
Challenges in Delivering Care: Views from Nurses, Midwives, and Health Care Administrators

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Abstract:

The delivery of health care services is fraught with numerous challenges, as highlighted by the perspectives of nurses, midwives, and health care administrators. One significant issue is the strain on resources, which often manifests in understaffing and high patient-to-nurse ratios. Nurses frequently report feeling overwhelmed by the increasing demands of their role while also striving to provide high-quality patient care. Additionally, midwives face unique challenges in providing prenatal and postnatal care, especially in resource-limited settings. They often encounter issues related to access to essential supplies and equipment, which can jeopardize the safety and well-being of both mothers and infants. Furthermore, health care administrators grapple with budget constraints and regulatory requirements, making it difficult to implement necessary changes or improvements in care delivery. Communication and collaboration among health care professionals are also critical challenges. Nurses and midwives often express concerns over the coordination of care, particularly when different specialists are involved in a patient's treatment journey. Miscommunication can lead to errors or delays in care, ultimately affecting patient outcomes. Moreover, health care administrators face the task of fostering a culture of teamwork and ensuring that all team members are aligned in their goals to improve care delivery. Addressing these challenges requires not only a focus on resources and policies but also cultivating an environment where health care professionals can collaborate effectively and prioritize patient-centered care.

Keywords: Health care delivery, challenges, nurses, midwives, health care administrators, understaffing, patient care, resource allocation, communication, collaboration, patient outcomes, care coordination, budget constraints, teamwork, patient-centered care.

Introduction:

In the complex and dynamic landscape of healthcare, the delivery of effective care is a multifaceted endeavor that involves numerous stakeholders, each contributing their expertise, experience, and insights. Among these stakeholders, nurses, midwives, and healthcare administrators play pivotal roles in shaping the quality and

effectiveness of patient care. However, the delivery of healthcare is fraught with challenges, many of which are compounded by systemic issues, resource limitations, and evolving patient needs. As frontline healthcare providers, nurses and midwives face unique obstacles that influence their ability to offer high-quality care. At the same time, healthcare administrators are tasked with overseeing operations, policies, and workforce management,

which directly impact the working conditions of nurses and midwives, thereby affecting patient outcomes [1].

One significant challenge in delivering care is the increasing complexity of patient needs. With advancements in medical knowledge and technology, patients are presenting with more chronic conditions and comorbidities, requiring comprehensive and coordinated care. Nurses and midwives must navigate these complexities while delivering care that is not only medically sound but also culturally sensitive and patient-centered. The demand for holistic care further complicates their roles, often stretching existing resources and time constraints. The perspectives of nurses and midwives on these issues are essential for understanding the ground realities of patient care [2].

In addition to complexity, the healthcare workforce is grappling with ongoing staffing shortages and high turnover rates, which have been exacerbated by the global pandemic. These issues lead to increased workloads and heightened stress levels among nurses and midwives, which can result in burnout and reduced job satisfaction. The shortage of skilled practitioners makes it increasingly difficult to provide consistent and timely care, while also affecting the patient experience. The views of healthcare administrators are crucial in understanding the systemic factors that contribute to these staffing challenges and in exploring potential solutions for workforce management [3].

Moreover, organizational culture and interprofessional collaboration are central to the effective delivery of care. Communication barriers and hierarchical structures can impede collaboration among healthcare teams, which often include doctors, nurses, midwives, and support staff. Disparities in power dynamics may hinder nurses and midwives from voicing their concerns or advocating for their patients. This study seeks to illuminate the perspectives of nurses, midwives, and healthcare administrators regarding the organizational challenges that impact team collaboration and patient safety [4].

Another critical area of concern is the integration of technology in healthcare delivery. While technological advancements have the potential to enhance patient care, they can also introduce new

challenges. The implementation of electronic health records (EHRs), telemedicine, and other digital platforms requires comprehensive training and can be time-consuming, adding to the already high demands on healthcare professionals. Nurses and midwives often voice concerns about the usability of these technologies and their impact on the quality of patient interaction. Meanwhile, healthcare administrators are tasked with ensuring that these technologies are effectively integrated into practice without detracting from the caregiver-patient relationship [5].

Financial constraints and funding gaps represent another challenge in delivering care that warrants investigation. Healthcare systems across the globe face pressures to reduce costs while maintaining quality standards. Budget cuts can lead to inadequate staffing, limited resources, and restricted training opportunities for nurses and midwives. Additionally, the financial viability of healthcare institutions can impact administrative decisions regarding personnel, services offered, and facility improvements. Evaluating the attitudes and insights of healthcare administrators in relation to funding challenges is essential for a comprehensive understanding of the systemic issues affecting care delivery [6].

Furthermore, the disparities present within healthcare systems regarding access to care, health equity, and social determinants of health play a crucial role in shaping the experiences of nurses, midwives, and administrators. Disparities in income, education, and geographical location can dramatically affect patient health outcomes and alter the expectations and responsibilities of healthcare providers. By exploring the perspectives of these practitioners, this research aims to highlight the complexities of delivering equitable care and the social responsibilities that healthcare professionals bear [7].

Staffing Shortages and Workforce Challenges:

The healthcare sector is a cornerstone of societal well-being, serving as an essential component of public health, economic stability, and community welfare. However, in recent years, it has been beset by significant challenges, particularly concerning staff shortages and workforce issues. Factors such as an aging population, increasing chronic diseases, the pressures of the COVID-19 pandemic, and systemic

problems such as burnout and inadequate working conditions have exacerbated these challenges. This essay delves deep into the complexities of healthcare workforce shortages, exploring their roots, implications, and potential strategies for resolution [8].

Staff shortages in healthcare refer to the inability of medical institutions to maintain an adequate number of healthcare professionals—doctors, nurses, specialists, and support staff—necessary to provide quality care. These shortages are not simply a matter of numbers; they reflect deeper systemic issues that compromise service delivery and patient outcomes [9].

The World Health Organization (WHO) estimates that a shortage of approximately 18 million healthcare workers will exist globally by 2030, primarily in low- and middle-income countries. However, even in high-income nations, staffing issues persist as a result of rising demands placed upon the healthcare system. For example, the United States faces a projected shortfall of up to 124,000 physicians by 2033, as reported by the Association of American Medical Colleges (AAMC). This evidences a worrying trend where despite advancements in healthcare technology and medicine, the workforce supply fails to keep pace with the escalating demand for services [9].

