

# Strategic Integration Of Public Health Specialist Nurses In Bangladesh's Government Healthcare Landscape

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## Abstract

**Introduction:** Addressing public health challenges is a significant undertaking for Bangladesh's healthcare system, particularly in the context of striving to achieve the Sustainable Development Goals (SDGs) by 2030. Central to this endeavor is the crucial role played by the nursing profession within the healthcare service framework. Public Health Nurses, leveraging their specialized knowledge and skill set, play a pivotal role in implementing life-saving measures and promoting overall health and well-being.

**Objectives:** This study, framed within the context of "Strategic Integration of Public Health Specialist Nurses in Bangladesh's Government Healthcare Landscape," aims to explore the utilization prospects of public health specialist nurses. The research delves into their socio-demographic characteristics, expectations, and satisfaction within the government healthcare service.

**Methodology:** Employing a descriptive cross-sectional design, data were gathered through semi structured questionnaire by direct interviewing, telephone interviewing and e-mailing from 127 respondents who had completed their Master of Public Health (MPH) degree from NIPSOM and had engaged in government service for a minimum of three years.

**Results:** Results indicate a predominant representation of females (81%), with the highest proportion falling within the age bracket of 41-45 years (34.6%). Despite this, a significant majority (78%) of respondents expressed dissatisfaction with the professional utilization of Public Health Nurses (PHNs) within the government health sector. While 73.2% believed they had opportunities to apply their MPH educational knowledge in their work, a notable 83.9% saw potential in utilizing their expertise in health education.

Interestingly, a substantial portion (58.3%) of respondents pursued MPH with the aspiration of becoming nursing teachers. However, challenges persisted, with 40.9% of those providing clinical nursing services remaining in the same position post higher education. Addressing this, 76% of respondents advocated for central authority intervention to establish specialized public health nursing posts (DPHN) and sought expanded working opportunities from upazila to central levels. A notable 67.7% were expressing dissatisfaction with their current positions.

**Conclusion:** The study underscores the critical need for strategic integration and utilization of Public Health Specialist Nurses to fortify the completeness of the health sector. Recommendations include creating opportunities for the effective deployment of these professionals and establishing diverse posts at every tier of the healthcare system to optimize their contributions.

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## I. Introduction

In the ever-evolving landscape of public health, the role of nurses, particularly Public Health Specialist Nurses, becomes pivotal in addressing the challenges and demands faced by government healthcare services. As catalysts for change, nurses possess the potential to exert a significant impact on public health outcomes. Their daily interactions with individuals position them as influential advocates for lifestyle modifications and providers of crucial education, especially within vulnerable segments of society.

Effective modern public health practices necessitate collaborative efforts from multidisciplinary teams, including epidemiologists, biostatisticians, physician assistants, and public health nurses, among others. The World Health Organization (WHO) coordinates global public health initiatives, and individual countries often establish their governmental public health agencies. In the pursuit of Sustainable Development Goal 3 (SDG 3), which aims to ensure healthy lives and promote well-being, nursing emerges as a key player, influencing not only health but also education and poverty-related SDGs.

Bangladesh has achieved notable progress in health indicators, yet faces persistent challenges such as childhood malnutrition, infectious diseases, and TB burdens. The public health infrastructure in Bangladesh

includes a network of hospitals, health complexes, and community clinics, with a recognized post for public health nurses known as District Public Health Nurse (DPHN). However, vacancies in DPHN positions underscore the need for strategic integration and strengthening of the public health nursing workforce.

The National Institute of Preventive and Social Medicine (NIPSOM) plays a pivotal role in nurturing public health professionals, offering Master of Public Health (MPH) programs. Despite the singular recognized post of DPHN, many nurses in Bangladesh hold MPH degrees, engaging

## II. MATERIALS AND METHODS

### The Study

The research unfolded at the intersection of the National Institute of Preventive and Social Medicine (NIPSOM) and the Director General of Nursing and Midwifery (DGNM) throughout the period spanning from January 1, 2020, to December 31, 2020. Employing a cross-sectional descriptive approach, the study aimed to delve into the demographic profiles, education in Master of Public Health (MPH), organizational affiliations, and skill sets of Public Health Specialist Nurses, aligning with the theme of 'Strategic Integration of Public Health Specialist Nurses in Bangladesh's Government Healthcare Landscape.

