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Original Article

Resilience among nurses working in maternity wards in Bangladesh: A qualitative study

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Abstract

Background: Nurses working in maternity wards in Bangladesh face complex clinical and emotional challenges due to maternal complications, high patient loads, and limited resources. Resilience has been recognized as a critical factor in helping nurses cope with stress, adapt to demanding environments, and sustain compassionate care.
Objective: This study aimed to explore and describe the experiences of resilience among nurses working in maternity wards in Bangladesh.
Methods: A qualitative interpretive descriptive design was employed, guided by Thorne's framework. Purposive sampling recruited eight registered nurses from maternity units, including labor and delivery, postnatal, and maternal high-dependency wards, in tertiary hospitals. Semi-structured individual interviews were conducted between October 2020 and January 2021, lasting 30–90 minutes, and were audio recorded. Data were analyzed inductively to identify themes reflecting resilience experiences. Trustworthiness was ensured using COREQ guidelines.
Results: Three overarching themes emerged: (1) The transition period, reflecting anxiety and lack of preparedness during the early stages of maternity nursing; (2) Gaining trust of mothers, families, and colleagues, highlighting the challenges of acceptance, communication, and professional recognition; and (3) Having a positive mindset, emphasizing psychological resilience, optimism, and self-care practices that enabled nurses to cope with workplace stress.
Conclusion: Resilience among maternity nurses in Bangladesh is developed through a dynamic interplay of personal adaptation, social support, and psychological coping strategies. Strengthening structured mentorship, fostering supportive workplace cultures, and integrating resilience training into professional development are crucial to enhance maternal care quality and reduce burnout among maternity nurses.

Background

Nursing is widely acknowledged as a demanding profession, both physically and emotionally, requiring continuous effort to provide comprehensive care for patients' physical, emotional, and spiritual needs. Nurses working in maternity wards face unique stressors associated with childbirth, maternal complications, and neonatal emergencies, which place them in highly stressful clinical environments. To cope with these challenges, resilience is considered a critical protective factor for nurses' physical, mental, and emotional well-being, preventing outcomes such as fatigue, depression, and emotional exhaustion (Yilmaz, 2017). Resilience is defined as the ability to overcome adversity, recover from stress, and adapt effectively to difficult life situations such as trauma, threats, interpersonal conflict, health crises, and sudden changes (Çam & Büyükbayram, 2017).

Resilience is often discussed in three interrelated domains. Physical resilience encompasses activities that promote bodily strength and recovery, including physical exercise and leisure pursuits (Robertson et al., 2016). Social resilience relates to interpersonal support and meaningful relationships, which help individuals adapt to stressful environments (Manomenidis et al., 2019). Psychological resilience refers to holistic self-care, maintaining positive emotions, and exercising self-control in the face of adversity (Shin et al., 2018). For nurses, these dimensions are particularly important as they confront life-and-death decisions, prolonged work hours, and the emotional demands of caring for patients and their families.

In Bangladesh, the demand for maternity care services has been steadily increasing due to a high maternal and neonatal morbidity rate, resulting in an urgent need for qualified nurses in maternity wards. Newly recruited nurses are expected to adapt quickly and competently in environments that often lack adequate staffing, resources, and support. Evidence indicates that the transition period from student to

professional nurse is one of the most vulnerable stages in a nurse's career, often characterized by stress, shock, and emotional exhaustion (Parker et al., 2014; Ankers et al., 2018).

Maternity nursing poses additional challenges compared to other hospital wards. Nurses in maternity settings care for vulnerable women during pregnancy, labor, and postpartum, frequently managing complications such as hemorrhage, preeclampsia, or perinatal loss. These emotionally charged situations can lead to stress, anxiety, and burnout if not managed effectively (Buckley et al., 2020). A recent study highlighted that nurses working in specialized maternal and child health services often demonstrate lower levels of resilience and higher rates of burnout than those in general nursing (Waterworth & Grace, 2021).

Given these realities, exploring resilience among nurses in maternity wards in Bangladesh is highly relevant. Understanding their strategies and experiences in developing resilience can provide insights into how they cope with professional challenges, adapt to their demanding roles, and sustain their motivation and well-being. This study, therefore, seeks to explore and describe the lived experiences of resilience among maternity nurses in Bangladesh.

