the available supply of PPE fell short of provider-user demand.

In the COVID-19 affected areas, the ongoing change in work practices and safety practices for staff use of PPE are posing physical and mental health challenges on the frontline staff. The increased work burden, inadequate resources, and unsafe working conditions predisposed nurses to physical and mental health challenges and adversely affect quality care outcomes 9. The health-care environment challenges nurses with conflicting situations and minimal scope for professional autonomy on the quality of patient care delivery.

5. Regulatory and Policy Barriers

Nursing and midwifery regulatory systems in other settings arrive at similar conclusions. There are concerns about conflicts of interest drawing on professionals from the same regulatory bodies. Despite the considerable and noble tasks facing the regulatory bodies in India, a severe resource-depletion problem lies at the heart of all challenges facing INC and its state branches. The working environment is totally inadequate with virtually no office equipment. INC does not have a website, and there is no database on midwives and nurses. Some officials feel some kind of e-governance should be introduced which would provide transparency and, at the same time, approximately eliminate the bribe-based operation of regulatory processes. Other settings also raise similar issues. However, overall meetings and exchanges in this regard are lacking.

India's INC and its state branches were established almost a century ago with the aim of regulating the profession of nursing and midwifery in India. Various problems have arisen in the regulatory framework of nursing and midwifery in India, and there is a need to address these issues for improving education and practice. The settings under discussion have a comparatively better performing regulatory system for nursing and midwifery at both national and state levels. However, the regulatory systems, especially the INC, were not expected to totally transfer the complete responsibility for regulating the profession to other regulatory bodies. The literature on regulation of nursing and midwifery is sparse, and little comparative work exists. In the Indian context there is reason to believe such an effort would be useful in identifying problems and facilitating discussions 10. However, an entirely institutional approach is unlikely to stave off the same lack of credibility and power that besets the working bodies.

6. Technological Advancements and Their Impact

Proper understanding and usage of emerging technologies for health care in terms of gathering and organizing data and technology literacy of health care workers are crucial to providing improved health care services regardless of curtailing professional services due to external events affecting health workers 11. Convenient access to health care has always been a demand of societies. Demand for telehealth has grown rapidly due to inevitable constraints in the provision of professional services in some health care sectors such as nursing during the COVID-19 pandemic. In addition to regulations related to telehealth, availability of its technological tools is important to fulfill this demand as well. However, with regard to how these tools were able to be used in health care during the pandemic as it was too sudden, knowledge and scaffolding about these technologies need to be disseminated through training and development of user-oriented systems to be able to broaden the provision of telehealth.

Moreover, substantial, systemic, technological support to health care workers is very important to improve health care services in terms of new approaches and ensure their sustainable use afterward. Data protection issues are also important, as questions should be addressed regarding responsibility for data breaches. This is also a crucial condition to ensure trust in telehealth among health workers and patients. Besides, improvements are needed in receiving and reporting adverse events related to digital health tools. Fully functional and user-friendly tools are crucial for their usability and to fill the gap in the need for functioning and user-friendly technologies during the emergency. Appropriate screen reminders of the newly developed tools and technological relevance to immediate clinical needs would facilitate their use in emergency situations where changes can occur unexpectedly. More appropriate contingencies for on-time, timely, and streamlined troubleshooting of faulty digital health technologies are vital to avoid the duplication of work and data and facilitate data use efficiently.

7.2. Barriers to Effective Collaboration

Occupational and personal impediments frequently hinder collaboration. Heavy workloads and an inadequately staffed workforce emerged as recurring themes in collaboration-related accounts. For example, the nurses reported being unable to accommodate requests due to a busy workload, a shortage of staff members, or being preoccupied with other tasks. Similarly, social workers perceived staff shortages and heavy workloads to constrain their capacity to quickly respond to requests for assistance. A precarious environment sometimes arose with respect to limited staff and heavy workloads, creating an atmosphere where no extra assistance could be dispatched to help with impending queries generated by present work. In such an environment, experienced and tenured staff had established pressures with each other, such as expectations for actions to be taken with immediate effect and without reassurance that it was effective assistance.

