

## Letter to the Editor

### **Nursing and security in Iraqi hospitals: internally solvable problems**

Madam, Insufficient security, inefficient management, the nursing being "inadequate at all levels"<sup>1</sup> and corruption<sup>2,3</sup> in Iraqi hospitals were described in some publications. In May-July 2003 I practiced at Baghdad Teaching Hospital and reported at the National Iraqi Nurses Conference (15 July 2003) and other meetings about security problems in the Medical City of Baghdad<sup>4</sup>: visitors coming to the hospitals around the clock, having conflicts with each others or with physicians and nurses, demanding preferential treatment for their companions. Hospital personnel sometimes asked American soldiers to defend them, but refused at the same time to name or identify the offenders reckoning with possibility of reprisals. Similar picture I observed in the University hospital in Basra: noisy visitors coming at night. Guards let them enter preferring to avoid conflicts.

Low salaries and social status of nursing personnel resulted in influx of insufficiently trained and motivated individuals. Nurses in Iraq have been "historically undervalued as a profession".<sup>2</sup> Insufficient security prevents women from working at night. Female nursing personnel (as well as physicians) work mainly during daytime, which in Iraq means, at the latest, until 1 p.m. The rest of the time, predominantly male nurses are employed. All physicians, with whom we have discussed it, meant that skills and motivation of male nurses are on average insufficient. Neglecting of prescriptions is frequent. Some physicians do their prescriptions themselves, not relying upon the nurses. Theft of medicaments is not uncommon, while a patient is receiving another drug (if any), arbitrarily "prescribed" by the nurse. Visiting some hospitals, it was quite difficult to meet a nurse in the afternoon. Physicians in Basra, Kirkuk, Mosul and other cities reported the same problems with the

nursing personnel. Management of hospitals tries to avoid discussing this matter, or to present it as unimportant.

Some Iraqi citizens, including physicians coming to participate in international meetings, disseminate abroad inaccurate data about security in hospitals, alleging that American military does not care about it, "defends only oil industry" etc, which is sheer misinformation. In fact, Coalition Forces have prevented a lot of crime and disorder: presence of just one or two American soldiers at a hospital entrance in the Medical City of Baghdad prevented all violations. It is also noteworthy that supply with medicaments has been significantly improved during last five years, as well as the salaries of medical personnel.<sup>2</sup>

It should be noted in conclusion that some publications about health care in Iraq contain appeals for international help,<sup>5</sup> but avoid constructive discussion of internally solvable problems: weak management, poor discipline, female personnel not working at nights and unreasonably short working hours.

Sergei V. Jargin

Peoples' Friendship University of Russia, Moscow,  
Clementovski per 6-82 115184 Moscow, Russia.

### **References**

1. Furber AS, Johnstone P. Rebuilding health care in Iraq. *J Epidemiol Community Health* 2004; 58:890-2.
2. Sansom C. The ghost of Saddam and UN sanctions. *Lancet Oncol* 2004; 5:143-5.
3. Labonte R. Iraqi doctor tells of health crimes. *Br Med J* 2005; 331:252.
4. Hoffmann C. Iraqi patients pray and wait as health system suffers. Dawn, the internet edition (Online) 2003. Jan 19. Cited 2008, Nov 1. Available from URL: <http://www.dawn.com/2003/06/19/int16.htm>.
5. Al Sheibani BI, Hadi NR, Hasoon T. Iraq lacks facilities and expertise in emergency medicine. *Br Med J* 2006; 333:847.