Methods

Study Design

This study employed a qualitative interpretive descriptive design guided by Thorne's (2016) framework, which emphasizes understanding experiences within applied clinical contexts. The approach was particularly suited for exploring how nurses in maternity wards construct meaning from their daily work and develop resilience amid professional, emotional, and institutional challenges. The COREQ 32-item checklist was used to ensure transparency in all stages of the research process, from data collection to analysis and reporting.

The research team comprised nursing scholars with backgrounds in qualitative methodology and maternal health. The primary researcher, a registered nurse with prior experience in clinical and academic nursing, conducted all interviews. Before data collection, the researcher introduced herself to participants, clarified her professional background, and discussed the study's purpose to establish rapport and minimize power imbalances. Reflexivity was maintained throughout the process by documenting preconceptions, emotions, and assumptions in a reflexive journal to ensure interpretive accuracy and neutrality.

Study Participants

Participants were recruited using purposive sampling from three tertiary hospitals in Dhaka, Bangladesh, specifically from maternity-related units: the labor and delivery ward, postnatal ward, and maternal high-dependency unit. Nurses were invited to participate if they met the inclusion criteria: (1) were registered nurses with professional licensure, (2) had less than six years of clinical experience, and (3) had worked in a maternity ward for at least one month. These criteria were chosen to capture early-career nurses who were still navigating the adaptation phase of their professional practice while having sufficient exposure to maternity care.

Gatekeepers, typically senior nurse managers, assisted in identifying eligible participants to reduce researcher bias in recruitment. Potential participants received both verbal and written explanations about the study's objectives and were invited to volunteer. A total of 18 nurses were approached, and eight nurses consented to participate. The sample size was deemed adequate because data saturation was reached after the eighth interview, when no new codes or themes emerged from the data. Participants were between 23 and 32 years old, and seven were female while one was male. They represented a range of professional experiences across the maternity units, contributing diverse perspectives to the study.

Data Collection

Data collection was carried out between October 2020 and January 2021 through semi-structured, in-depth, face-to-face interviews conducted in private, quiet rooms within the hospitals to ensure participant comfort and confidentiality. Each interview began with informal conversation to establish rapport before progressing to open-ended guiding questions that encouraged reflection and personal storytelling. The interview guide included prompts such as: "Can you describe your initial experiences working in a maternity ward?", "What challenges did you face in

adapting to this environment?", and "How do you manage stress and maintain your well-being in your daily work?".

Follow-up probes such as "Can you tell me more about that?" and "Could you share an example?" were used to deepen understanding and elicit richer narratives. Interviews lasted between 30 and 90 minutes, depending on participants' availability and willingness to elaborate. All interviews were audio-recorded with participants' consent and supplemented by field notes that captured non-verbal cues, emotional tone, and contextual details.

To ensure data reliability, the researcher transcribed each interview verbatim in Bangla within 24 hours of completion and reviewed the transcripts while listening to the recordings to ensure accuracy. Translations into English were performed using a forward–backward translation process by bilingual experts to preserve the meaning and cultural nuances of participants' statements. The researcher also recorded reflective memos immediately after each interview to capture emerging impressions and analytic insights, consistent with COREQ criteria emphasizing reflexivity and documentation.

Data Analysis

The data were analyzed concurrently with data collection, following Thorne's (2016) interpretive descriptive analytic process, which involves iterative engagement with the data to derive themes grounded in participants' experiences. The researcher began by reading all transcripts multiple times to gain familiarity with the data and to identify initial ideas. Inductive coding was used to highlight meaningful phrases or sentences that reflected participants' thoughts about resilience, coping strategies, and emotional responses. These codes were then clustered into categories representing related ideas, and further synthesized into broader themes capturing the shared essence of participants' experiences.

Throughout the analytic process, the researcher moved continuously between the data and the emerging themes to ensure interpretations remained closely tied to participants' narratives. A coding matrix was developed to document how codes evolved into categories and themes, forming an audit trail to enhance dependability. The preliminary findings were discussed with two experienced qualitative researchers who provided peer debriefing and critical feedback to refine theme development and reduce individual bias. Discrepancies in interpretation were resolved through discussion until consensus was achieved.

The analytic process ultimately yielded three overarching themes: (1) The transition period, reflecting early-career anxiety and adaptation to maternity care; (2) Gaining trust of mothers, families, and colleagues, describing interpersonal and professional challenges; and (3) Having a positive mindset, representing personal coping and psychological resilience strategies. Representative quotations were selected to illustrate each theme and to ensure participants' voices were authentically reflected in the results.