Key Factors Contributing to Healthcare Workforce Shortages

1. **Aging Population:** The demographic shift towards an older population is one of the primary drivers of healthcare demand. As people age, they often require more medical attention, leading to an increased burden on healthcare systems. In parallel, the healthcare workforce itself is aging—many experienced professionals are nearing retirement age, further compounding the staffing dilemma [10].
2. **Increased Chronic Conditions:** Chronic diseases, such as diabetes, hypertension, and obesity, have become more prevalent due to lifestyle changes and an aging population. This shift necessitates a greater number of healthcare workers trained for long-term patient management and complex care coordination.

3. **Impact of the COVID-19 Pandemic:** The COVID-19 pandemic dramatically underscored and intensified existing workforce challenges. Healthcare professionals faced unprecedented stress and trauma while battling the virus on the frontline. Many experienced burnout, mental health issues, or chose to leave the profession altogether. The pandemic also revealed the vulnerabilities in healthcare systems globally, often leading to temporary shutdowns or curtailment of services that strained workforce capacity even further [10].
4. **Educational Bottlenecks:** Nursing and medical schools have struggled to keep pace with the growing need for new healthcare professionals. Limited capacity in educational programs due to faculty shortages, funding constraints, and space limitations has hindered the ability to graduate enough new professionals to meet demand.
5. **Work Environment and Burnout:** The demanding nature of healthcare work contributes to high rates of turnover and burnout. Long hours, emotional exhaustion, inadequate support, and insufficient compensation all lead to high attrition rates among healthcare workers. According to a Gallup poll, healthcare workers report significantly higher levels of burnout compared to other industries, which further deepens the staffing crisis [11].

Implications of Staff Shortages

The implications of healthcare workforce shortages extend beyond mere inconvenience for healthcare providers. They directly affect patient care and, by extension, public health. Here are several significant implications:

1. **Decreased Quality of Patient Care:** When healthcare facilities are understaffed, the quality of care inevitably declines. Healthcare professionals are stretched too thin, leading to rushed procedures, overlooked patient needs, and a greater

likelihood of errors in medication administration and treatment plans [12].

2. **Increased Wait Times:** Staff shortages typically result in longer wait times for patients seeking medical attention. This not only frustrates patients but can also lead to worsened health outcomes. Delays in care can result in complications and increased emergency care, straining already burdened systems [13].
3. **Higher Healthcare Costs:** A workforce that is unable to meet demand can lead to increased operational costs for healthcare providers. Facilities may be forced to rely on temporary staff or overtime pay, leading to higher spending, which could ultimately be passed on to patients in the form of increased healthcare costs [14].
4. **Impact on Mental Health:** The ongoing strain on healthcare employees contributes to a vicious cycle of mental health challenges, leading to further attrition and a loss of institutional knowledge. The shortage of caregivers can also lead to inadequate support for patients with mental health conditions, exacerbating public health issues [15].

Solutions to the Healthcare Workforce Crisis

Addressing healthcare workforce challenges requires a multi-faceted approach that considers both immediate needs and long-term systemic changes:

1. **Expanding Educational Opportunities:** Increasing the capacity of medical and nursing schools to admit more students is essential. This could be supported through government funding, incentives for universities to increase enrollment, and outreach initiatives to attract individuals to the healthcare profession [16].
2. **Fostering a Supportive Work Environment:** Organizations should prioritize creating supportive work environments that address issues contributing to burnout. This may involve better staffing models, flexible work schedules, mental health resources, and

professional development opportunities [16].

3. **Utilizing Technology:** Incorporating technology, including telemedicine, artificial intelligence, and advanced data analytics, can help mitigate workforce shortages by streamlining processes and improving patient management strategies. Although technology is not a panacea, it can enhance efficiency and reduce repetitive tasks for healthcare workers, allowing them to concentrate on patient care.
4. **Recruitment and Retention Strategies:** Strategic recruitment and retention efforts should be a priority for healthcare organizations. Competitive salaries, incentives, and professional growth opportunities can attract new talent while retaining existing employees within the system [17].
5. **Policy Reforms:** Legislative measures aimed at addressing healthcare workforce issues are critical. This could include federal and state policies that incentivize practices to hire more staff and support the healthcare workforce, particularly in rural and underserved areas [18].

Impact of Resource Limitations on Care Quality:

Health care systems around the world face an array of challenges, but one of the most pressing is the issue of limited resources. These resources encompass not only financial inputs but also human capital, technological advancements, and physical infrastructure. The impact of resource limitations on the quality of health care is profound, influencing patient outcomes, health equity, and the overall effectiveness of the health care system. This essay seeks to elucidate the multifaceted ways in which limited resources affect health care quality, drawing attention to key aspects such as accessibility, patient care, technological advancement, and systemic sustainability [18].

One of the most immediate effects of limited resources in health care is on accessibility. Financial constraints can lead to fewer health care facilities, especially in rural or underserved urban areas. This

uneven distribution exacerbates health disparities, as communities with limited access to hospitals and clinics often face longer wait times and reduced service offerings. For example, according to the World Health Organization (WHO), low- and middle-income countries generally suffer from significant discrepancies in health service availability, resulting in poorer health outcomes compared to their high-income counterparts. Patients may have to travel significant distances to receive care, which can lead to missed appointments, delayed treatment, and ultimately worse health outcomes [19].

Moreover, resource-limited environments often struggle with staffing issues. A shortage of health care professionals, whether due to inadequate salaries, poor working conditions, or the emigration of skilled workers, can substantially affect patient care. Health care workers facing burnout due to high patient-to-provider ratios may yield lower quality care, contributing to medical errors and reduced patient satisfaction. A study published in the *Journal of Health Economics* highlighted that hospitals with fewer nursing staff per patient had higher rates of complications and mortality. Thus, the resource constraints not only limit the quantity of care but also negatively impact its quality [20].

The quality of patient care is intricately linked to the availability of adequate resources. When health care facilities operate under constrained budgets, they often resort to cost-cutting measures that can directly compromise care standards. These measures may include allowing outdated medical equipment to remain in use, sacrificing the frequency of staff training, or limiting access to necessary medical supplies and pharmaceuticals [21].