### Methodology

The data collection process encompassed telephone interviews, emails, and face-to-face interactions where feasible, adapting to the constraints posed by the COVID-19 pandemic. Utilizing a pre-tested questionnaire designed to capture pertinent information related to the outlined objectives, data were systematically gathered, compiled, and tabulated. The analysis, conducted through SPSS version 26, involved descriptive statistics such as frequency, percentage, and cross-tabulations.

### Ethical Framework

Prior to commencement, the study protocol garnered approval from the protocol approval committee of NIPSOM. Ethical clearance was subsequently secured from the Institutional Review Board (IRB) of NIPSOM. To uphold ethical standards, written informed consent was diligently obtained from each participant during face-to-face interviews. For telephone interviews, participants were informed comprehensively about the terms, conditions, and their rights before initiating the data collection process."

**Table 1: Distribution of Respondents According to the demographic characteristics (n=127)**

Socio-Economic Characteristics	Status	Percentage
Age	30 - 35 years	10.2%
	36 - 40 years	19.7%
	41 - 45 Years	34.6%
	46 - 50 years	27.6%
	51 - 55 Years	5.5%
Sex	56 years & older	2.4%
	Female	81%
Religion	Male	19%
	Muslim	75.6%
	Hindu	18.9%
	Christian	3.9%
Marital status	Buddhist	1.6%
	Married	91.3
Educational qualifications after completing MPH	Unmarried	8.7
	MPH	89%
	MSN	7.90%
Core subjects	PhD	3.10%
	Community Nutrition (CN)	3.9
	Hospital Management (HM)	29
	Health Promotion & Health Education (HP&HE),	35.4
	Health Service Management & Policy (HSMP)	16.6
Location of organization	Occupational and Environmental Health (OEH)	0.8
	Reproductive & Child Health (RCH)	14.2
Location of organization	Urban	87 (68.5 %)
	Rural	10 (7.9 %)

	Peri urban	30 (23.6%)
Working Unit	Hospital	74 (58.3%)
	Educational Institute	50 (39.4%)
	Administrative Position	3 (2.4%)
Satisfaction on Present Working Position	Yes	41 (32.3%)
	No	86 (67.7%)
Job experiences in present position	1 - 3 years	42 (33.1%)
	>3 - 5 years	30 (23.6%)
	> 5- 10 years	35 (27.6%)
	> 10 years	20 (15.7%)
Skill Development Training	Yes	51 (40.2%)
	No	76 (59.8%)
Scope with MPH Knowledge	Yes	93 (73.2%)
	No	34 (26.8%)
Scopes of work with MPH Knowledge	Managerial work	59 (63.40%)
	Health education	78 (83.90%)
	Research	13 (14%)
	Administration	7 (7.50%)

This table provides a comprehensive overview of the demographic characteristics of respondents (n=127) within the context of the strategic integration of Public Health Specialist Nurses in Bangladesh's government healthcare landscape. The majority of respondents fall within the age range of 41-45 years (34.6%), followed by 36-40 years (19.7%). A notable portion of respondents are in the 46-50 years age group (27.6%).

The majority of respondents are female (81%), highlighting the significant role women play in the public health nursing sector. The majority of respondents practice Islam (75.6%), reflecting the diverse religious composition within the workforce. A significant percentage of respondents are married (91.3%),

The table 1 also shows that 127 (100%) all respondents have completed MPH degree and among them 10 (7.90%) have also completed MSN and 4 (3.10%) of respondents have completed their PhD degree.

Health Promotion & Health Education (HP&HE) is the predominant core subject (35.4%) of MPH Degree, underscoring the emphasis on education and promotion within the workforce.

The majority of respondents are situated in urban areas (68.5%), indicating a concentration of public health nursing efforts in urban settings. The largest portion of respondents works in hospitals (58.3%), showcasing the integral role of Public Health Specialist Nurses in direct patient care.