Trustworthiness

The COREQ checklist guided all efforts to ensure rigor and trustworthiness. Credibility was established through prolonged engagement with participants, triangulation between audio data and field notes, and member checking, whereby participants were invited to review their transcripts and preliminary interpretations to confirm accuracy. Dependability was maintained by keeping a detailed audit trail documenting recruitment, data collection, coding, and analytic decisions. Confirmability was strengthened through reflexive journaling, which helped the researcher monitor personal assumptions, and through peer debriefing with co-researchers to validate analytic conclusions. Transferability was achieved by providing rich contextual descriptions of the research setting, participant demographics, and the cultural context of maternity nursing in Bangladesh, allowing readers to assess the applicability of findings to similar settings.

Ethical Considerations

Ethical approval for this study was granted by the Institutional Review Board (IRB) ensuring compliance with national and international research ethics standards. Prior to participation, all nurses received verbal and written information about the study's objectives, procedures, voluntary nature, and potential risks and benefits. Written informed consent

was obtained from each participant before the start of data collection.

The principles of autonomy, beneficence, non-maleficence, and justice were upheld throughout the study. Participants were reminded that their involvement was voluntary and that they could withdraw at any point without consequence. To maintain confidentiality, all personal identifiers were removed from transcripts, and each participant was assigned a numerical code (e.g., P1–P8). Audio recordings, transcripts, and consent forms were securely stored in password-protected electronic folders accessible only to the research team. All data will be retained for five years and then permanently deleted in accordance with institutional policy.

Results

The participants were aged between 23 and 32 years, consisting of seven female nurses and one male nurse. They were distributed across different maternity units, including the labor and delivery ward, postnatal ward, and maternal high-dependency unit. Their experience in maternity nursing ranged from one to six years, with only three participants having prior student placement experience in maternity wards. None of the participants had received formal specialized training in obstetric or maternity nursing.

From the analysis, three overarching themes were identified: 1)The transition period, 2)Gaining trust of mothers, families, and colleagues, and 3)Having a positive mindset

1. The Transition Period

The participants described their initial experiences in maternity wards as a period of significant transition and adaptation. Many expressed anxiety and uncertainty in caring for laboring mothers and managing obstetric emergencies due to limited prior exposure. Several participants reported being unprepared for the intensity of childbirth and the emotional demands of supporting mothers and families.

participant stated: *"I was very nervous during my first week in the delivery ward. I had learned about childbirth in theory, but when a mother was in severe pain, I felt helpless because I did not know how to comfort her while ensuring safe care." (Participant 4)*

Most participants highlighted the importance of learning through mentorship and observation, especially from senior nurses and doctors. They emphasized that hands-on practice and repeated exposure gradually built their confidence. Some participants also mentioned that they relied on peers from their cohort for emotional support and shared learning experiences.

2. Gaining Trust of Mothers, Families, and Colleagues

Participants frequently described challenges in establishing trust with mothers, family members, and colleagues. In Bangladeshi maternity wards, family members are often present and highly involved in decision-making, which created additional pressure for new nurses.

participant shared: *"The family members constantly asked questions and sometimes doubted my skills because I was new. It was stressful, but I learned to calmly explain procedures and reassure them." (Participant 2)*

In relationships with colleagues, participants noted difficulties in gaining acceptance from senior nurses, who sometimes displayed dismissive attitudes or reluctance to guide them. Some reported facing critical comments or being overlooked during clinical rounds. Despite these challenges, participants recognized that demonstrating competence, showing willingness to help, and being respectful gradually helped them to build credibility.

In interactions with doctors, some participants expressed that doctors often preferred consulting senior nurses rather than new staff, which initially undermined their confidence. However, they adapted by preparing information in advance, closely observing doctors' routines, and making efforts to anticipate their needs during ward rounds.

3. Having a Positive Mindset

The participants emphasized that resilience in maternity wards required maintaining a positive outlook, despite the emotionally and physically demanding nature of the work. They described resilience as the ability to remain strong, accept challenges, and continue to provide quality care even after stressful situations such as maternal complications, stillbirths, or neonatal deaths.

One participant explained: "When I see a mother in pain or when we lose a baby, it is very painful for me. But I remind myself that I must stay strong to support the next patient. Thinking positively is the only way I can continue working." (Participant 7)

Participants described using self-care strategies such as prayer, talking with colleagues, physical exercise, and spending time with family to manage stress. They believed that resilience was essential not only for their personal well-being but also for maintaining professional commitment and ensuring compassionate maternity care.