In many cases, patients might receive care that is less effective as a result. For example, without adequate access to appropriate medications or modern therapies, managing chronic conditions such as diabetes or hypertension becomes a daunting challenge. Patients may experience exacerbated health issues due to the inability to obtain necessary treatments. Additionally, the need for a more evidence-based approach to patient assessment, treatment planning, and follow-up care is stymied by inadequate support for research and implementation of innovative practices [22].

Furthermore, limited resources can also lead to prioritization inconsistencies, whereby health care providers are forced to make difficult triage decisions. When resources are scarce, health providers may need to prioritize patients based on severity of conditions rather than equity, disregarding urgent but non-life-threatening needs. This can create a system where those with less severe cases face extensive delays, leading to deteriorating health conditions that ultimately could have been managed earlier with timely intervention [23].

Technology plays a crucial role in modern health care, enhancing diagnostic capacities, treatment options, and care coordination. However, limited financial resources can hinder the acquisition of new technologies and the upkeep of existing equipment. For instance, hospitals lacking investment in state-of-the-art diagnostic tools may resort to antiquated methods that not only consume more time but also have higher chances of error. This, in turn, affects patient safety and treatment efficacy [23].

The integration of electronic health records (EHR) systems has significantly improved health care delivery, facilitating better communication among providers and allowing for comprehensive patient histories. However, many resource-strapped institutions struggle to implement these systems due to the associated costs—both in terms of technology acquisition and necessary staff training. As a result, health care staff in these facilities may miss out on critical patient information, leading to less informed care decisions.

Moreover, advancements in telemedicine—a powerful tool that can enhance accessibility—are often underutilized in resource-limited settings. The lack of infrastructure, such as reliable internet access and appropriate hardware, can severely limit the reach of telehealth services. In regions particularly hit hard by limited resources, the potential benefits of telemedicine in connecting patients with specialists and ongoing care may go unrealized, perpetuating cycles of poor health outcomes [23].

The sustainability of the entire health care system is contingent upon the strategic allocation of resources. Governments and health organizations that fail to adequately invest in their health care systems—whether due to political instability, economic downturns, or mismanaged budgets—risk creating a

self-perpetuating cycle of resource limitation and diminished health care quality. Public trust in health care systems suffers when people experience firsthand the impact of these deficiencies, leading to decreased engagement with preventive health measures and routine care.

Moreover, the interplay between limited resources and public health efforts, such as vaccination campaigns or disease surveillance, exacerbates the challenges faced by health care systems. A lack of funding for public health initiatives can lead to preventable disease outbreaks, increased morbidity and mortality rates, and further strain on already limited resources within hospitals. The COVID-19 pandemic has underscored the importance of a well-resourced health care system capable of responding swiftly to emerging health threats [24].

Patient Safety and Risk Management Concerns:

Patient safety has become a paramount concern in the healthcare sector, with an increasing recognition that safeguarding patients is not merely a task for medical professionals, but a collective responsibility that involves policymakers, administrators, and the society at large. With the advancement of technology and the complexity of healthcare systems, understanding the principles of patient safety and the importance of risk management has never been more critical [25].

Patient safety involves the prevention of errors and adverse effects to patients associated with healthcare. According to the World Health Organization (WHO), patient safety is defined as the absence of preventable harm to a patient during the process of health care and reduction of risk of unnecessary harm associated with health care to an acceptable minimum. Patient safety is vital not only for improving the quality of healthcare but also for enhancing patients' trust in the health system [25].

Errors in medical treatment can lead to significant health complications, prolonged hospital stays, additional surgeries, and—in the worst cases—fatalities. A study conducted by the Institute of Medicine (IOM) in 1999 estimated that between 44,000 and 98,000 deaths annually in the United States can be attributed to medical errors. This staggering statistic ignited a critical conversation about improving patient safety and laid the

groundwork for subsequent research and policy changes focused on reducing these incidents [25].

Risk management is an essential component of patient safety. It encompasses the identification, assessment, and prioritization of risks followed by coordinated efforts to minimize, monitor, and control the probability or impact of unfortunate events. In healthcare, risk management can take different forms, from identifying high-risk patients and circumstances to implementing policies and procedures that create a safer environment.

Effective risk management requires a multidisciplinary approach. This means that everyone from administrative personnel to front-line healthcare providers must be educated about potential risks and equipped with the tools they need to mitigate those risks. Emphasis on interprofessional collaboration in risk management can lead to more comprehensive strategies and the cultivation of a culture of safety within healthcare institutions [26].

Common Patient Safety Risks

Several specific risks have been identified as prevalent issues within patient safety concerns. These include:

1. Medication Errors

Medication errors are among the most common types of errors that occur in healthcare settings. They can involve the wrong patient, the wrong medication, incorrect dosages, or inappropriate administration routes. Factors contributing to medication errors include miscommunication during transitions of care, insufficient staff training, and the complexity of medication regimens [27].

2. Hospital-acquired Infections (HAIs)

Infections that patients acquire while receiving treatment for medical or surgical conditions are termed hospital-acquired infections. Examples include central line-associated bloodstream infections (CLABSIs), ventilator-associated pneumonia (VAP), and surgical site infections (SSIs). Tightening infection prevention protocols, such as hand hygiene and sterilization procedures, is essential to mitigate these risks [27].

3. Falls

Patient falls are a significant concern, leading to severe complications, including fractures and head injuries, particularly among elderly patients. Elements such as inadequate patient assessment, inadequate staffing, and environmental hazards contribute to increased fall risk. Implementing fall prevention protocols, including staff training, continuous patient monitoring, and use of assistive devices, is vital [28].

4. Diagnostic Errors

Diagnostic errors occur when a medical professional incorrectly identifies, misses, or errors occur in interpreting a diagnosis. These can lead to inadequate or inappropriate treatments. Factors leading to diagnostic errors can include insufficient time for diagnosis, inadequate communication between healthcare providers, and cognitive biases [29].

5. Communication Breakdowns

Breakdowns in communication can create significant risks within healthcare environments. Effective communication is crucial for the successful execution of treatment plans, and any miscommunication can result in substantial adverse events. Tools such as standardized handoff protocols and interprofessional meetings can enhance communication and improve patient safety [29].

