UNIVERSITY GRADUATES OF NURSING SCIENCE ASSOCIATION (UGONSA)

19th

NATIONAL PROFESSIONAL CONFERENCE AND SCIENTIFIC UPDATE

BOOK OF ABSTRACTS OF 19TH CONFERENCE
AND
PROCEEDINGS OF 17TH & 18TH CONFERENCE

KADUNA

JULY 7TH - 13TH, 2019

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GENERAL INFORMATION

The UGONSA National Professional Conference and Scientific Update is a classic event where scholars, researchers and administrators in the nursing profession gather to exhibit and review scientific works and underlying theories of nursing practice for the purpose of improving on medico-nursing knowledge for enhanced qualitative client care. This year's conference (the 19th Conference) is tagged, "PROPER PLACEMENT SUMMIT" because it shall be used to rally support for proper placement of Graduates of Bachelor of Nursing Science (B.N.Sc) degree at par with their counterparts in other core healthcare disciplines. The Theme of the conference is: TRANSFORMATIONAL LEADERSHIP AND HUMAN RESOURCE IN NURSING EDUCATION AND PRACTICE IN NIGERIA: DYNAMICS AND NEXUS

Special Guest of Honour: Alh. (Nur.) Faruk Abubakar Wurno (Registrar, Nursing & Midwifery Council of Nigeria).

Chief Guest of Honour: H.E. Mallam Nasir El-Rufai**,** Governor of Kaduna State

Guest of Honour: Nur. Franca Okafor (Director, Nursing Services Federal Ministry of Health, Abuja).

Keynote Speaker: Dr. Emmanuel Anyebe, RN, RPN, BNSc, MSc & PhD

Chief Host: Chief (Hon.) S.E.O. Egwuenu, UGONSA National President.

Father of the Event: Comrade Abdrafiu A. Adeniji, NANNM National President

Lead Research Review Anchor: Prof. Ijeoma O. Ehiemere, RN, RM, PhD (Nursing), FWACN

Venue: National Ear Care Centre, Independence Way Kaduna, Kaduna State.

Date: Sunday 7th – Saturday, 13th July, 2019

UGONSA welcomes the participation of the following stakeholders:

- University Graduates of Nursing Science.
- Undergraduates of Nursing Science [including those on Work and Study Programme (WASP) and Open Distance Learning (ODL) such as the National Open University of Nigeria (NOUN) programme].
- Members of UGONSA Board of Trustees (BOT).
- Professors of Nursing.
- PhD holders in Nursing.
- M.Sc holders in Nursing.
- Present and Past Registrars of Nursing and Midwifery Council of Nigeria (NMCN).
- Present and past Members of Board of NMCN.
- Present and past National Executives of National Association of Nigerian Nurses and Midwives (NANNM).
- Present and past State/Unit Executives of NANNM.
- Present and Past State/Unit Executives of UGONSA.
- Present and Past Directors of Nursing Services (States and Federal).
- Heads of departments/Deans Faculties of Nursing.
- Nurse Lecturers in departments/Faculties of Nursing.
- Nurse Educators/Lecturers in Schools of Nursing/Midwifery (Basic and Post-Basic).
- Present and past National/Chapter Executives of NUNSA.
- Nurse Interns.
- Private Nurse Practictioners
- Nursing Media Groups/Bloggers and Leaders of other sub-professional associations in Nursing.
- All that supports the actualization of proper placement of graduates of Nursing Science degree.

THEME/ KEYNOTE SPEAKER

THEME:

TRANSFORMATIONAL LEADERSHIP AND HUMAN RESOURCE IN NURSING EDUCATION AND PRACTICE IN NIGERIA: DYNAMICS AND NEXUS

Keynote Speaker

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Nurses help the sick regain health and help the healthy remain healthy. At the darkness moment in our lives, nurses are the light that helps us see -

Dr. Emmanuel Ejembi ANYEBE

ABSENCE OF NURSING DYNAMICS NEXUS TO NONE-TRANSFORMATIONAL LEADERSHIP IN NURSING EDUCATION AND PRACTICE

BY

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ABSTRACT

Background: Given the importance of leadership in nursing, there are needs to examine the links between the dynamic nature of nursing and leadership trait exhibited by nurses that can lead to transformation of the profession. To this end, the present paper aimed to identify the level of application of virtues of a good nurse that are being applied in human resources management in nursing profession in Nigeria.

