

Original Paper

The Importance of Nursing Education for Bangladeshi Nursing Teachers

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Abstract

Can we take the purpose of nurse education for granted, and, more importantly, should we? That is the issue at stake in this paper. The question of purpose is absent in the nursing literature; our aim here is to urge that it not be overlooked by demonstrating its importance to the future of nursing. The nursing profession in Bangladesh has undergone a remarkable development over the recent years. But nursing teachers still faces different types of challenges. The reasons for the contradiction have become a complex interaction between socioeconomic and cultural factors, which are related to the conflicts between British curriculum, with an emphasis on basic care activities, social and gender norms, and discrimination against nurses at educational institutions. This paper aims to look at nurses' views about nursing care and their profession, to depict how nursing education has been an empowering tool, and to analyze how nurses' socioeconomic background, personal experiences and life stories have influenced their professional careers. Therefore, nursing education is found to empower nursing teachers in terms of knowledge, independence, and self-realization.

Keywords

Bangladesh, nursing, knowledge, power, and care

1. Introduction

Nursing education is important because it helps nurses provide better patient care, keep up with new healthcare practices, and advance their careers. Nurses with more education are better able to identify and respond to patients' needs. They are more likely to use evidence-based practices and innovative techniques. They are more likely to have better critical thinking and decision-making skills. Nurses with advanced education can qualify for higher-level roles. They can earn higher salaries, and can protect

themselves from medical and legal mistakes. Nurses with ongoing education are better able to keep up with new technologies and practices. They can apply data analysis and technology to improve patient care, and can develop skills to adapt to evolving models of care.

Nurses with continuing education can improve their skills and knowledge, and can develop competencies in leadership, quality improvement, and systems thinking. They can participate in clinical issues and population-focused interventions. Nurses with better education can help lower mortality, readmission rates, and lengths of stay.

Nursing care provision is a central element in contemporary health systems and its quality is directly related to the health of the population (World Health Organization, 2010; Berland, 2014). In Bangladesh, the nursing profession has experienced substantial developments over the recent decades. Nevertheless, there remain critical challenges in relation to nursing care delivery and the working conditions of the nurses. A historical nursing shortage is worsened by the hospital and urban-centered, under-resourced public health system. Health and social inequalities are endemic in Bangladesh, and specifically affect women, children and disadvantaged population sectors. Corruption and mismanagement are extended in the government and the private sector and are a significant limitation in the delivery of basic services, like health and education.

One of the most noticeable issues of the nursing education in Bangladesh is the apparent gap between the institutionally-accepted image of nursing care and the observed practices of the nurses, especially in the government sector. On the one hand, the academic and institutional definition of the nursing profession involves intimate care for the sick people (BNMC, 2013). The hospital ethnographies were extremely useful in gaining a deeper understanding of the ways in which the government hospitals functioned on a daily basis which, in many cases, were reflected in broader tensions in Bangladesh (Leppard, 2000; Zaman, 2005).

2. Theoretical Framework

Globally, the regulation of nurse education is varied and inconsistent (Flanders & Baker, 2020). However, competency-based approaches prevail, reflecting variations in ‘credentialing’ (Cowan et al., 2007). In 2009, the WHO advocated a universal shift to a university-level preregistration or prelicensure nurse education model, emphasising the preparation of nurses who can contribute to the professional workforce, strengthen health systems, and meet public health needs (WHO, 2009, 2015). Key themes introduced in the WHO standards define the purpose of nurse education: preparation; professionalism; workforce demands; population demands; and protection of the public, with a focus on producing nurses capable of meeting global healthcare challenges.

3. Agency and Social Power

According to Giddens (1979), power and agency are understood as a human capacity. Nevertheless, none of them is equally distributed in society (Ortner, 2006). Bourdieu’s theory of the internalization of

unequal social structures is useful in understanding this aspect. Nevertheless, a difficulty emerges while trying to define the individual's role in the reproduction or transformation of social reality.

According to Michael Foucault (1977), wherever we find power, we find resistance. A key Foucauldian idea for this research is his conceptualization of power as a capillary, which allows us to look for “the point where power reaches into the very grain of individuals, touches their bodies and inserts itself into their actions and attitudes, their discourses, learning processes and everyday lives” (1977, p. 39).

4. Gender Discrimination

Gender is a cross-sectional form of inequality and, as such, it appears in different theoretical and political debates. In this research, gender plays a prominent role as it is crucial to the two fields analyzed: the nursing profession and Bangladeshi society.