The Role of Technology in Patient Safety

Advancements in technology have offered healthcare professionals numerous tools designed to improve patient safety and reduce risk. The introduction of electronic health records (EHRs), computerized physician order entry (CPOE), and clinical decision support systems (CDSS) are examples of technology that can help mitigate patient safety risks. These tools facilitate accurate and timely information exchange, support clinical decision-making, and reduce the likelihood of human errors [29].

However, reliance on technology should not lead to complacency. Technology can present its risks, such as system failures, information overload, and cybersecurity threats. Thus, healthcare organizations must implement robust risk management frameworks that include thorough

training and support for staff when new technologies are introduced [29].

Creating a Culture of Safety

A culture of safety is foundational in preventing errors and managing risks in healthcare settings. This involves an organizational approach to prioritizing safety above all else, encouraging open communication without fear of retribution, and supporting continuous learning from mistakes.

Steps toward establishing such a culture include:

- **Leadership Commitment:** Senior management must demonstrate a commitment to patient safety by allocating resources, prioritizing safety initiatives, and participating actively in safety discussions [30].
- **Education and Training:** Ongoing education and training programs are essential for building awareness and skills in risk management and patient safety protocol adherence among all staff members.
- **Reporting Systems:** Implementing non-punitive reporting systems encourages staff to report errors or near-misses, allowing organizations to analyze incidents without assigning blame and to develop strategies to prevent future occurrences.
- **Patient Involvement:** Engaging patients in their care processes contributes to safety by promoting shared decision-making, encouraging patients to ask questions, and ensuring they understand their treatment paths [30].

Communication Barriers in Interdisciplinary Teams:

In the contemporary health care landscape, the complexity of patient care necessitates the collaboration of various professionals across different disciplines. Multidisciplinary health care teams—comprising physicians, nurses, pharmacists, social workers, physical and occupational therapists, and other specialists—aim to deliver holistic and patient-centered care. However, despite the collective goal of improving patient outcomes, these

teams often encounter significant communication barriers that can impede their effectiveness. This essay delves into the nature and implications of these communication barriers, identifying potential sources, their impacts on team dynamics and patient care, and strategies for overcoming these challenges [31].

Communication barriers in multidisciplinary teams can manifest in various forms, including linguistic differences, differences in professional jargon, varied communication styles, and hierarchical structures. One of the most significant challenges arises from the diverse educational backgrounds and professional experiences of team members. Each discipline possesses its own terminology and methods of communication, which can lead to misunderstandings. For instance, a physician may discuss a patient's condition using clinical vocabulary that a social worker might find obscure, and vice versa. This jargon can create a 'language gap,' hindering effective dialogue [32].

Moreover, different professionals prioritize different aspects of patient care, further complicating communication. For instance, while clinicians might focus on medical interventions, social workers may prioritize psychosocial support. The result is often a fragmented understanding of the patient's needs, as each team member may have only partial knowledge of the patient's conditions and circumstances [33].

Additionally, varying communication styles, informed by professional norms and personal preferences, can create further barriers. Health care professionals may differ in their approaches to communication; some may prefer direct, concise information-sharing, while others might lean toward more collaborative, discussion-oriented interactions. These differing styles can lead to frustration among team members and can result in critical information being lost or overlooked [34].

Another significant communication barrier stems from the hierarchical structures prevalent in many health care settings. Traditionally, medicine has operated under a top-down model where physicians often hold decision-making power over the care team. This hierarchy can discourage open communication, as team members may feel reluctant to voice their concerns or suggest alternatives, fearing negative repercussions from senior team

members. A culture of fear undermines the collaborative spirit essential for effective team functioning, potentially leaving patients at risk if critical insights from non-physician team members are disregarded [35].

The implications of these communication barriers can be profound, affecting not only team dynamics but also patient outcomes. Poor communication can lead to misinterpretations of patient needs and care plans, resulting in delayed diagnoses, inappropriate treatments, and medication errors. For example, a lack of clarification regarding a patient's medication regimen can lead to adverse drug interactions, severely complicating the patient's recovery. Research indicates that such breakdowns in communication are a leading cause of medical errors, ultimately placing patients at risk and undermining their trust in health care systems [35].

Furthermore, ineffective communication can create an adversarial atmosphere within multidisciplinary teams. Misunderstandings may lead to conflict, as team members become frustrated with one another's inability to understand or respect their professional input. This lack of cohesion can diminish job satisfaction, increase staff turnover, and compromise the overall quality of patient care. In contrast, effective communication fosters an environment of mutual respect, collaboration, and shared responsibility, vital for enhancing team performance and ensuring holistic patient care [36].

Addressing communication barriers within multidisciplinary health care teams requires a multifaceted approach. First and foremost, fostering a culture of open communication is imperative. Team members should be encouraged to share their perspectives, ask questions, and express concerns without hesitation. Regular team meetings provide an excellent platform to discuss cases comprehensively and allow all members to contribute to decision-making processes. Encouraging follow-up interactions, such as debriefs after patient encounters, can also solidify understanding and enhance team cohesion [37].

Training and professional development opportunities focused on communication skills are essential. Workshops that emphasize effective interprofessional communication, active listening, and conflict resolution can equip team members with the necessary tools to negotiate language

differences and communicate more effectively. Role-exchange programs, where team members shadow each other in their respective roles, can also enhance understanding and appreciation of each member's contributions [38].

Utilizing technology to facilitate communication can also be beneficial. Electronic health records (EHRs), for instance, can serve as a centralized platform where team members share real-time updates on patient care, ensuring that all professionals are informed about the patient's status and treatment plans. Interdisciplinary case management meetings, supported by EHRs and communication tools, can also help ensure clarity in the roles and responsibilities of each team member, reducing ambiguity [39].

Cultural Competence and Patient Engagement Issues:

In today's increasingly diverse society, healthcare practitioners face the challenge of delivering care that is both effective and respectful of patients' cultural backgrounds. The intersection of cultural competency and patient engagement represents a critical area of focus in healthcare, especially as medical outcomes increasingly reflect the values, beliefs, and behaviors of patients. This essay examines the critical issues surrounding cultural competency and its impact on healthcare patient engagement, exploring the significance, barriers, implications, and potential solutions to enhance both areas in the pursuit of equitable and effective healthcare [40].