A considerable percentage of respondents' express satisfaction with their present working position (32.3%), though a notable portion indicates dissatisfaction (67.7%). A significant number of respondents have job experiences ranging from 1-3 years (33.1%) and >3 - 5 years (23.6%).

A substantial portion of respondents have undergone skill development training (40.2%), highlighting a commitment to continuous professional growth. The majority of respondents see a scope for applying MPH knowledge in their roles (73.2%), indicating the relevance and applicability of their academic backgrounds.

Health education emerges as a prominent scope of work (83.90%), underlining the crucial role of Public Health Specialist Nurses in educating and promoting health within communities. Managerial work (63.40%) and research (14%) also demonstrate diverse professional contributions within the public health landscape. Administration, though a smaller percentage, indicates the presence of nurses in administrative roles (7.50%).

The figure 2 shows that maximum number 28 of 127 respondents passing at the year of 2017, among them 1 in CN, 8 in HM, 7 in HP&HE, 6 in HSMP and RCH passed MPH. minimum number 2 out of 127 respondents had passed form HP&HE in the year of 2010 and 2012.

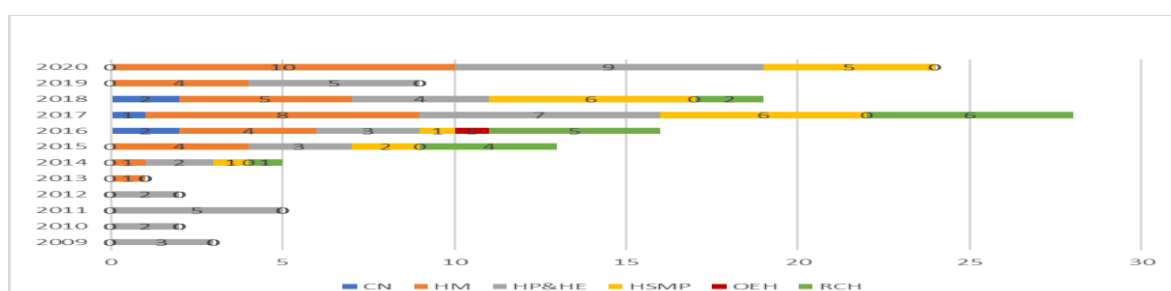


Figure 1: Distribution of respondents according to their passing year and MPH core subjects.

**Table 2: Distribution of Respondents According to Their purpose of Choosing MPH degree (n=127)**

Reasons for choosing MPH	Multiple response with %	Single response with %
Just want to acquire a degree	10 (7.90%)	-
No opportunity of perusing other degree without MPH	50 (39.40%)	6 (12%)
Have Graduation on public Health Nursing	43 (33.90%)	-
Interested to develop career in Public Health	66 (52.00%)	17 (25.7%)
NIPSOM is best educational institute	90 (70.90%)	15 (16.6%)

Table 2 highlights that a significant majority of respondents, totaling 90 (70.90%), opted for the MPH degree primarily due to their perception of NIPSOM as the best educational institute. Another substantial portion, 66 (52.00%) of respondents, expressed their interest in developing a career in public health, sometimes alongside additional considerations. Notably, 17 (25.7%) respondents selected MPH solely for the reason of aspiring to build a career in public health.

In contrast, a smaller number of respondents, 10 (7.90%), stated their motivation as simply desiring to acquire a post-graduation degree, without specific preferences for subjects or divisions. Additionally, 50 (39.40%) respondents indicated that the unavailability of opportunities for pursuing other post-graduation degrees in the country without an MPH influenced their decision. These findings underscore the varied motivations driving individuals to pursue an MPH.

**Table 3: Distribution of respondents according to their professional expectation during MPH, (n=127)**

Expectations during MPH education program	Multiple responses with %	Single response with %
For proportioning in managerial or administrative position	49 (38.60%)	13 (26.53%)
For involving in teaching	74 (58.30%)	31 (41.89%)
For being confident and effective in self-working area	70 (55.10%)	25 (35.71%)

The majority of respondents, totaling 58.30%, anticipated involvement in teaching, with 41.89% of them exclusively aspiring to pursue teaching roles during their MPH education. A significant portion of respondents, constituting 55.10%, expressed the expectation of gaining confidence and effectiveness in their self-working area. A substantial number of respondents, accounting for 38.60%, expressed the expectation of being prepared for managerial or administrative roles. Within this group, 26.53% exclusively highlighted this as their sole expectation during the MPH program.