Bourdieu (2002) provided a good example within the education sector. Throughout their socialization, girls internalize the principles of the dominant ideology, which leads them to normalize the social order and to refuse the careers from which they are implicitly excluded. Women's symbolic capital within the family is transported to their jobs, which “provide the functions of presentation and representation, reception and hospitality” (2002, p. 100). This aspect is relevant in relation to the notion of nursing as a majority of female profession. The term, ‘intersectionality’, was coined by Crenshaw (1989), who used a traffic analogy to account for the articulation of different forms of oppression:

Discrimination, like traffic through an intersection, may flow in one direction, and it may flow in another. If an accident happens in an intersection, it can be caused by cars travelling from any number of directions and, sometimes, from all of them. Similarly, if a Black woman is harmed because she is in the intersection, her injury could result from sex discrimination or race discrimination (Crenshaw, 1989, p. 149).

5. Nursing Knowledge and Power

The term ‘care’ has been traditionally associated with nursing from academic perspectives. In this research, caring experiences are significant because of the ambivalent position they occupy in nurses' lives. A distinction should be made between caring as a primary experience, nursing care as a specific activity, and the ideological discourse around the role of care in the nursing profession.

Nursing profession and the nurses' practices take place within the broader medical system, which has often been criticized for being biologists and mechanics (Menéndez, 1984). Medical anthropology contributed significantly to the analysis of the power relations between the hegemonic medical model and other, non-institutionalized, forms of care (Menéndez, 2003). The nursing profession occupies a liminal position between the patriarchal, scientific, hegemonic medical model and the subaltern, often ignored or undermined forms of care. Antrobus (1997, p. 447) opines that the nursing profession has the uniqueness and richness of its commitment to “drawing its knowledge base from practice”. In this context, I would argue that nurses may be seen as a community of critical reflectors and actors who “act on their

insights and move toward the goal of transforming nursing and health care” (Chinn & Kramer, 2015, p. 6), which returns us to nurses’ specific role in society:

Nurses provide care for people in the midst of health, pain, loss, fear, disfigurement, death, grieving, challenge, growth, birth, and transition on an intimate front-line basis. Expert nurses call this the privileged place of nursing. In expert nursing practice, nurses focus on the lived experience in health and in stressful situations (Benner & Wrubel, 1989, p. ix).

6. Nursing Education and Profession in the Bangladesh Context

Nursing education in Bangladesh includes courses such as the Bachelor of Science in Nursing (B.Sc. in Nursing) and the Master of Science in Nursing (MSN). The goal of nursing education in Bangladesh is to prepare nurses to work in a variety of healthcare settings, and to promote health in the country. On the other hand, the nursing profession that was once started with the ideals of Florence Nightingale has now expanded and taken healthcare to a new level. Due to the government’s promotion of nurses to the second-class status, a large number of students in the country have become interested in pursuing nursing and midwifery education. According to Bangladesh Nursing and Midwifery Council (3 June 2024), the total number of institutes and seats were given below:

| No. | Name of Course | Govt. DGNM | | Autonomous/Military | | Non-Govt. | | Total | In Total: Nursing, Midwifery, and BSc. | |
|-----|--|------------|------|---------------------|------|-----------|-------|-------|---|--|
| | | Institute | Seat | Institute | Seat | Institute | Seat | | | |
| 1 | Diploma in Nursing Science & Midwifery (3 yrs. integrated) | 49 | 2880 | --- | --- | 354 | 17605 | 20485 | | |
| 2 | Diploma in Midwifery (3 yrs. integrated) | 62 | 1825 | --- | --- | 109 | 3930 | 5775 | | |
| 3 | BSc in Nursing (4 yrs. integrated) | 32 | 2100 | 7 | 375 | 154 | 7430 | 9905 | | |

| | | | | | | | | | | |
|---|--------------------------------------|----|------|-----|-----|-----|-------|-------|--|--|
| 4 | BSc in Nursing (2 yrs. integrated) | 10 | 725 | 1 | 25 | 120 | 4765 | 5515 | | |
| 5 | BSc in Midwifery (2 yrs. integrated) | 4 | 80 | --- | --- | 5 | 160 | 240 | | |
| 6 | MSc in Nursing (2 yrs. integrated) | 2 | 270 | --- | --- | 21 | 1630 | 1900 | | |
| | Total Institutions & Seats | 70 | 7880 | 8 | 400 | 378 | 35520 | 43800 | | |

Figure 1. Total Number of Institutes and Seats

Despite having enough nursing institutes and colleges, students interested in pursuing nursing and midwifery education have to go through intense competition to get admission. It is also true that according to international standards, the number of nurses and midwives is still low. The qualifications for studying nursing are determined by the Bangladesh Nursing and Midwifery Council. For the 2023-24 academic year, all students have to take the 100-mark MCQ exam to qualify for admission to nursing colleges. The minimum pass mark here is 40. Anyone scoring less than 40 will not be able to get admission in private colleges, meaning that efforts are being made to control quality.