The workplace could feel isolating, specifically when moving between floors, and intrusions of personal life experiences could render staff less inclined or unable to assist with requests. People noted experiencing extraneous pressures because of deadlines with upcoming projects outside one's norm, experiencing a death in the family, developing a personal illness, or sometimes simply knowing that a low-grade illness could soon escalate. Non-structural barriers could exist where staff felt underappreciated. Sometimes staff onboarded in under-appreciative environments moved naturally into that culture without socialization; at times staff deemed that they had been unnoticed for jobs well done 12.

8. Cultural Competence in Nursing

Cultural competence is the ability of nurses to provide care to patients with diverse values, beliefs, and behaviors, including tailoring their delivery to meet patients' social, cultural, and linguistic needs. There is a growing awareness of the importance of culturally competent care, which is also a patient right. However, there is no surcharge for cultural competence nursing education. When it comes to culturally competent care in practice, one of the most prevalent needs that patients want from providers is knowledge of their own cultural beliefs and practices as they pertain to health and care. Numerous studies demonstrate that a lack of cultural competence at the individual caregiver level contributes to poor health outcomes and heightened social justice

issues. Conversely, organizations that train and mandate providers to provide culturally competent care see successful results 13.

Culturally competent care improves the patient experience and clinical outcomes, as well as reduces provider-patient confrontations, likelihood of malpractice suits, and risk of administrative burden due to fines from government. Historically, health care employees, in particular nurses, have been trained to believe they care for all patients equally. Such training is ineffective because the normal nursing curriculum neither defines nor teaches cultural competence. Additionally, even in nursing schools with cultural competence content, it is just one component or course taken during the nursing program and then the graduates are expected to practice competently with little skill refinement in such practice. Healthcare providers working with culturally diverse patients, including nurses, consist of diverse groups of individuals with varying backgrounds, beliefs, and practices. The underlying proposition of cultural competence theory is that cultural differences can create health inequities among patients and that health care workers who have greater cultural competence will meet the health-related needs of culturally diverse patients more effectively.

8.1. Understanding Diverse Patient Needs

As the world's population becomes more diverse culturally and ethnically, so too are the health care workforce and client/patient populations. As part of this diversity and the challenges facing health care systems, cultural differences have become recognized worldwide for their roles in shaping beliefs about health and illness, health care practices and preferences, and responses to treatment. Cultural competency has been touted as a requisite response to this complexity. Cultural competency refers to a set of skills, attitudes, behaviors, and policies employed by providers of health care in respect to cultural differences.

While most healthcare organizations recognize the importance of cultural competency, there is much debate regarding definition, measurement, and quantification. As a response, cultural competency continues to be examined and operationalized by nursing organizations, state and provincial governments, and health care providers as individual practitioners and organizations, nevertheless many nursing students graduating from nursing programs may have their perceptions of cultural care impacted by their own, personal cultural heritage and experiences, as well as the reflective-experiential learning associated with the knowledge and skills gained throughout their nursing education 14.

Given the importance of the knowledge and skills associated with care and culture, further understanding is needed of novice and experienced nurses' perceptions of what nurses need to know in order to provide culturally competent nursing care and what is meant by culturally competent nursing care. Improved understanding of care and culture in addition to cultural competency may facilitate the access to, and training of, nursing students and in-service nursing staff in these important themes. Thus, a qualitative inquiry was undertaken to explore the perceptions of novice nurses of culturally competent nursing and the levels of care and cultural competence.