Discussion

This study explored the experiences of resilience among nurses working in maternity wards in Bangladesh. The findings revealed three main themes: the transition period, gaining trust of mothers, families, and colleagues, and having a positive mindset. These themes reflect how maternity nurses construct resilience to navigate challenges in their early professional practice.

Similar to previous studies, participants described their transition from student to professional nurse as a stressful and vulnerable stage. They expressed feelings of anxiety due to limited clinical exposure to maternity care during their education. This resonates with earlier findings that new nurses often feel inadequately prepared and face high levels of stress during their first year of practice (Parker et al., 2014; Woo & Newman, 2020). Consistent with Latimer et al. (2017), the lack of prior experience contributes to higher risk of burnout and emotional exhaustion.

In this study, nurses coped with these challenges by seeking mentorship and guidance from senior colleagues, echoing previous literature that emphasizes the importance of supportive workplace environments for graduate nurses (Martin & Wilson, 2011; Pineau Stam et al., 2015). However, some participants reported reluctance from colleagues to provide support, which aligns with Parker et al. (2014) who highlighted barriers to help-seeking due to workplace culture. This suggests that institutional support and structured orientation programs are critical in maternity wards, where clinical situations can quickly escalate into emergencies.

The findings indicated that developing trust with mothers, families, colleagues, and doctors was a major challenge for new maternity nurses. Families in Bangladesh play an active role in maternal decision-making, and participants described being questioned or doubted by family members. This aligns with Dix et al. (2012), who noted that parental involvement can intensify pressure on healthcare providers, particularly in emotionally sensitive areas such as maternity and pediatric care.

Participants also reported difficulties in integrating into teams and earning the respect of senior nurses and doctors. Experiences of criticism, exclusion, and lack of recognition were similar to those described in other studies on nurse workplace dynamics, where negative behaviors such as bullying or horizontal violence were reported (Freeling & Parker, 2015; Walker et al., 2013). These negative interactions can hinder the development of social resilience, which is crucial for teamwork and professional growth (Keck & Sakdapolrak, 2013; Dos Santos Alves et al., 2017).

Despite these challenges, participants demonstrated adaptive strategies by proving their competence, showing initiative, and developing communication skills to reassure families and collaborate with doctors. This supports evidence that resilience is fostered through interpersonal trust and positive workplace relationships (Caza & Milton, 2012).

A prominent theme in this study was the role of a positive mindset in building resilience.

Participants described resilience as the ability to remain optimistic, strong, and committed even in distressing situations such as obstetric emergencies or perinatal deaths. This reflects the psychological resilience described by Graber et al. (2015), where individuals adapt positively despite exposure to adversity.

Similar to findings in Cope et al. (2016) and Gito et al. (2013), maternity nurses in Bangladesh emphasized the importance of focusing on positive aspects of their work to maintain motivation and performance. Self-care strategies, including prayer, exercise, and emotional sharing with peers, were commonly used, echoing previous studies that identified self-care as a core element of resilience (Shimoinaba et al., 2015; Berger et al., 2015).

The findings highlight the urgent need for structured preceptorship and mentorship programs in maternity wards to support new nurses during the transition period. In addition, interventions to foster supportive workplace cultures are essential to reduce negative interpersonal dynamics and enhance teamwork. Psychological resilience training and institutional policies promoting self-care could help maternity nurses manage stress, prevent burnout, and sustain compassionate maternal care.

Conclusion and Recommendation

This study revealed that nurses working in maternity wards in Bangladesh encounter significant challenges during their early professional practice, particularly in navigating the transition period, establishing trust with mothers, families, and colleagues, and sustaining a positive mindset amidst highly stressful and emotionally demanding situations. These challenges highlight the vulnerability of new maternity nurses, who often feel inadequately prepared for the realities of maternal care.

Despite these difficulties, the nurses demonstrated resilience through adaptive strategies, including mentorship seeking, interpersonal communication, and self-care practices. These approaches enabled them to cope with stress, maintain professional commitment, and continue providing quality care in maternity settings. The findings suggest that resilience is not an innate trait but rather a dynamic process shaped by personal, social, and organizational factors.

For nursing management and policymakers in Bangladesh, fostering resilience among maternity nurses is essential to reduce burnout, improve retention, and enhance the quality of maternal care. Institutions must therefore create supportive environments, strengthen preceptorship systems, and integrate resilience-building programs into professional development.

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Declaration on the Use of AI
No AI tools were used in the preparation of this manuscript.

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