A new curriculum was formulated and implemented with the technical assistance of Thailand, a joint initiative of the World Health Organization and the Bangladesh Nursing Council, to modernize nursing and midwifery education. According to the new curriculum, a three-year Diploma in Nursing Science and Midwifery and a four-year B.Sc. Nursing course were introduced for the HSC level completed students. Initially, four nursing institutes adjacent to Dhaka, Chittagong, Mymensingh and Rajshahi Medical College Hospitals were converted into nursing colleges and B.Sc. education programs were introduced. Later, a diploma in midwifery course was also introduced. In 2016, the 'National Institute of Advanced Nursing Education and Research' was established in Mugda, Dhaka under BSMMU with technical and financial assistance from Korea for higher education and research in nursing. This is a unique initiative in the field of higher education and research in nursing. Currently, two-year postgraduate degrees are offered in six subjects - Community Nursing, Psychiatric Nursing, Nursing Education

Management, Adult and Elderly Nursing, Women's Health and Reproductive Health and Child Health Nursing.

Nursing and Midwifery and equivalent degree holders are required to register compulsorily to enter the professional life. This registration has to be taken under the Nursing and Midwifery Council. For this, everyone has to pass the Comprehensive (Licensing) Examination organized by the Council. In view of the growing demand for the nursing profession, it is necessary to produce nurses and midwives of international standard so that there is no question about their professional skills. We can send nurses to many countries around the world, including the developed world. But there is a need for language skills. If we can make them qualified in these two aspects, this nursing and midwifery profession will become a great tool for earning foreign currency.

The nursing profession has reached its present state after going through many ups and downs. Looking back, it can be seen that when India and Pakistan gained independence as separate states in 1947, only 50 nurses declared themselves to be associated with the then East Pakistan Health Service. In many hospitals, apprentice nurses and nurse attendants carried out the work of the nursing profession. After the establishment of the first medical college, Dhaka Medical College. Within a short time, the first senior nursing school was established adjacent to Dhaka Medical College Hospital. A British nurse simultaneously served as the matron of Dhaka Medical College Hospital, Superintendent of Nursing Service and Registrar of East Pakistan Nursing Council. At that time, the Ministry of Health of the Central Government of East Pakistan sought students to study nursing in England with the aim of making the nursing profession and education in East Pakistan self-reliant. Only 4 people could be nominated. In 1956, Pakistan's first nursing college was established in Karachi. Registered nurses from East Pakistan started getting opportunities at the Karachi Nursing College for higher training. Many got the opportunity to take scholarships abroad, especially in the United States, for higher education in administration and teaching. 1970 was a landmark for nursing education because, that year, the College of Nursing was established in Mohakhali, Dhaka. During this time, 10 more senior nursing schools were established in the remaining medical college hospitals and 5 district hospitals. During the war of independence, there were 600 registered nurses in the country, out of which 350 were associated with the government health system.

After independence, various steps were taken to develop the nursing profession and education. The rank and status of nurses were increased. Salaries were increased. Hospital matrons and principals of nursing schools were given first class status. By the presidential ordinance in 1977, a nursing directorate was established for nurses, separated from the health department, which was later converted into a law. The College of Nursing was affiliated to Dhaka University from the academic year 1977-78 and the B.Sc. in Nursing course was introduced. Unfortunately, the course was postponed within one year due to veto. From 1980, a one-year administrative and teaching course was introduced. In 1981, two more district hospitals and 18 sub-district hospitals were started with nursing institutes. In the meantime, the names of the nursing schools were changed and converted into nursing institutes. The rank of hospital matron was

upgraded to nursing superintendent. The door to higher education abroad was also opened. The opportunity for Bangladeshi nurses to pursue a master's degree was given at the University of Adelaide in Australia. Nursing professionals started getting postings in remote areas. As a result, nursing professionals started getting acquainted with and building relationships with the people of the country. In addition, the posts of District Public Health Nurses were created and posted in 64 districts, along with the posts of four Divisional Assistant Directors. In November 2016, the Nursing Directorate was upgraded to the Department of Nursing and Midwifery under a Director General. The Director General of the Nursing and Midwifery Directorate was a doctor in the BCS cadre and is currently an Additional Secretary in the Administration cadre. This is happening in many cases. It is time to consider how much real professional perspective an official from the Administration cadre can take when he heads a specialized institution.

