



# The challenges of working in underserved areas: A qualitative exploratory study of views of policy makers and professionals

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## ABSTRACT

**Background:** The inadequate number of health care providers, particularly nurses, in underserved areas is one of the biggest challenges for health policymakers. There is a scarcity of research in Jordan about factors that affect nurse staffing and retention in underserved areas.

**Purpose:** To elucidate the views of staff nurses working in underserved areas, directors of health facilities in underserved areas and key informants from the policy and education arena on issues of staffing and retention of nurses in underserved areas.

**Methods:** An exploratory study using a qualitative approach with semi-structured interviews was utilized to elucidate the views of 22 key informants from the policy and education arena, 11 directors of health centers, and 19 staff nurses on issues that contribute to low staffing and retention of nurses in underserved areas. The five stage 'framework approach' proposed by Bryman et al. (1993) was utilized for data analysis.

**Results:** Nursing shortage in underserved areas in Jordan are exacerbated by a lack of financial incentives, poor transportation and remoteness of these areas, bad working conditions, and lack of health education institutions in these areas, as well as by opportunities for internal and external migration. Young Jordanian male nurses usually grab any opportunity to migrate and work outside the country to improve their financial conditions; whereas, female nurses are more restricted and not encouraged to travel abroad to work. Several strategies are suggested to enhance retention in these areas, such as promoting financial incentives for staff to work there, enhancing the transportation system, and promoting continuous and academic education.

**Conclusion:** Nurses' administrators and health care policy makers could utilize the findings of the present study to design and implement comprehensive interventions to enhance retention of staff in underserved areas.

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## What is already known about the topic?

1. The inadequate number of healthcare providers in both developing and developed countries, especially in

underserved areas, is one of the biggest challenges to meeting public health goals.

2. Jordan like other regional and international countries faces a shortage of nurses (23.1 registered nurses per 10,000 population) especially in females.

3. Key challenges facing the health workforce in Jordan and other countries in the region include sectoral and geographical imbalances of health workers and excessive migration.

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### What this paper adds

1. Developing an incentive system, providing housing and transportation, and promoting professional development were some of the strategies suggested by staff nurses in underserved areas in Jordan to enhance retention.
2. Young Jordanian male nurses grab any opportunity to migrate and will readily work outside the country to improve their financial conditions.
3. Female Jordanian nurses are more restricted and not encouraged to travel abroad to work.
4. Recruitment of females who are originally from underserved areas to the profession is a challenge.

### 1. Introduction and background

Nursing retention is one of the biggest challenges that faces healthcare policy makers and nurse administrators around the globe. Research evidence showed that facilities and services have to be staffed with an adequate number of nurses or patient care and outcomes will suffer (Aiken et al., 2002; Courtney, 2005). The inadequate number of healthcare providers in both developing and developed countries is one of the biggest challenges to meeting public health goals (Bärnighausen and Bloom, 2009).

Jordan is located in the Middle Eastern Region with a population of approximately 6.11 million. The population in Jordan is distributed over twelve administrative governorates. The country is highly urbanized where 78% of population is living in urban areas (Ministry of Health, 2010). Jordan's health care system composes of three major sectors: public, private and non-governmental organizations or international agencies including the United Nations Relief and Works Agency for Palestine Refugees. The public sector consists of the Ministry of Health and Royal Medical Services. Other smaller public programs include university-based programs, such as Jordan University Hospital in Amman and King Abdullah Hospital in Ramtha (Ministry of Health, 2010).

A recent study showed that some of the key challenges facing the health workforce in Jordan and other countries in the region included sectoral and geographical imbalances of health workers and excessive out migration. This issue was identified as a key research priority to improve the management of the health workforce (El-Jardali et al., 2008a). There are a number of reasons for the nursing shortage in Jordan, including organizational, cultural and social, and economic factors (AbuAlRub, 2007). Identification of contributing factors is necessary for nurse administrators and policy makers to be able to design effective strategies to enhance nurses' retention, and yet little such research has previously been undertaken in underserved areas of Jordan. The present study draws on the knowledge of those working in policy, education, management and practice to explore the staffing levels in underserved areas in Jordan, reasons for shortage of nurses, characteristics of nurses who stay at work and those who migrate and work abroad, and strategies to improve nurse staffing levels and retention in underserved areas.

According to the Jordanian Ministry of Health Statistics, in 2010 there were 23.1 registered nurses per 10,000 population; 6.1 associate nurses per 10,000 population; 9.3 assistant nurses per 10,000 population; and 3.4 midwives per 10,000 population (Ministry of Health, 2010). The nurse to population ratio in Jordan is much lower than that of developed countries. In the USA, Canada, and UK, for example, the density of nurses per 10,000 population is 93.7, 99.5, and 121.1 respectively (World Health Organization, WHO, 2006). Al-Maaitah and Shokeh (2009) projected the nursing workforce in Jordan for the years 2008–2011 to have 9853 nursing students' graduates, of which 60% are male nurses and 40% are female nurses; which in turn created a surplus in the former and shortage in the latter (Al-Maaitah and Shokeh, 2009). Male nurses are considered an essential element in providing nursing care in Jordan due to cultural factors: female patients usually ask for female nurses to take care of them, male patients ask for male nurses to take care of them. However, the increased number of male nurses in Jordan is more than the needs of the population.

The Jordanian Nursing Council projected the total number of RNs to be 12,240 RNs in 2007 based on the number of RNs in 2003, which was 6007 nurses, the ratio of RNs: Population of 20:10,000 and an attrition rate of 10% (Jordanian Nursing Council, 2003). However, the total number of RNs who were actively working in Jordan in 2007 was far less at only 7842 RNs (Al-Maaitah and Shokeh, 2009). Although the nurse education system in Jordan is well developed, nurses still face a number of challenges in the profession such as high workload, inter-professional conflicts, non-supportive work environment, fear of making mistakes, and feelings of inadequacy (AbuAlRub, 2006, 2007; Al-Maaitah and Shokeh, 2009). The challenges Jordanian nurses face appears to be shared with those of nurses around the world (AbuAlRub, 2007).

Staff turnover is known to be one of the critical issues facing health care facilities and health service providers. Al-Maaitah and Shokeh (2009) reported the average turnover rate of Jordanian nurses between 2003 and 2007 to be 23.1%. Hayajneh et al.'s (2009) study utilized a proportional random sample of 25% of the total number of Jordanian hospitals and found an overall turnover rate of 36.6%, which varied according to geographical region, health sector, and place of residence. The results showed that hospitals in urban areas had a higher turnover rate than those in rural areas; that private hospitals had a higher rate of turnover than teaching and public hospitals; and that the middle region had the highest turnover rate, and the southern region had the lowest. The authors of the study attributed the difference between rural and urban areas to the fact that rural areas had more public hospitals and urban areas had more private facilities. The findings were also ascribed to the fact that most of the registered nurses are residents of the area, and that urban nurses have more opportunities to look elsewhere in the country or abroad for better work conditions (Hayajneh et al., 2009).

Three published studies in Jordan have investigated intent to stay or retention, and organizational outcomes;

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