**Table 4: Distribution of Respondents According to Their utilization as PHSN in Govt. Health Care Service, (n=127)**

Utilization of PHSN in government health care service	Frequency with %
Yes	28 (22%)
No	99 (78%)
Total	127 (100%)

The table number 4 shows that maximum number 99 (78%) of respondents thinks that they have no scope of utilizations as public health specialist nurse in government health care service, on the other hand 28 (22%) of respondents thinks that they have proper utilization.

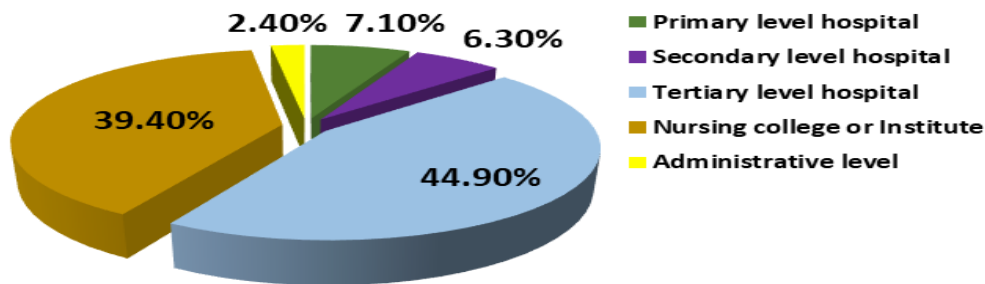
**Table 5: Distribution of Respondents According to Their Expectation as PHSN from Central Authority (n=99)**

Expectation as PHSN from central authority	Multiple response with %	Single response with %
DPHN post should be more specialized and working scope should be established from root to central level for PHSN	77 (76.8%)	5 (6.49%)
More scopes to work in research setting	41 (41.4%)	1 (2.43%)
Working position and promotion according to merit and skill	89 (89.9%)	16 (17.97%)

A significant majority of respondents, constituting 76.8%, expressed the expectation that the District Public Health Nurse (DPHN) post should be more specialized, with an established working scope extending from the root to the central level and 41.4%, expressed the desire for more opportunities to work in a research setting.

The vast majority, accounting for 89.9%, expected working positions and promotions to be determined based on merit and skill. Among them, 17.97% exclusively focused on this criterion as their primary expectation.

**Figure 2: Distribution of respondents according to types of working Organization, (n=127)**



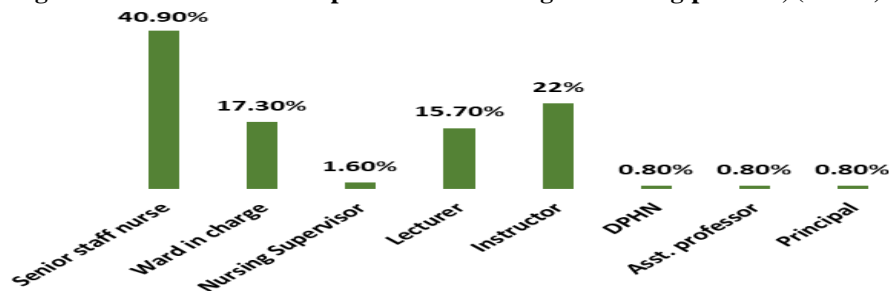
The figure 2 shows that 44.9% of respondents work in tertiary level hospital, 39.4% in Nursing college or institute, 7.1% in primary level hospital, 8 6.3% in secondary level hospital only 3 2.4% of respondent works in administrative level. he total number of respondents is 127, representing various organizational affiliations within the healthcare and educational sectors.

**Table 6: Distribution of Respondents According to Their Interest of Work, (n=127)**

Working area	Multiple response with %	Single response with %
General Nursing	18 (14.20%)	3 (16.6%)
Administration/ Management	41 (32.30%)	7 (17.07%)
Teaching	99 (78%)	29 (29.29%)
Research	42 (33.10%)	3 (7.14%)
Total	200 (157.50%)	42 (21%)

The majority of respondents, 78%, expressed a strong interest in teaching, with 29.29% solely focusing on teaching as their primary area of interest. Respondents, totaling 32.30%, indicated an interest in administration or management roles. A considerable number of respondents, 33.10%, expressed an interest in research.