According to the World Health Organization, by 2030, the world will need 6 million nurses. A large number of nurses currently working will retire in the next ten years. As a result, there may be a shortage of nurses in the coming days. Nursing is one of the fastest growing professions in the developed world, including the United States. We need more caring and qualified nurses to take care of our elderly and patients battling chronic diseases. Population growth, increased life expectancy and the need for healthcare are increasing the demand. The elderly population needs well-trained nurses for preventive and primary care. We can look at the issue with a more correct professional perspective and give due importance to producing quality nurses and midwives in the greater interest of the nation.

7. Family and Socioeconomic Background of Nurses

Family size and nurses' positions with respect to their siblings are other significant factors in their decision to become nurses. Alam (1975) and Begum (1993) thought that nurses generally came from large families. About half were either the first or second child as a significant factor. Both characteristics, coming from large families and having younger siblings, were found in five of the nurses. Furthermore, two nurses specifically referred to how the latter aspect influenced their decision of either joining or continuing with their nursing education.

Nursing was not previously the first choice for bright and wealthy students for several reasons. Most common reasons are that the apparent contradiction between nursing activities and local gender, religious and social norms make it a less desirable profession for women. The poor working conditions and low salaries contribute to make it less attractive. Even more, nursing did not enjoy a high educational status in the past. Directly after independence and due to the severe shortage of nurses, entry requirements were relaxed and important efforts were made to attract young women. Now, a good way to avoid the negative image of nursing associated with either poor or weak students is to increase standard education as well as work facilities of nurses through promotion.

8. Institutional Discrimination

The working conditions of nurses in Bangladesh are far from good, especially in large Government hospitals. Nursing shortages, lack of equipment, overcrowded wards and institutional neglect account for nurses' potential burnout. Nurses do not generally feel sufficiently valued by the institutions where they work. Poor salaries, devaluation of nursing education, and accommodation problems have been raised as important challenges for nurses (Uddin et al., 2006).

9. The Role of Nurses as Caregivers

Working as a nurse offers a great experience about taking care of sick and vulnerable people. Furthermore, the fact is that most nurses work in medical institutions provides them with connections to health services. Nevertheless, considering that most nurses are women, their role as caregivers extends far beyond their professional obligations. This section focuses on the intersection between the different fields where the nurses are expected to act as carers, and the ways in which they articulate their multiple roles.

Nurses are highly disciplined and have to overcome significant challenges during their basic nursing education. The social status of nurses is still low. Despite their study and their educational achievements are not always socially recognized. Hospital work is often badly regarded, and in some cases, they have to challenge their family's wishes in order to continue working. Finally, they do not always feel valued within medical institutions and in some cases, they think that they cannot fully utilize their knowledge.

10. Ethical Considerations

The first principle in any ethical statement is to do no harm. Even though asking questions may be thought to be harmless, the potential damage to the informants' dignity has to be considered when collecting, storing and disseminating the information (AAA, 2012). To minimize the effects of time consumption, interviews are conducted at a place and time that is most convenient to the informants, causing them minimal disturbance. Privacy has been maintained as far as possible by protecting the informants' identities and secure data storage. Pseudonyms have been used in the transcripts and field notes from the very beginning, and sensitive information was written in a way. By the end of the interview, she ended up clearly disclosing her opinions and even laughed while saying she could lose her job if some people heard them. This is just an example of how vulnerable Bangladeshi nurses are in many regards and may also explain the reluctance of some nurses to be recorded. In this case, it also shows their courage and commitment to their professional struggle for the betterment of nursing in Bangladesh.

11. Conclusion

Nursing education is important because it ensures the quality of students, improves patient care, helps nurses adapt to new healthcare needs, and prepares nurses for higher-level roles. Nurses with advanced education have a positive impact on patient outcomes; have lower mortality, lower readmission rates, and shorter lengths of hospital stay. Nurses with continuing education are aware of evidence-based

practices and innovative techniques. With continuing education, they are better able to manage their daily workload. Special skills and certifications can qualify nurses for higher-level nursing roles. Experience and continuing education credentials can lead to increased salaries. Nurses with continuing education have refined critical thinking skills and improved decision-making abilities. They are also able to protect themselves from legal and medical mistakes. Even they are better able to adapt to evolving models of care. In summary, my own experience, insights and theoretical intervention do not have to be a limitation. In many cases, it is my experience as a nurse teacher, which have helps me understand and contextualize a lot of situations the nurses are found to explain.

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