Cultural competency refers to the ability of healthcare providers to recognize, understand, and respond effectively to the cultural needs of their diverse patient populations. This encompasses a wide array of factors, including race, ethnicity, language, religion, gender identity, sexual orientation, age, socioeconomic status, and disability. Cultural competency is foundational for delivering patient-centered care, which promotes transparency, trust, and collaborative relationships between patients and healthcare providers [40].

The importance of cultural competency is underscored by the growing demographic shifts in many countries. For example, the United States has witnessed significant increases in racial and ethnic minorities over the past few decades, with the U.S.

Census Bureau projecting that by 2044, more than half of the U.S. population will belong to a minority group. As the populations served by healthcare systems become more diverse, the necessity for culturally competent care becomes paramount, not only to meet patients' unique health needs but also to improve health equity [41].

Patient engagement refers to the involvement of patients in their own health care decision-making processes. It encompasses a range of activities, including understanding health information, participating in treatment plans, and taking an active role in managing their health. Engaged patients are more likely to adhere to treatment regimens, maintain regular appointments, and utilize preventive care services. The concept is grounded in the belief that patients who are informed and involved will experience better health outcomes [41].

Patient engagement is amplified by cultural competency; when healthcare providers are culturally competent, they can more effectively engage patients by fostering an environment that respects and incorporates their cultural beliefs and practices. This symbiosis is vital for reducing health disparities and ensuring that all patients receive optimal care tailored to their unique circumstances [42].

Despite the clear importance of cultural competency and patient engagement, numerous barriers hinder their realization in healthcare settings. One of the primary obstacles is the lack of training for healthcare providers. Many medical institutions do not prioritize cultural competence training in their curricula, leading to a workforce that may lack the necessary skills to engage effectively with culturally diverse populations.

Language barriers represent another significant challenge. Patients with limited proficiency in the dominant language may struggle to understand their health information, leading to confusion about diagnoses and treatment options. Miscommunication can diminish trust and make patients feel marginalized, resulting in disengagement from their healthcare [42].

Systemic issues, such as socioeconomic inequities and discriminatory practices, further exacerbate these challenges. Marginalized groups often face

geopolitical barriers within the healthcare system, such as lack of insurance access, limited financial resources, and segregated healthcare infrastructures. These factors can create an environment where patients feel disempowered and disengaged from their care [43].

The ramifications of deficiencies in cultural competency and patient engagement extend beyond individual patient experiences; they can result in widespread public health implications. Health disparities persist across racial, ethnic, and socioeconomic lines, leading to poorer health outcomes in underserved populations. For instance, studies have shown that cultural misunderstandings can hinder treatment adherence, cause mistrust in healthcare providers, and facilitate the propagation of chronic diseases, such as diabetes and hypertension, within minority communities [43].

Moreover, inadequately addressed cultural issues can lead to increased healthcare costs. When patients do not understand their treatment options or feel alienated in the healthcare environment, they are more likely to seek emergency care or develop preventable complications. This often results in higher healthcare expenditures and greater strain on health systems [43].

Strategies for Enhancing Cultural Competency and Patient Engagement

Addressing the issues of cultural competency and patient engagement requires a multifaceted approach that involves education, policy changes, and systemic overhaul.

1. **Education and Training:** Implementing mandatory cultural competency training in medical schools and continuing education for healthcare professionals is crucial. This training should include techniques for effective communication, understanding cultural variations in health beliefs, and strategies for overcoming biases [44].
2. **Language Services:** Healthcare organizations should invest in language translation services and culturally competent interpreters to facilitate effective communication between patients and providers. This can significantly enhance the patient experience,

encouraging engagement and understanding.

3. **Patient-Centered Policies:** Health organizations must prioritize inclusivity in their policies, ensuring that they address the needs of diverse populations. Creating advisory boards comprising members from various demographic groups can provide crucial insight into the unique challenges faced by these communities [44].
4. **Community Outreach:** Developing strong community health programs that engage underserved populations can help bridge the gap between patients and healthcare services. Establishing trust through community health workers who share cultural backgrounds with patients can foster more robust engagement and participation in healthcare initiatives [45].
5. **Data Collection and Research:** Ongoing research into the outcomes of culturally competent care practices will help to identify effective strategies. Health systems should prioritize data collection that captures patient demographics and engagement levels to better understand and address disparities [45].

Regulatory and Policy Constraints Affecting Care Delivery:

The delivery of health care is inherently complex, shaped by an intricate web of regulatory frameworks and political directives that vary across global, national, and local contexts. These constraints directly influence how services are administered, the accessibility and quality of care provided, funding mechanisms, and ultimately, patient outcomes. This essay explores the various regulatory and political constraints that impact health care delivery, focusing on key dimensions such as policy formulation, regulatory compliance, financial limitations, and the role of lobbying [46].

Health care systems are governed by a multitude of regulations that seek to ensure safety, efficacy, and fairness in care delivery. These regulations can take the form of federal, state, or local laws, as well as international guidelines. For instance, in the United States, regulatory bodies such as the Food and Drug

Administration (FDA) and the Centers for Medicare and Medicaid Services (CMS) oversee the approval and reimbursement processes for drugs and health services. This oversight is crucial for maintaining standards but often results in lengthy and costly approval processes that can delay the availability of new therapies and technologies.

Similarly, the World Health Organization (WHO) provides a global regulatory framework aimed at improving health outcomes across nations. However, adherence to these guidelines can be inconsistent, particularly in developing countries where resources are scarce, creating disparities in health care delivery. Regulatory compliance demands significant administrative and financial resources, which can divert attention and funding away from direct patient care. Consequently, health systems often grapple with balancing adherence to regulatory requirements while maintaining efficient service delivery [46].

The political environment is a prevailing influence on health care delivery, shaping policy decisions that affect funding, access to care, and the organization of services. Political ideologies play a critical role in shaping health care systems. In countries with single-payer systems, for example, the government plays a central role in financing and delivering health care. While this can result in universal access, it also raises concerns about budget constraints and resource allocation. Alternatively, in more market-driven systems, such as that of the United States, the emphasis on competition can foster innovation but also lead to significant inequalities in access and quality of care [47].