Method: A scoping literature search using PubMed, Web of Science, Social Science Research Network, Psych INFO, and Google Scholar. This review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram. Eligible studies were identified from English databases, published between 1990 and 2015. Studies were screened independently by the researcher who performed the data extraction.

Results: On the basis of the virtues of a good nurse, seven qualities were selected. Those selected and examined their application in human resource management in nursing include compassion, professional integrity, good communication, improving quality of life, comforter and being present. These virtues of a good nurse surely are applied when caring for patients but not when dealing with fellow nurses.

Conclusion: There is a disconnection between the way nurses handle their patient and the way they treat fellow nurses. The principal virtues of a good nurse are not applied in human resources management in Nursing.

RECOMMENDATION: Nurses should apply the principles of nursing care in managing human resources in order to transform the profession.

ASSESSING KNOWLEDGE, PRACTICE AND FACTORS INFLUENCING BIRTH PREPAREDNESS AND COMPLICATION READINESS AMONG COUPLES IN RURAL COMMUNITIES IN ENUGU STATE, NIGERIA.

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ABSTRACT

Background: Maternal mortality is a global health problem with a ratio of 525/100,000 live births annually, which is still unacceptably high. A disproportionately high burden of these maternal deaths is borne in developing countries including Nigeria. Among the many strategies initiated for the reduction of maternal mortality such as making pregnancy safer and lifesaving skills; this study focuses on birth preparedness and complication readiness. Birth preparedness and complication readiness involves planning with key stakeholders, the health care providers, pregnant women, relations and the community for positive pregnancy outcome. It helps women to reach skilled birth attendants when labour begins thereby reducing delays that occur when mothers in labour experience obstetric complications. This strategy contributes to the reduction of maternal and newborn mortality through making appropriate birth plan.
Objectives: The aims of the study were to determine knowledge of birth preparedness and complication readiness in the study population, determine the couple's practice, identify factors that hinder couples practice and establish relationship between couple's socio-economic status and their practice of birth preparedness and complication readiness.
Methods and Materials: A cross-sectional descriptive survey design was used for the study. Snowball non- probability sampling technique was used to select subjects for the study. Descriptive and inferential statistics were used to analyse data at 0.05 level of significance.
Results: Major findings of the study revealed that 307(78.7%) couples had good knowledge while 25(6.4%) showed poor knowledge. The danger signs during pregnancy were well understood by more than 60% of the study population which includes prolonged labour (63%) and heavy vaginal bleeding (70.3%). Only 76 respondents (19.4%) of the study population engaged in good birth preparedness and complication readiness practices. Antenatal care attendance was poor with only 104 (26.7%) attending. Twenty three percent (88) of the couples made plans to deliver at a specific health facility while 274(70%) arranged for a birth companion. Major factors that hindered practice were financial constraint, lack of transport at night and premature delivery.
Conclusion: Although most of the couples had good knowledge but this did not translate into practice. There is need to address these limiting factors, especially transportation for better pregnancy outcome in emergencies. The study recommends a slight shift of focus by government from hospital based to community based in maternal and child health projects for better rural coverage.

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ANTENATAL CARE, USE OF FOLIC ACID AND SP - NARRATIVES FROM GHANA AND NIGERIA