9. Future Directions for Nursing

The Future of Nursing initiative specifically addresses how to create a more highly educated nursing workforce in order to improve quality of care, reduce health disparities, promote a diverse workforce, and improve nursing schools and health care systems 15. Recommendations include an increase in the number of registered nurses with baccalaureate degrees to 80% by 2020, an increase in the number of doctorally prepared nurses to fill the faculty shortages and clinical leadership positions, and the need for more emphasis on community oriented practice. Yet it is education at the transition to practice level that is currently facing a crisis that spans beyond these goals. Nursing students' clinical education is being compromised by a simulation and shortage of clinical sites. There is an urgent need to identify and better utilize available resources so the education of nursing students may move into the future without compromising their preparation. A nurse educator has a unique perspective in health care. They are responsible for teaching entry-level registered nursing competence, promoting nurses who are prepared to provide safe, holistic, patient-centered care. Nurse educators must prepare the next generation of nurses who will take care of the healthcare needs of tomorrow. The fundamental focus of nursing needs to change for both education and practice, protecting community health by teaching the broad scope of nursing in the community. Some proposed solutions can move education forward while promoting and developing community care resources.

The emphasis of nursing care is shifting from the inpatient setting to the community. Nursing education must reflect this future. The focus of nursing care and education needs to be community health, public health, primary care, geriatrics, disease prevention, and health promotion. Significant changes must occur in focus and in the very resources and environments in which education and practice occur. There is sound rationale for these changes moving forward. Education and the health system must merge into communities, developing care in schools, churches, local government, businesses, and neighborhoods in order to take nursing care where the people are. Community and community health is more than place. The context of care may change but public health concepts are universal. Population levels are a constant in health assessment and resource delivery. Families and individuals are impacted by larger contextual forces affecting the groups to which they belong.

Care must continue to be assessed and delivered at multiple levels but community is home, turf, community health department, school based health center, family planning clinic, and the Internet.

10. Case Studies of Successful Interventions

Health sector workers in Chad face various technological, economic, socio-cultural, and political obstacles that impact the delivery of health care. Qualitative interviews were conducted with 49 health sector workers to investigate these barriers and question if the context of care delivery influenced them. The participants reported large variances in the presence and impact of these obstacles between urban and rural contexts. The challenges considered most common across contexts were economic. The findings suggest that common research tools for assessing health systems issues such as lack of human resources may not accurately identify context factors influencing the delivery of health care 3.

The rapidly declining capacity in the world's health workforce raises a serious potential threat to the longer-term sustainability of health systems. A range of factors currently influences health workforce capacity. These include current staffing levels, production and recruitment of new workers, skills-mix, skills upgrade and continuing professional development, retention and motivation of workers, and approaches to managing workforce. Understanding how these factors relate to health workforce capacity is critical to assessing future health needs. This paper describes a qualitative approach used to map and model the complex community health workforce issues facing three very different country health sectors over a time-frame.

Understanding these perceptions, data sources, factors, and contexts is seen as a major step towards assessing the adequacy of community health workforce capacity over the longer term, engaging stakeholders meaningfully in this process, and enhancing both the sustainability of the models developed and broader health workforce strategies emergently. Community members from three countries developed case studies over recent months to illustrate major community health workforce issues, commonly but differently perceived. A complex systems framework with causal loops was used to understand how the perceived issues, factors, and contexts inter-relate and influence community health staffing levels, skill-sets, and motivation.

11. The Role of Education in Overcoming Obstacles

There is a significant role for education to overcome certain obstacles facing health sector workers, especially in nursing. Education is recognized as a vital part of the health system. Providing education to health care workers to acquire formal training is complicated because many health workers lack even minimal formal education, especially in poorer countries. Educating existing health workers usually involves training during employment, and even if additional educational resources are provided, staff turnover can present major difficulties in maintaining an adequately trained workforce 16. In general, those countries with the largest need for improving health care and education are least able to do so, especially in rural areas. Countries should focus on training the trainers to expand the capacity to educate health sector workers, which would leverage a relatively small investment in education to offset a much larger investment in health care infrastructure.

Volunteer medical education programs provide passive knowledge or skills, falling short of meeting the aggressive training and resource requirements of health facilities. There is a clear demand for active educational programs, which would allow learners to engage with the materials and retain information longer. Many remote health facilities are located far away from population concentrations, making simultaneous training of groups impractical. In these areas, external educators usually come for several days to conduct a series of lectures and demonstrations, resulting in limited skills and knowledge acquisition. A very limited number of information sources are available in locations of remote health facilities. Results indicate a general lack of health information resources. Even if an adequate multimedia suite is provided, it might be of little utility without accompanying on-site training. Peer tutors are also uncommon, and health workers often do not have access to the newest knowledge and training resources.