**Figure 3: Distribution of respondents according of working position, (n=127)**



The figure shows that 40.9% of respondents are working as senior staff nurse, only 1 (0.8%) are working as DPHN (District Public Health Nurse), Asst. professor and Principal, and 15.7% and 22% of respondent working as Lecturer and Instructor.

**Table 7: Professional expectation of respondent during their MPH degree according to their working position, (n=127)**

Present working position	Expectation during MPH Education			Total
	For proportioning in managerial or administrative position	For involving in teaching	For being confident and effective in working area	
Senior staff nurse (SSN)	21, (16.5%)	34, (26.8%)	29, (22.8%)	52, (40.9%)
Ward in charge	9, (7.1%)	14, (11%)	9, (7.1%)	22, (17.3%)
Supervisor	0, (0%)	1, (0.8%)	2, (1.6%)	2, (1.6%)
Lecturer	7, (5.5%)	11, (8.7%)	12, (9.4%)	20, (15.7%)
Instructor	11, (8.7%)	12, (9.4%)	17, (13%)	28, (22%)
District public health nurse	1, (0.8%)	0, (0%)	0, (0%)	1, (0.8%)
Asst. professor	0, (0%)	1, (0.8%)	1, (0.8%)	1, (0.8%)

Principal	0, (0%)	1, (0.8%)	0, (0%)	1, (0.8%)
Total	49, (38.6%)	74, (58.3%)	70, (55.1%)	127, (100%)

The table indicates that during their MPH education, 38.6% of respondents anticipated receiving a promotion to a managerial or administrative position. However, among these individuals, 16.5% experienced no change in their positions and currently work as Senior Staff Nurses (SSN), 7.1% as ward in charge, 5.5% as Lecturers, and 8.7% as Instructors. Additionally, 58.3% of respondents aspired to engage in teaching, with 26.8% observing no change in their positions, 11% assuming roles as ward in charge, 8.7% becoming lecturers, 9.4% taking on instructor roles, and 0.8% serving as principals and assistant professors. Notably, 55.1% of respondents expressed a desire to enhance their effectiveness and confidence in their respective working areas.

**Table 8: Satisfaction of respondents in present position according to working position, (n=127)**

Working Position	Satisfaction in present position		Total
	Yes	No	
Senior staff nurse	11, (8.7)	41, (32.3%)	52, (40.9%)
Ward in charge	7, (5.5%)	15, (11.8%)	22, (17.3%)
Supervisor	1, (0.8%)	1, (0.8%)	2, (1.6%)
Lecturer	8, (6.3%)	12, (9.4%)	20, (15.7%)
Instructor	13, (10.2%)	15, (11.8%)	28, (22.0%)
District public health nurse	1, (0.8%)	0, (0%)	1, (0.8%)
Asst. professor	0, (0%)	1, (0.8%)	1, (0.8%)
Principal	0, (0%)	1, (0%)	1, (0.8%)
Total	41, (32.3%)	86, (67.7%)	127, (100%)

The table shows that, most of the respondent are senior staff nurse (40.9%) among them 32.3% are not satisfied, among 17.3% of ward in charge 11.8% are not satisfied, 15.7% of respondent are lecturer and among them 9.4% are not satisfied. Among 22.0% instructor 11.8% are not satisfied in their present working position.