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Abstract

The study was carried out in university Hospital Legon within the city of Accra Ghana. The aim of the study was to compare the practice of Focus Antenatal Care in University Hospital, Legon with the World Health Organization standard. To identify a critical incidence in the practice of Focus antenatal care in University Hospital, Legon (UHL), and to compare the critical incidence identified in UHL with a selected hospital in Nigeria. The findings of the study will be used to create awareness and correct those practices we do that are below standard. The findings can also be used to identify and sustain standard practices in both countries. An exploratory descriptive qualitative design was utilized to explore and describe the practices of antenatal care in UHL, Participant observation was used to assess antenatal practices in UHL. Participant observation was also used to identify the critical incidence in UHL. Comparism was then made in a selected hospital in Kaduna state Nigeria The major findings revealed that antenatal practices in UHL is meets WHO standards with modifications. The critical incidence identified was the use of folic acid and sulphadoxine/pyrimethamine anti malaria as intermittent preventive therapy (IPT) during Antenatal care. The narratives in Nigeria varied with that of UHL. The major recommendation was that there is the need to address the negative issues around the co-administration of folic acid and IPT in antenatal clinics in Kaduna state and across Nigeria. A full scale study was also suggested to determine the practice of IPT using sulphadoxine/pyrimethamine. The study concluded by suggesting a review of the dosage of the folic acid given to pregnant women during ANC as a major way of addressing the narratives from Nigeria which vary with that of the critical incidence identified in UHL.

ELECTRONIC INFORMATION RESOURCES IN NURSING

By Nwaneri Ada, Ndubuisi Lovelyn, Nwodo Chijioke, Nwoha Concilia, Onyeogaziri Esther, Dambo Jane, Ekpo Alice

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ABSTRACT

Nurses use computer to search for current information in their field of practice, which will assist them in maintaining and enhancing professional best practices. But there is need to ensure credibility of the information retrieved through the electronic sources that are readily available and accessible. Electronic information resources in Nursing refers to the data/ information assets which are created, stored and retrieved in the digital format. One of the most important obligations of a professional nurse is to be regularly updated about current trends, evidence based practices, safety issues and emerging health issues in the local and global environment. For this, it is important to follow the correct steps in choosing appropriate database for information retrieval in the required specialties/field; be acquainted with the electronic essential and supportive sources of information and their correct usage as well as follow the systematic steps required for retrieval of valid and reliable information which are to be utilised in Nursing education, practice and research. A standard database should cover the required specialty/field and primary journals, have some form of peer review, reference checking and other evaluation means and most importantly, must be current and updated regularly. In order to retrieve credible information, a nurse ought to plan the search strategy ahead of time, identify the important concepts in the subject matter to be searched and choose a relevant database among other vital steps for information retrieval. These are expected to equip nurses with what it takes to adequately utilise these electronic sources of information in their professional practice.

Keywords: *Electronic, Information, Database, Retrieval.*

ATTITUDE AND PERCEIVED BARRIERS TO UPTAKE OF HUMAN PAPILLOMAVIRUS VACCINE AMONG FEMALE STUDENTS IN A NIGERIAN TERTIARY INSTITUTION

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Abstract

Introduction: Human Papilloma virus (HPV) has been described as an 'equal opportunity' pathogen affecting both sexes and the leading cause of cervical cancer. Vaccination against oncogenic HPV types is a significant step towards decreasing the prevalence, morbidity and mortality associated with cervical cancer.

Objectives: To investigate attitude and perceived barriers to uptake of HPV vaccine among female students in a Nigerian Tertiary Institution.

Method: The study was conducted in University of Nigeria, Enugu Campus using a cross-sectional survey research design from March 01 to April 01, 2017. The representative sample size of 320 female undergraduates was selected using multistage sampling technique. Data were collected using researchers-developed questionnaire. Data were entered using Microsoft Excel Windows 7 and exported to IBM SPSS version 20.0 Software for analysis.

Result: Thirty-eight (13.0%) participants had received HPV vaccine. Majority of the participants had a positive attitude towards HPV vaccination (2.5±6.4). The major perceived barriers to uptake of vaccination were: exorbitant cost of the vaccine (94.1%), and lack of time due to lectures (53.0%). Age of the participants had no influence on uptake of HPV vaccine whereas Department, ethnic group and marital status, had strong influence on vaccination uptake ($p < 0.05$).

Conclusion: A low proportion of the participants had received HPV vaccine. Majority of the participants had a positive attitude towards HPV vaccination. Major perceived barriers to vaccination were exorbitant cost of the vaccine and lack of time due to lectures. The University in collaboration with Ministry of Health should design strategies to enlighten the university community on HPV infection through seminars and workshops.