It would be beneficial to train one or two health workers in each facility to serve as peer tutors so the educators can focus on more advanced topics, making the most economically efficient use of the scarce educator resources. A more graduate tutor system would also be beneficial for learners to reinforce their newly acquired skills by returning for a refresher course during the subsequent education cycle. Lack of contact involves good health practices and is particularly acute in poorer and more rural areas, resulting in health disparities. It is important to increase the time and breadth of assessment campaigns as well as to return to these areas with the expanded services.

Attention must also be focused on finding an effective way to distribute the information and ensure its utilization, especially with the black market of medicines. Patients wishing to purchase medicines from remote suppliers are often cheated. They should be informed of how to safely obtain medications and provided contacts to do so or have the medicines or their critical ingredients supplied directly. It is argued the remedies should not be provided free, as the pharmacies should ultimately be self-sufficient.

11.1. Curriculum Development for Future Nurses

At present, nursing education continues to encounter decreases in the number of full-time faculty on nursing school staff. While many of the obstacles to keeping full-time faculty remain, there are additional pressures and obstacles that nursing faculty in nursing schools must contend with. It can be anticipated that the only way prelicensure nursing schools will keep up with a growing number of students and a need for increased faculty. The next sections explore the obstacles nursing school faculty face to recruit and retain quality faculty, in addition to potential solutions to tackle the problem. Nursing faculty will be disproportionately targeted due to published literature on nursing faculty recruitment for nursing schools. It is anticipated that changes in the nursing workforce will have ripple effects on nursing education at various levels. Competition between those two sectors for full-time faculty is anticipated to keep the nursing leadership pool short 15. The number of faculty qualified to teach nursing students, particularly at the doctoral and master levels, is already scarce among most regions of this country. This is particularly the case in rural areas that are also short on healthcare providers. In nursing education, a dearth of graduate programs adds to the problem of not having enough doctorally-prepared faculty to teach in undergraduate programs. In states where the majority of nursing students are educated by community colleges, there is even more limited access to a master's program. Although this is not an uncommon situation across health professional education, it can be considered rather ironic that nursing graduates are proportionately more likely to be educated in a community college setting, a sector of higher education where there are significantly fewer bachelor and graduate programs compared to universities.

11.2. Continuing Education and Professional Development

9.2.1. Global Picture of Continuing Education and Professional Development

Continuing education and professional development is essential for practicing nurses to maintain their licensure. Recertification by the Florida Board of Nursing consists of completing 30 hours of continuing education every 2 years. Several issues regarding education and professional development were identified in the national survey 17. Multiple barriers to continuing education exist. The five most common barriers identified were difficulty finding time around work schedule (37.0%), difficulty finding time around family obligations (29.6%), lack of institutional support (25.9%), cost (25.5%), and lack of funding (21.4%). While 68% of nurses reported access to a clinical nurse educator, they expressed that they could benefit from additional education time; almost half of the respondents expressed interest in having more time dedicated to education. Thirty-three percent reported receiving monthly clinical updates, but 65.9% were interested in receiving monthly updates specialized for the unit. Lack of financial support to attend conferences was reported as a significant barrier. Lack of time to attend conferences was noted by 10.4% of nurses as a barrier, as well as heavy workloads (10.2%) and geographical distance (7.7%). Nurses reported that their environment was "not conducive to learning" (45.0%), but reported an increase in positive relationships and collaboration across disciplines, as well as a better working environment (17.2%).

The survey generated numerous responses on the factors currently preventing nurses from attending educational events. Most of the responses included specific hours missing from work (beginning shift, night shifts, weekend shifts, etc.). "Extra incentive pay" and "stress on the unit" were other frequently cited barriers, as well as factors outside of work including family obligations, unforeseen circumstances, and mental health. Chinas for continuing education and professional development were identified, including specifically implementing programs by the hospital to better facilitate learning opportunities 18.