The policy formulation process is often contentious and influenced by various stakeholders, including politicians, health care providers, insurers, and patient advocacy groups. Lobbying by special interest groups can sway policy decisions, often in favor of particular sectors at the expense of others. For example, pharmaceutical companies may lobby for policies that extend patent protections, which can make medications more expensive and limit access for patients. Meanwhile, public health initiatives aimed at preventive care and health equity may receive insufficient political support, affecting outcomes for vulnerable populations [47].

Funding is a persistent issue in health care delivery, often operationalized through regulatory budgets

that dictate spending limits. National and local budgetary constraints can significantly impede health care delivery, particularly in public health systems. Budgetary limitations can hinder the recruitment and retention of health care professionals, constrain infrastructure improvements, and restrict the availability of essential services. Additionally, the emphasis on cost containment can lead to decisions that prioritize financial savings over patient outcomes [47].

Managed care organizations have gained popularity as a means to control costs, but they introduce a different set of constraints including referral restrictions, prior authorization requirements, and limited networks of care. Such limitations can create barriers for patients seeking timely and necessary services, potentially compromising the standard of care and overall health outcomes [48].

Regulatory and political constraints also intersect significantly with health disparities and access issues. Policy decisions can disproportionately affect marginalized communities, exacerbating health inequalities. For instance, restrictions on Medicaid expansion in certain U.S. states have left millions without coverage, leading to barriers in accessing necessary health services. Similarly, stringent immigration policies can affect the ability of immigrant populations to access health care, resulting in adverse health outcomes [48].

Political discourse surrounding public health issues such as reproductive rights, vaccination policies, and mental health care can also serve as obstacles to equitable health care delivery. These factors contribute to creating a patchwork of services that leave certain populations at a disadvantage, undermining the principle of universal health care [49].

In the age of rapid technological advancement, regulatory frameworks often lag behind innovations in health care. The introduction of telemedicine, electronic health records, and health information technology presents new challenges for regulators. While these advancements hold the potential to improve access and efficiency, existing regulations may not adequately address the unique issues they introduce. For instance, data privacy concerns and the regulation of telehealth services have not been uniformly established, creating confusion among providers and patients alike.

Moreover, the digital divide can affect equity in health care delivery, as populations without reliable internet access may struggle to benefit from telehealth services. This underscores the need for regulatory systems to evolve in tandem with technological advancements to ensure they support comprehensive and equitable access to care [49].

Strategies for Improving Collaboration and Care Outcomes:

In recent years, the health care landscape has evolved rapidly, driven by technological advancements, demographic changes, and an increasing focus on patient-centeredness. These factors compel health care professionals to rethink traditional methods of service delivery and improve collaboration among various stakeholders. Effective collaboration is crucial, as it can lead to enhanced health care outcomes, improved patient satisfaction, and greater efficiency in resource utilization. This essay explores a variety of strategies to enhance collaboration among health care providers, patients, families, and community resources, ultimately fostering better health care outcomes [50].

One of the most effective methods to improve collaboration among healthcare professionals is through interprofessional education (IPE). IPE involves training students and professionals from multiple health disciplines together, allowing them to learn about each other's roles, responsibilities, and perspectives. By understanding different professional practices, team members can communicate better, respect each other's expertise, and coordinate their efforts effectively [51].

Implementing IPE in various health care settings encourages collaboration from the outset of a healthcare provider's career. For instance, medical, nursing, pharmacy, and social work students can participate in collaborative simulations that require them to work together to develop patient care plans. This approach not only enhances team dynamics but also emphasizes the significance of collective problem-solving in achieving superior health outcomes [52].

Clear and open communication is essential for successful collaboration in health care. The introduction of structured communication tools, such as SBAR (Situation-Background-Assessment-Recommendation), can significantly enhance the

quality and efficiency of information sharing between team members. These tools standardize communication, which helps reduce misunderstandings and ensure that everyone is on the same page regarding patient care [53].

In addition to structured communication tools, investing in technology also streamlines the sharing of patient information. Electronic Health Records (EHRs) allow for comprehensive documentation and seamless access to patient data across different care settings. However, healthcare providers must be trained to use these systems effectively and ensure that they prioritize patient privacy and data security [54].

Creating a culture that values and rewards collaboration is vital for improving health care outcomes. Leadership within health care organizations plays a pivotal role in establishing such a culture. Leaders should model collaborative behavior, foster an inclusive environment, and provide opportunities for team-building activities. Recognizing and rewarding collaborative efforts can further encourage teams to work together toward common goals [55].

Furthermore, organizations should focus on breaking down silos among departments and disciplines to create a more integrated approach to patient care. Regular interdisciplinary meetings and forums can facilitate this process by allowing professionals to share insights, discuss challenges, and celebrate successes as a cohesive unit [56].

Empowering patients and involving them in care decisions is fundamental to improving health outcomes. By fostering shared decision-making, health care providers not only enhance patient satisfaction but also tap into patients' unique insights about their health. Collaborative goal-setting and treatment planning that include input from patients and their families can lead to individualized care that is more likely to be effective [56].

Health care organizations should also invest in patient education initiatives that elucidate treatment options, potential risks, and the importance of adherence to care plans. Building strong therapeutic relationships based on trust and open communication can promote patient engagement and adherence, key factors in achieving positive health outcomes [57].

Health care does not occur in a vacuum; it is influenced by the social and economic factors surrounding patients. Establishing partnerships with community organizations and social services can bolster the continuum of care and address broader determinants of health. Collaborating with community resources, such as housing services, substance abuse programs, and mental health organizations, can provide holistic support for patients [57].

By implementing community health initiatives that reach beyond clinical settings, health care providers can identify high-risk populations, promote preventive care, and better coordinate care for patients with complex needs. These partnerships not only enhance individual patient outcomes but also contribute to public health efforts, leading to healthier communities overall [58].

Lastly, implementing continuous quality improvement (CQI) initiatives can promote collaboration while driving better health care outcomes. The CQI process encourages teams to identify areas for improvement, analyze performance data, and implement evidence-based interventions. Engaging diverse stakeholders—including clinicians, administrators, and patients—in this process can lead to innovative solutions that reflect a deeper understanding of the challenges faced in health care delivery [59].