Key words: *Human Papillomavirus vaccination, cervical cancer, female undergraduates*

SOCIALIZATION AND SOCIAL RELATIONSHIPS OF PEOPLE LIVING WITH DISORDERS OF SEX DEVELOPMENT AND SEX RE-ASSIGNMENT IN NIGERIA: A QUALITATIVE PHENOMENOLOGICAL STUDY

By
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ABSTRACT

Disorders of sex development is a complex interaction between biological, psychological, social, and cultural factors, making it necessary for the multidisciplinary team to decide on the individualized patient basis. The characteristics of the individual patient, family and the social background are taken into consideration in order to derive maximum benefit. In developing countries, many people living with disorders of sex development faced serious psychological and social traumas such as marginalization, rejection, isolation, feeling of sadness, feeling of uncertainty, and feeling of shame. Therefore, this study explores the social wellbeing and quality of life of people with disorders of sex development in Nigeria. Qualitative phenomenological approach was used to explore the social wellbeing and quality of people with disorders of sex development in Nigeria. Thirteen participants were recruited using purposive sampling technique from Usmanu Danfodiyo Teaching Hospital Sokoto, Nigeria. Data collection was conducted using face to face interviews, transcribed and analysed using interpretative phenomenological analysis technique with the aid of NVivo software. Four themes emerged from the data that describe the social wellbeing and quality of life of people with disorders of sex development in Nigeria. These themes are socialization and social isolation, intimate relationships, sexuality and relationships with people. Participants experienced social isolation, marital problems, poor sexual experience, absence of sexual pleasure and stigmatization. People with disorders of sex development had poor social wellbeing which negatively affects their quality of life. Findings would inform the multidisciplinary team the need to incorporate social wellbeing of people with disorders of sex development in their treatment and the need to explore public perception on people living with disorders of sex development in Nigeria.

Keywords: *Social experience; Social wellbeing; Quality of life; Nigeria; Disorders of sex development; Phenomenology; qualitative research;*

SAFE AND CARE EFFECTIVE NURSING PRACTICE IN TRANSFUSION OF BLOOD AND BLOOD PRODUCTS

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ABSTRACT

Blood which is commonly referred to as 'River of Life' is very critical in maintenance of life. An adult has about 5 to 6 litres of blood. A decrease in quantity or quality of blood in the circulatory system may indicate administration of blood or blood product. This paper briefly reviews blood components and the various types of blood donations. It also reviewed blood compatibility issues and the general precautions associated with blood transfusion. Emphasis was on nursing responsibilities in regard to the administration of blood and interventions to be taken in the event of a transfusion reaction. The key emphases on nursing responsibilities were summarized as follow:

- In an emergency, O-negative blood can be safely administered to most clients without serologic testing.
- No solution other than normal saline solution should be added to blood components.
- As a means of avoiding septicemia, the nurse should not allow an infusion of 1 unit of blood to take longer than 4 hours; the blood-administration set should be changed every 4 to 6 hours, or in accordance with agency policy, if more than 1 unit is to be administered.
- Blood products must be administered within 30 minutes of their being received from the blood bank.
- Never store blood in a refrigerator other than those used in blood banks (blood bank refrigerators are equipped with controlled temperatures designed for blood storage); if blood obtained from the blood bank is not administered within 30 minutes, return it to the blood bank.
- Vital signs and lung sounds should be checked before the transfusion, again after the first 15 minutes, and every hour until 1 hour has elapsed since the transfusion was completed.
- The most important part of the transfusion process is confirmation of product compatibility and verification of client identity.
- Consider client's culture and religion. A Jehovah's Witness, for example, may not receive blood or blood products.
- Ensure that informed consent has been obtained before administering a blood transfusion.
- The first 15 minutes of the blood transfusion are the most critical part of the transfusion, and the nurse must stay with the client.
- Instruct the client to immediately report anything unusual while receiving the transfusion.
- If a transfusion reaction occurs, stop the transfusion immediately.