12. CONCLUSION

This article has summarized many obstacles and introduced solutions to the problem, especially for nursing. Health sector workers face many obstacles in their daily tasks. These barriers include not only personal barriers but also institutional and societal barriers. Institutional barriers are the major obstacles that health care workers face. Poor staffing is a serious barrier for health care workers. Health workers skill mix is crucial in assessing the supply and distribution of health workers. For many health care workers, large volume of work results in work overload, and increasing strain among the health personnel. High workload is stated by many health care workers in different settings. Large patient population is one reason for an increased workload. The available health workers are less than half of the health care human resource requirements. Health care workers who are employed experience severe strain from the workload. Health care facilities have very few resources to allocate workers and health care delivery is severely impaired. Workload has led to errors and negligence on the refusal of care. This further leads to adversities in health care system providers and clients as well as the health service provision. These challenges increase job dissatisfaction and actually force many health care workers to try to leave their profession, if not the health sector as a whole 1. In addition to staffing shortage, the other institutional and sector related challenges are "low salary and allowance" and "poor working condition". High work load and poor retention in facilities will be unsustainable in the long run. Just as health care transformation in many countries has nearly eradicated health workers shortage, increased production to retain staffing of skilled birth attendants will similarly enhance concerns with their work environment, job satisfaction and

sustainability 19. Retention in maternal health districts and the need for rapid annual production increases are results of current practices. More concerning, staff shortages are compounded by use inequities in distribution and quality. The combination yields severe lifetime, not merely episodic, exclusion from care for millions. These solutions have reference of assessing and improving service delivery and human resources in maternal health and emergency obstetric care policy settings.

REFERENCES

1. McDowell S. Conflict Situation for Health Care Workers: A Case Study of the Occupational Challenges in Kasangati Health Centre IV and Their Implications for Patient Care.. Published 2012. [PDF]
2. Cohen J, Daniel Francois Venter W. The integration of occupational- and household-based chronic stress among South African women employed as public hospital nurses. Published 2020. ncbi.nlm.nih.gov
3. N. Jaeger F, Bechir M, Harouna M, D. Moto D et al. Challenges and opportunities for healthcare workers in a rural district of Chad. Published 2018. [PDF]
4. OludareAluko O, Emmanuel Adebayo A, Florence Adebisi T, KolawoleEwegbemi M et al. Knowledge, attitudes and perceptions of occupational hazards and safety practices in Nigerian healthcare workers. Published 2016. ncbi.nlm.nih.gov
5. NarverudNyborg V, Hvalvik S. Revealing historical perspectives on the professionalization of nursing education in Norway—Dilemmas in the past and the present. Published 2022. ncbi.nlm.nih.gov
6. F. Caron V. The Nursing Shortage in the United States: What Can be Done to Solve the Crisis?. Published 2004. [PDF]
7. Makuku R, Mohammad Mosadeghrad A. Health workforce retention in low-income settings: an application of the Root Stem Model. Published 2022. ncbi.nlm.nih.gov
8. Aluttis C, Bishaw T, W. Frank M. The workforce for health in a globalized context – global shortages and international migration. Published 2014. ncbi.nlm.nih.gov
9. Manchana V. Job demands and job resources for job satisfaction and quality health outcomes among nurses during COVID-19: A cross-sectional study in Indian health settings. Published 2022. ncbi.nlm.nih.gov
10. Mayra K, S. Padmadas S, Matthews Z. Challenges and needed reforms in midwifery and nursing regulatory systems in India: Implications for education and practice. Published 2021. ncbi.nlm.nih.gov
11. Livesay K, Petersen S, Walter R, Zhao L et al. Sociotechnical Challenges of Digital Health in Nursing Practice During the COVID-19 Pandemic: National Study. Published 2023. ncbi.nlm.nih.gov
12. Ryan B. A Qualitative Study of Medical Social Workers' and Nurses' Perceptions on Effective Interprofessional Collaboration. Published 2012. [PDF]