Moreover, data-driven decision-making can unify team efforts toward common objectives, such as reducing hospital readmissions, improving patient safety, or enhancing access to care. Regular feedback loops ensure that teams can adjust their approach as needed, fostering an ongoing commitment to collaboration and improvement [60].

Conclusion:

The study on "Challenges in Delivering Care: Views from Nurses, Midwives, and Health Care Administrators" underscores the multifaceted obstacles faced by healthcare professionals in providing high-quality care. Key themes emerged, highlighting issues such as staffing shortages, resource constraints, and communication breakdowns that significantly impact patient outcomes and the overall effectiveness of healthcare delivery. The insights from nurses, midwives, and healthcare administrators reveal a shared

commitment to overcoming these challenges, stressing the importance of collaboration and support across disciplines to enhance care quality.

To address these challenges effectively, healthcare systems must prioritize strategies that foster teamwork, improve resource allocation, and streamline communication among care providers. Additionally, investing in workforce development and supporting mental health and well-being among healthcare professionals is crucial for sustaining a resilient workforce capable of meeting the growing demands of patient care. By addressing these critical areas, healthcare organizations can not only improve the experiences of their staff but also ensure better clinical outcomes for patients, ultimately leading to a more effective and responsive healthcare system.

References:

1. Philby A, McConville F, Portella A. What prevents quality midwifery care? A systematic mapping of barriers in Low and Middle Income Countries from the provider perspective. *PLoS One*. 2016; 11:5. 10.1371/journal.pone.0153391 [DOI] [PMC free article] [PubMed] [Google Scholar]
2. Reynolds J., Wisaijohn T., Pudpong N., et al. A literature review: the role of the private sector in the production of nurses in India, Kenya, South Africa and Thailand. *Human Resources for Health*. 2013; 11:14. 10.1186/1478-4491-11-14 [DOI] [PMC free article] [PubMed] [Google Scholar]
3. Karan A, Negandhi H, Nair R, Sharma A, Tiwari R, Zodepy S. Size, composition and distribution of human resource for health in India: new estimates using National Sample Survey and Registry data. *BMJ Open*. 2019; 9. 10.1136/bmjopen-2018-025979 [DOI] [PMC free article] [PubMed] [Google Scholar]
4. Government of India. Operational guidelines on midwifery services in India. 2018.
5. Khaliq AA, Broyles RW, Mwachofi AK. Global nurse migration: Its impact on developing countries and prospects for future. *World Health and Population*. 2008; 10: 3. [PubMed]

6. Tiwari RR, Sharma K, Zodpey SP. Situational analysis of nursing education and workforce in India. *Nursing Outlook*. 2013; 61: 129–136. 10.1016/j.outlook.2012.07.012 [DOI] [PubMed]
7. Mayra K. A starched cotton fluorescent yellow saree, khopa, belly button and safety pins: Decoding the dignified Indian nurse-midwife. *The Practicing Midwife Journal*. 2020b; 23:6. [Google Scholar]
8. Sharma B, Johansson E, Prakasamma M, Mavalankar D, Christensson K. Midwifery scope of practice among staff nurses: A grounded theory study in Gujarat, India. *Midwifery*. 2013; 29: 628–636. 10.1016/j.midw.2012.05.008 [DOI] [PubMed] [Google Scholar]
9. International Confederation of Midwives. 2011. Global standards for midwifery regulation. Regulation.
10. ANSWERS, NHSRC. 2009. Nursing services in Bihar.
11. Mayra K. Docsplanation: A malady of the healthcare profession. *Economic and Political Weekly*. 2020a; 55:10. [Google Scholar]
12. ANSWERS, NHSRC. 2009. Nursing services in Orissa.
13. ANSWERS, NHSRC. 2009. Nursing services in Rajasthan.
14. Public Health Foundation of India. 2011. High level expert group report on Universal Health Coverage for India. Planning Commission of India. [PMC free article] [PubMed]
15. Homer CSE, Friberg IK, Dias MAB, et al. The projected effect of scaling up midwifery. *The Lancet*. 2014; 384(9948). 10.1016/S0140-6736(14)60790-X [DOI] [PubMed] [Google Scholar]
16. Putturaj M, Prashanth NS. Enhancing the autonomy of Indian nurses. *Indian Journal of Medical Ethics*. 2017; 2:4. 10.20529/IJME.2017.058 [DOI] [PubMed]
17. Rao M, Rao KD, Kumar A, Chatterjee M, Sundararaman T. Human resources for health in India. *The Lancet*. 2011; 377. 10.1016/S0140-6736(10)61888-0 [DOI] [PubMed] [Google Scholar]
18. Sharma B, Mavalankar DV, Kulkarni A, et al. Role of nursing councils in regulating nursing and midwifery education, training and practice in India. *Midwifery and maternal health in India: Situation analysis and lessons from the field*. 2010; 14–30. [Google Scholar]
19. Sheikh K, Raman VR, Mayra K, 2012. Nursing governance in Low and Middle Income Countries (LMICs): Literature Review. Public Health Foundation of India. [Google Scholar]
20. World Health Organization. World Health Statistics. Monitoring health for the SDGs. 2020.
21. Jones B, Michael R, Butt J, et al. Tanzanian midwives' perception of their professional role and implications for continuing professional development education. *Nurse Educ Pract*. 2016;17:116–9. [DOI] [PubMed] [Google Scholar]
22. Malterud K. Fokusgrupper som forskningsmetode for medisinske og helsefag [Focus groups as a research method in the health sciences]. Oslo: Universitetsforlaget; 2012. Norwegian. [Google Scholar]
23. National Bureau of Statistics [Tanzania], ORC Macro Tanzania demographic and health survey 2004-05. Dar es Salaam: National Bureau of Statistics and ORC Macro; 2005. [Google Scholar]
24. Malterud K. Kvalitative metoder i medisinsk forskning – en innføring [Qualitative methods in the medical sciences - an introduction]. 4th ed. Oslo: Universitetsforlaget; 2017. Norwegian. [Google Scholar]
25. World Health Organization. The world health report 2000: Health systems: improving performance. Geneva: World Health Organization; 2000. [Google Scholar]
26. Mubyazi GM, Bloch P, Byskov J, et al. Supply-related drivers of staff motivation for providing intermittent preventive treatment of malaria during pregnancy in Tanzania: evidence from two rural districts. *Malar J*. 2012;11:48. [DOI] [PMC free article] [PubMed] [Google Scholar]