DETERMINANTS OF HEALTHCARE-SEEKING BEHAVIOUR OF PEOPLE LIVING WITH HIV AND AIDS (PLWHA) IN SOUTH-EAST NIGERIA

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Abstract

Background: HIV/AIDS remains one of the major public health challenges in sub-Sahara Africa, where over 70% of global burden of the disease occurs. Nigeria – particularly the South-East with prevalence rate of 5.48%, which is above the WHO's 4% red line has an alarming burden of the disease and is said to be at an explosive stage of the disease. Factors that moderate PLWHA healthcare-seeking which in turn fuel and sustain such a high and ugly burden of HIV/AIDS in South-East, Nigeria, has not been investigated by previous studies.

Objective: This study was conducted to assess the determinants of Healthcare-Seeking Behaviour (HCSB) among PLWHA in South-East, Nigeria. Five specific research questions and two hypotheses guided the study.

Methodology: Using a descriptive survey design, the study accessed a sample of 400 PLWHA who registered in HIV clinics from 5 government-owned, three missionary and two privately owned hospitals across the South-East zone between the month of June and August 2015. Multiple cluster sampling technique was used to draw this sample from an estimated 931600 People Living with HIV/AIDS (PLWHA) in South-East, Nigeria. A self-structured, validated and pretested questionnaire titled PLWHA Healthcare-Seeking Behaviour Questionnaire (PHCSBQ) was the instrument used for data collection. The instrument was subjected to a reliability test using Pearson product moment correlation (r=0.94). Descriptive statistics of frequency counts, percentages, mean and standard deviation were used to analyze data. Inferential statistics of chi-square was used to test hypotheses at 0.05 level of significance.

Results: Results showed that HCSB of PLWHA in South-East, Nigeria, reflected in their preference for treatment facilities and varied based on location and educational levels. Results also showed that place of residence (location) (1.83 ± 0.17), educational level (1.86 ± 0.23) and religio-cultural belief (1.76 ± 0.084) were minor determinants whereas regularity of income (2.57 ± 0.059) and stigmatization (2.63 ± 0.046) were major determinants of PLWHA healthcare-seeking in South-East, Nigeria. The study also revealed that HCSB significantly differed between PLWHA in urban and rural areas. Furthermore, the study revealed that HCSB differed among PLWHA of different educational levels.

Conclusion: Stigma and irregular income were major determinants of PLWHA's HCSB in South-East, Nigeria. There is need for vigorous health education campaign to enlighten the people more on the disease and tackle the devastating effect of stigma. It is imperative that Governments at different levels, donor agencies, and spirited affluent individuals collaborate in synergic fashion to institute financial social welfare packages that would be accessible on regular basis to PLWHA at various treatment facilities to mitigate the adverse effect of lack of regular income on healthcare-seeking behaviour of PLWHA.

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NURSING ENTREPRENEURSHIP: A PANACEA FOR BUILDING HEALTH CAPACITIES IN THE NIGERIAN HEALTH CARE SYSTEM, VALIDATION OF THE DRIVE PROCESS MODEL

By

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ABSTRACT

Introduction: Embracing capacity building opportunities in Health through nursing entrepreneurship is pertinent in building a strong, functional and sustainable health care system in Africa, yet nursing despite her education, training and position as the singular professionals with undisputed presence in all levels of the health care system is yet to exploit the opportunity created by the lack in the health system. The purpose of this study is to validate the finding from the drive process model of entrepreneurship using data and investigator triangulation.

Methods: The study explored the perception of entrepreneurship in nursing using in-depth interview until data saturation. The researcher and an independent Investigator each coded the data independently from which 6 themes emerged which informed the proposed drive process model of entrepreneurship. Data Triangulation was done with fifty (50) conveniently selected post graduate nursing students using a five item questionnaire based on emerging themes from data. Descriptive statistics was used in the analysis of data.

Results: Finding was found to be consistent with the six themes that informed the drive process model of entrepreneurship. Respondents opined that nursing entrepreneurship is innovation creation for the purpose of professionalism, philanthropy, social gratification, business acumen and economic transformation. Entrepreneurial drivers as well as personal, social and economic attributes are social processes involved in entrepreneurship.