**Table 9: Scope of utilization to work as PHSN in government health care service according to their working position, (n=127)**

Working Position	Scope of utilization as PHSN		Total
	Yes	No	
Senior staff nurse	10, (7.9%)	42, (33.1%)	52, (40.9%)
Ward in charge	5, (3.9%)	17, (13.4%)	22, (17.3%)
Supervisor	0, (0%)	2, (1.6%)	2, (1.6%)
Lecturer	6, (4.7%)	14, (11%)	20, (15.7%)
Instructor	6, (4.7%)	22, (17.3%)	28, (22%)
District public health nurse	1, (0.8%)	0, (0%)	1, (0.8%)
Asst. professor	0, (0%)	1, (0.8%)	1, (0.8%)
Principal	0, (0%)	1, (0.8%)	1, (0.8%)
Total	28, (22%)	99, (78%)	127, (100%)

The table shows that most of the respondent (40.9%) are Senior staff nurse. Among them 33.1% have said that they have no opportunity to utilize as PHN in their working area, and 13.4% of 17.3% of ward in charge have expressed the same things. The 1.6% of supervisor, 0.8% of Asst. professor, Principal gave the same opinion that they also have no opportunity to utilization as PHN in government health sector.

**Table 10: Expectation of respondents from central authority according to their working position (n=99)**

Working position	Expectation from central authority			Total
	DPHN post should be specialized for PHSN, & create working scope from root to central level	More scopes to work in research setting	Working position and promotion according to merit and skill	
Senior staff nurse (SSN)	32, (32.3%)	21, (21.2%)	37, (37.4%)	42, (42.4%)
Ward in charge	16, (16.2%)	7, (7.1%)	17, (17.2%)	17, (17.2%)
Supervisor	2, (2%)	2, (2%)	2, (2%)	2, (2%)
Lecturer	9, (9.1%)	4, (4%)	12, (12.1%)	14, (14.1%)
Instructor	16, (16.2%)	6, (6.2%)	19, (19.2%)	22, (22.2%)
Asst. professor	1, (1%)	1, (1%)	1, (1%)	1, (1%)
Principal	0, (0%)	0, (0%)	1, (1%)	1, (1%)
Total	76, (76.8%)	41, (41.4%)	89, (89.9%)	99, (100%)

The table shows that, 76.8% of respondents give their opinion on DPHN post should be specialized for PHSN, & create working scope from root to central level among them 32.3% are SSN, 16.2% are ward in charge, 16.2% are instructor and 9.1 % are lecturer. Most 89.9% of respondents expect from central authority to create working position and promotion according to merit and skill. Among them 37.4% are SSN, 17.2% are ward in charge, 19.2% are instructor and 12.1% are lecturer. Among the respondents 41.4% expect to increase their working scope in research setting.

**Table 11: Scope of using MPH educational knowledge in professional field of respondents according to their type of working organization, (n=91)**

Type of working organization	Scope of using MPH educational knowledge in professional field				Total
	Managerial work	Health education	Research	Administration	
Primary level hospital	4, (4.4%)	8, (8.8%)	0, (0%)	0, (0%)	9, (9.9%)
Secondary level hospital	4, (4.4%)	4, (4.4%)	0, (0%)	1, (1.1%)	5, (5.5%)
Tertiary level hospital	23, (25.3%)	31, (34.1%)	1, (1.1%)	0, (0%)	35, (38.5%)
Nursing college or Institute	27, (29.7%)	33, (36.3%)	12, (13.2%)	5, (5.5%)	42, (46.2%)
Total	58, (63.7%)	76, (83.5%)	13, (14.3%)	6, (6.6%)	91, (100%)

The table number 25 shows that, maximum respondents 83.5% have given their opinion they can able to give proper health education in their working field. Among them 36.3% working in nursing educational institute, 34.1% in tertiary level hospital, 8.8% in primary level hospital. Majority 63.7% of respondents are getting scope to utilize their knowledge in managerial sector among them 29.7% from nursing college or institute, 25.3% from tertiary level hospital and 4.4% from primary and secondary level hospital. Only 13 (14.3%) of 91 respondent can get scope to use their knowledge in research setting. Among them maximum 13.2% of respondents are related to nursing education and only 6.6% of respondent used their knowledge in administrative work.

### III. Discussion

The investigation indicates that the majority of participants, accounting for 81.1% of the 127 respondents, were females, while 18.9% were males. This distribution aligns with the gender ratio typically observed in Bangladesh's nursing profession, where 90 females and 10 males are admitted for every 100 students during diploma or BSc in nursing admissions (Diploma in Nursing admission, 2020-21).