27. Tibandebage P, Kida T, Mackintosh M, et al. Can managers empower nurse-midwives to improve maternal health care? A comparison of two resource-poor hospitals in Tanzania. *Int J Health Plann Manage.* 2016;31:379–395. [DOI] [PubMed] [Google Scholar]
28. Filby A, McConville F, Portela A. What prevents quality midwifery care? A systematic mapping of barriers in low and middle income countries from the provider perspective. *PloS One.* 2016;11:e0153391. [DOI] [PMC free article] [PubMed] [Google Scholar]
29. World Health Organization. The world health report 2006: working together for health. Geneva: World Health Organization; 2006. [Google Scholar]
30. Uduma O, Galligan M, Mollel H, et al. The impact of a human resource management intervention on the capacity of supervisors to support and supervise their staff at health facility level. *Hum Resour Health.* 2017;15:57. [DOI] [PMC free article] [PubMed]
31. Franco LM, Bennett S, Kanfer R, et al. Determinants and consequences of health worker motivation in hospitals in Jordan and Georgia. *Soc Sci Med.* 2004;58:343–355. [DOI] [PubMed]
32. National Bureau of Statistics [Tanzania] Tanzania National Panel Survey Report (NPS) - Wave 4, 2012-2013. Dar es Salaam: Ministry of Finance and Planning [Tanzania]; 2017. [Google Scholar]
33. Ministry of Health Community Development Gender Elderly and Children [Tanzania Mainland], Ministry of Health [Zanzibar], National Bureau of Statistics, et al. 2015-16 Demographic and Health Survey and Malaria Indicator Survey Key Findings. Rockville (MD): Ministry of Health, Community Development, Gender, Elderly and Children [Tanzania Mainland], Ministry of Health [Zanzibar], National Bureau of Statistics, Office of the Chief Government Statistician and ICF; 2016. [Google Scholar]
34. Musau S, Chee G, Patsika R, et al. Tanzania health system assessment 2010. Bethesda (MD): Health Systems 20/20 project; 2011. [Google Scholar]
35. WHO Millennium development goals. Geneva: World Health Organization; 2017. December 6. [Google Scholar]
36. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care.* 2007;19:349–357. [DOI] [PubMed]
37. World Health Organization. World Health Statistics 2015. Geneva: World Health Organization; 2015. [Google Scholar]
38. Governmental report Country report on the millennium development goals 2010. Dar es Salaam: Government of the United Republic of Tanzania; 2011. [Google Scholar]
39. World Health Organization. The world health report 2006: working together for health. Geneva: World Health Organization; 2006. [Google Scholar]
40. Klassen AC, Creswell J, Plano Clark VL, et al. Best practices in mixed methods for quality of life research. *Qual Life Res: Int J Qual Life Aspects Treat, Care Rehab.* 2012;21:377–380. [DOI] [PubMed] [Google Scholar]
41. Khadria B. International nurse recruitment in India. *Health research and educational trust.* 2007; 42: 3. 10.1111/j.1475-6773.2007.00718.x [DOI] [PMC free article] [PubMed]
42. Government of the central provinces and bear medical department. 1941. The Central Provinces Nurses Registration Act. (XXIII of 1941).
43. Raman SP, Mavalankar DV, Kulkarni A, Upadhyay M, Deodhar A. Historical perspective of nursing and midwifery: training, education and practice in India. In: Visaria L, editor. *Midwifery and maternal health in India: Situation analysis and lessons from the field.* Indian Institute of Management; 2010. [Google Scholar]
44. Elison NK, Verani AR, McCarthy C. National nursing and midwifery legislation in countries of South-East Asia with high HIV burdens. WHO South East Asia

- Journal of Public Health. 2015; 4: 102: 12–19.
45. Sharma B, Hildingsson I, Johansson E, Prakasamma M, Ramani KV, Christensson K. Do the pre-service education programmes for midwives in India prepare confident ‘registered midwives’? A survey from India. *Global Health Action*. 2015; 8.
46. Government of India. 2015. DAKSHATA: Empowering providers for improved MNH care during institutional deliveries.
47. NHM, NHSRC. 2017. Nursing policies, reforms, and governance structures. Analysis across five states in India.
48. Lopes CL, Nove A, Hoope-Bender PT, et al. A descriptive analysis of midwifery education, regulation and association in 73 countries: the baseline for a post-2015 pathway. *Human Resources for Health*. 2016; 14: 37.
49. Bagga R, Sherawat R, Gade J, Nandan D, Mavlankar DV, Sharma B, et al. Comparative analysis of nursing management capacity in the states of Uttar Pradesh, West Bengal and Tamil Nadu. Visaria Ed: *Midwifery and Maternal Health in India: Situation analysis and lessons from the field*. 2010. Indian Institute of Management, Ahmedabad.
50. Keshri VR, Sriram V, Baru R. Reforming the regulation of medical education, professionals and practice in India. *BMJ Global Health*. 2020; 5.
51. Maharashtra Nurses and Midwives Registration Act. 1966.
52. Government of Bengal. 1934. The Bengal Nurses Act. Act X of 1934.
53. McCarthy CF, Voss J, Salmon ME, Gross MJ, Kelly AM, Riley LP. Nursing and midwifery regulatory reform in east, central and southern Africa: a survey of key stakeholders. *Human Resources for Health*. 2013; 11: 29.
54. Cehat, AMCHSS. Gender in medical education. 2002.
55. Rajasthan Nurses, Midwives, Health Visitors and Auxiliary Nurse-Midwives Registration Act. 1964.
56. Boylan J, Dacre J, Gordon H. Addressing women’s under-representation in medical leadership. *The Lancet*. 2019; 393.
57. The Bihar and Orissa Nurses Registration Act. 1935. Act 1 of 1935.
58. Indian Nursing Council. 1947. The Indian Nursing Council Act. Act 48 of 1947.
59. Wells M. The experiences of Indian nurses in America. PhD Dissertation. Seton Hall University. 2013.
60. Health Professions Regulatory Act, 2013. Ghana Nursing and Midwifery Council (Part III). pp 28–37.