Conclusion: Nursing entrepreneurship is a panacea for building health capacities across the Sub Saharan African continent for the purpose of designing or refining nursing products or services for optimal positive impact. Utilising this model will help identify nurses who can lead positive transformational changes in health care, drive a positive future for nursing profession, the health care system and the global community.

Keywords: *nursing entrepreneurship, Panacea, building health capacities, drive process model.*

UNMASKING NURSES' ENTREPRENEURIAL POTENTIALS:

SWOT ANALYSIS OF NIGERIAN NURSING & MIDWIFERY ACT

By

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Abstract

Nurses have every capacity to dominate the private healthcare market of Nigeria but ignorance, the tradition of seeking for already established jobs in the hospitals mainly, and self-limiting legal impediments of the law establishing nursing and midwifery in Nigeria have not allowed them to recognize this fact. Given the situation of present day saturated labor market in Nigeria, getting the nurses to realize these abilities of theirs has become a necessity. Exposing the areas of the Nigerian nursing and midwifery law that are germane to this effort and such other areas that may not allow for smooth transition to this needed liberation is equally pertinent. It is for the above background that this paper specifically sought to and briefly discussed the concepts of entrepreneurship and SWOT analysis; explained why nurses' entrepreneurial potentials are said to be masked in Nigeria; highlighted possible approaches toward undoing the mask; analyzed the SWOT of Nigerian Nursing & Midwifery Act in relation to undoing the mask; and offered useful recommendations toward full unmasking of the entrepreneurial potentials of nurses in Nigeria. Entrepreneurship is the development of a new idea or improvement of service or its delivery methods or development of new products or new ways of using existing products with a view to helping others and earning a sustainable living from the efforts. SWOT analysis, in this context, is a situation in which internal strengths and weaknesses of a phenomenon and external opportunities and threats faced by it are closely examined to identify strategies. Nurses' entrepreneurial potentials are said to be masked because most nurses in Nigeria do not know that they possess what can make them become leaders and captains of Nigerian healthcare industry. Nigerian Nursing & Midwifery Act had enormously empowered nurses to do a lot about their entrepreneurial growth but few areas of the Act need to be amended in order to liberalize entrepreneurial pursuits of nurses at all levels. With increasing scarcity of already established jobs, nurses with innate resilience and passion for success should embrace entrepreneurship without further delay. Upholding tenets of public relations by all nurses has also become necessary so as to rightly position their image and status for an enduring patronage of their

PERCEPTION OF NURSES ROLES BY OTHER HEALTH TEAM MEMBERS IN KADUNA STATE, NIGERIA.

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Abstract

This research was carried out on perception of nurses' roles by other health team members in selected hospitals in Kaduna state. The objective of the study was to examine the perception of nurses' role by other health team members in Kaduna State. The significance of this study is that the findings will help provide update information about nurses' roles in health care delivery and will aid in providing information about other health team members knowledge of nurses roles in patient care. Utilizing the descriptive survey design and with the help of questionnaire, data was collected from 65 participants. The major findings shows that 10 respondents representing 15.4% have good knowledge of nurses' role in patient care. 12 respondents representing 18.5% have fair knowledge while majority of respondents (66.1%) representing 43 respondents have poor knowledge of nurses' role in patient care. The major suggestions were that there is need for measures to improve the knowledge and perception of nurses role through training of other health team members, appreciation of each member to be important in the health care team, working strictly on provided job description for each profession while maintaining interdependency and finally inclusion of nurses in policy making all aiming to improve the knowledge/perception of nurses' roles in patient care by other health team members. The major recommendation were that Government and private hospital mangers should embark on measures to train and update the knowledge of other health team members on the hospital roles of the nurse and clearly spell out role boundaries. Government should include nurses in health planning and policy making committees at all levels of health care.

ASSESSMENT OF RELATIONSHIP BETWEEN STUDY HABIT AND ACADEMIC PERFORMANCE OF UNIVERSITY STUDENTS IN THE DEPARTMENT OF NURSING SCIENCES IN THE SOUTH EAST, NIGERIA

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ABSTRACT

Introduction: The performance of Nigerian students in academics has been an issue of concern to all stakeholders in the field of education. Available evidence suggest that factors such as planning of study, use of study materials, and study habit of students are some of the implicating factors responsible for poor academic performance of students. This study examines the relationship between study habit and the academic performance of University students in the Department of Nursing Sciences in the South East, Nigeria.