Within the respondent pool, 91.3% were married, while 8.7% were unmarried, echoing findings on job satisfaction nurses by Morsheda et.al. (2016). All 127 respondents had completed their MPH degree from NIPSOM, with 7.90% also holding an MSN, and 3.10% possessing a PhD.

Regarding the choice of MPH, 70.90% selected NIPSOM as the best educational institute, with 16.6% choosing MPH exclusively for this reason. Additionally, 52% expressed an interest in developing a career in public health, while 25.7% cited this as their sole motivation. Furthermore, 7.90% aimed solely to acquire a post-graduation degree, and 39.40% highlighted the absence of alternative post-graduation opportunities without MPH in the country as a key reason.

Expectations during MPH education varied, with 58.30% aiming to be involved in teaching, and 41.89% specifically aspiring to be nursing teachers. A substantial 55.10% sought increased confidence and effectiveness in their work, with 35.71% focusing solely on this goal. Notably, 38.60% anticipated advancement in managerial or administrative positions.

Concerns were raised among 78% of respondents about the perceived lack of scope for public health specialist nurses in government health care services. Dissatisfaction was notable, particularly among Senior Staff Nurses (33.3%) and ward in charge (13.4%). Despite the expressed interest in diverse activities related to public health, such as counseling, school health, and policy development, nurses face limited opportunities within the government health sector.

Among the 99 respondents who believed they had no scope in the government health sector, 89.9% sought working positions and promotions based on merit and skill. Furthermore, 76.8% advocated for the specialization of District Public Health Nurse (DPHN) posts, ensuring working scopes from root to central levels, while 41.4% desired increased opportunities for research.

Urban residency was predominant among respondents (68.5%), with 23.6% residing in peri-urban areas and 7.9% in rural areas. Tertiary-level hospitals employed the largest proportion (44.9%) of respondents,

followed by nursing colleges or institutes (39.4%). In terms of working units, 58.3% were in hospitals, 39.4% in educational institutes, and 2.4% in administrative positions.

Regarding job roles, 40.9% worked as Senior Staff Nurses, and 15.7% as Lecturers. Dissatisfaction was widespread, with 67.7% expressing discontent in their current positions. Reasons for dissatisfaction included limited promotion opportunities and the absence of defined positions for nurses in the health service.

MPH knowledge utilization was reported by 93 respondents (73.2%), with 83.90% engaging in health education, 63.40% in managerial work, 14% in research, and 7.50% in administrative tasks. Among those utilizing their MPH knowledge, 83.90% felt confident in providing health education, 63.4% applied their knowledge to managerial roles, 14.3% engaged in research, and 6.6% contributed to administrative tasks.

The study demonstrated that while respondents pursued MPH degrees with varied expectations and aspirations, challenges persisted in the integration of public health specialist nurses into the government healthcare landscape in Bangladesh.

#### **IV. Conclusion**

The conclusion of this study underscores the critical importance of recognizing health as a fundamental human right, necessitating widespread access to healthcare facilities across communities and countries. The role of public health services is crucial in ensuring universal accessibility. Within the context of "Strategic Integration of Public Health Specialist Nurses in Bangladesh's Government Healthcare Landscape," it is notable that a predominant proportion of respondents in this study were female. This pattern may be attributed to the limited opportunities for males in nursing education. Despite challenges, all participants had successfully completed their Master of Public Health (MPH) degrees from NIPSOM. The consensus among respondents was that NIPSOM is recognized as the premier government public health educational institute, and their pursuit of MPH was primarily driven by aspirations for professional advancement.

This study has also revealed among participants regarding the perceived lack of opportunities to utilize their skills as public health specialist nurses within the government health service. Expectations were voiced for enhanced job prospects within the public health sector, spanning from upazila to central levels. It is disconcerting that a substantial number of respondents, having achieved higher education, found themselves working in roles such as Senior Staff Nurses (SSN) without a corresponding improvement in their professional status or position. This stagnation emerged as a predominant cause for dissatisfaction among the majority of study participants.

In the broader context of the strategic integration of public health specialist nurses into Bangladesh's government healthcare landscape, these findings emphasize the imperative for targeted initiatives and reforms to address the identified disparities and create a conducive environment for the optimal utilization of skilled nursing professionals in advancing public health objectives.

#### **V. Recommendations**

To optimize success in public health, strategic integration of Public Health Specialist Nurses (PHSNs) is paramount. Their involvement should be expanded across diverse activities, including active participation in health policy development, management, health education, and comprehensive disease prevention, encompassing both communicable and non-communicable diseases. To enable PHSNs to contribute more effectively to public health, it is crucial to establish designated positions for them at various levels, extending from central to grassroots levels.

Moreover, a concerted effort should be made to enhance the professional capabilities of PHSNs through targeted training programs. These programs should be designed to hone their skills and increase their efficiency, ultimately fostering a more productive impact in their specific working areas.

Recognizing NIPSOM as a distinguished public health educational institute in Bangladesh, there is a need to broaden the educational scope for nurses.

Encouraging the utilization of PHSNs in research, training, and consultancy is another pivotal recommendation. By actively involving PHSNs in these capacities, their expertise and insights can significantly contribute to advancing public health initiatives. This strategic integration will not only elevate the professional standing of PHSNs but will also fortify the overall effectiveness of the government healthcare landscape in Bangladesh.

#### **References**

- [1]. Wikipedia. (2020). Public Health Nursing. [Online] Available At: [https://en.wikipedia.org/wiki/Public\\_Health\\_Nursing#Cite\\_note-pmid31041326-13](https://en.wikipedia.org/wiki/Public_Health_Nursing#Cite_note-pmid31041326-13) [Accessed 16 Feb. 2021].
- [2]. Mannan, M. (2013). Access To Public Health Facilities In Bangladesh: A Study On Facility Utilisation And Burden Of Treatment. Bangladesh Development Studies, [Online] Xxxvi(4). Available At: [https://bids.org.bd/uploads/publication/bds/36/36-4/2\\_Mannan.Pdf](https://bids.org.bd/uploads/publication/bds/36/36-4/2_Mannan.Pdf) [Accessed 10 Feb. 2021].
- [3]. Wikipedia. (2021). Demographics Of Bangladesh. [Online] Available At: [https://en.wikipedia.org/wiki/Demographics\\_of\\_Bangladesh#Census](https://en.wikipedia.org/wiki/Demographics_of_Bangladesh#Census) [Accessed 13 Feb. 2021].
- [4]. Morsheda, H.U., Zaman, M.N.U. And Afroze, N. (2016). Assessment Of Job Satisfaction Among The Senior Staff Nurses Working At Sadar Hospital, Naogaon, Bangladesh. Asian Journal Of Medical And Biological Research, [Online] 2(4), Pp.611–615. Available At: <https://www.banglajol.info/index.php/ajmbr/article/view/31004> [Accessed 13 Feb. 2021].
- [5]. Public Health Nursing: Past And Future, A Review Of The Literature, 2001, Prepared By, Professor Gay Edgecombe, Short-Term Professional, Who Regional Office For Europe <https://apps.who.int/iris/bitstream/handle/10665/108460/E74237.pdf;jsessionid=F6d286172fea40509b1a55173bf4ace7?sequence=1>



- [6]. Wikipedia. (2021). Public Health. [Online] Available At: [https://en.wikipedia.org/wiki/Public\\_health#cite\\_note-14](https://en.wikipedia.org/wiki/Public_health#cite_note-14) [Accessed 10 Feb. 2021].
- [7]. Anon, (N.D.). About – Nipsom. [Online] Available At: <https://www.nipsom.gov.bd/about/> [Accessed 13 Feb. 2021].
- [8]. Muhammad, F., Chowdhury, M., Arifuzzaman, M. And Chowdhury, A.A. (2017). Public Health Problems In Bangladesh: Issues And Challenges. South East Asia Journal Of Public Health, [Online] 6(2), Pp.11–16. Available At: <https://www.banglajol.info/index.php/Seajph/article/view/31830> [Accessed 4 Dec. 2019].
- [9]. Anon, (N.D.). Diploma In Nursing Admission Circular & Result 2020-21 | Eduresultbd.Com. [Online] Available At: <https://edureultbd.com/diploma-in-nursing-and-midwifery-admission/> [Accessed 13 Feb. 2021].