Materials and methods: The study utilized co-relational study design. A sample size of 340 students was proportionately selected from each study setting and a convenience sampling was used to select respondents for the study. Data was collected through researcher's developed questionnaire and students' result. Descriptive statistics was used to analyse the data and hypotheses were tested with Pearson's Spearman Correlation at 0.05 level of significance.

Results: There is poor use of study materials as 39.3% of the students never use text book to augment their lecture notes and only 6.3% frequently utilized internet services to study. There is poor planning of study as 33.7% never engage in serious study except during examination period. There was significant relationship between study habit and academic performance $p < 0.05$

Conclusion: It was recommended that training of students on good study habit should be reinforced in our institution of higher learning for better academic performance. The lecturers/educators should encourage students to use library, test books and materials from internet to augment their notes instead of entirely relying on their notes or handout for studying.

Keywords: *study habits, academic performance, University students, Departments of Nursing Sciences*.

ELECTROCARDIOGRAPHY: WHAT THE NURSE SHOULD KNOW

By
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ABSTRACT

The conduction system of the heart muscle is made up of specialized cardiac cells that initiate impulses for contraction. This explains the automaticity property of the heart. The conduction system consists of the sinoatrial node (SA node), the atrioventricular node (AV node), the atrioventricular bundle (A-V bundle or A-V bundle of His), the Purkinje fibres and bundle branches. The SA node is located in the posterior wall of the right atrium. It is commonly known as the pacemaker as it normally starts the rate and rhythm for the entire heart. The SA node sends impulses that trigger atrial contraction. If the SA node does not fire other sites in the heart will respond. If higher sites don't respond lower ones will. The lower the site, the slower the speed. Stimulated atrial cells send impulse down the intermodal pathways to the A-V node. The A-V node is located near the interatrial septum in the right atria. The AV node slows the impulses allowing the atria to finish contracting before the ventricles start to contract. From the AV node the impulse then travel to the AV bundle (Bundle of His). The AV bundle goes from the right side of the intra-atrial septum to the beginning of interventricular septum where it branches into the right and left bundle branches. These branches divide further into purkinje fibres that cover the inner surface of the ventricles. Impulses relayed from purkinje fibres initiate ventricular contraction. An electrocardiogram is a simple, painless test that measures the electrical activity of the heart using electrodes placed on the patient's limbs and on the surface of the chest. During each heartbeat, a healthy heart has an orderly progression of depolarization that starts with pacemaker cells in the sinoatrial node, spreads out through the atrium, passes through the atrioventricular node down into the bundle of His and into the Purkinje fibers, spreading down and to the left throughout the ventricles. This orderly pattern of depolarization gives rise to the characteristic ECG tracing. To the Nurse, an ECG conveys a large amount of information about the structure of the heart and the function of its electrical conduction system. Among other things, an ECG can be used to measure the rate and rhythm of heartbeats, the size and position of the heart chambers, the presence of any damage to the heart's muscle cells or conduction system, the effects of cardiac drugs, and the function of implanted pacemakers. The paper therefore, examines the electrical activities of the heart in normal and abnormal situations through ECG tracing.

ENSURING STANDARDIZATION IN NURSING PRACTICE

By

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ABSTRACT

Standardization in nursing practice is when a nursing professional renders activities that help the clients or patients to regain their health or solve their problems. Standard is said to be an agreed upon norm. Standard can be relative depending on what you apply it to. When your products or services are accepted to the society, they are judged to be of standard. Your character if morally accepted is said to be standard. Any action performed by a trained nurse who is licensed to practice after training is regarded as nursing practice. A trained nurse can function in many areas to maintain the health of his or her clients. A nurse can be a private practitioner or can be employed by an institution. Patients, like babies who rely on their mothers who nurse them, rely on the nurses to do the best for them. Standardization in the nursing practice can be felt from the opinions of the populace. It is the people that receive the services that will say whether they are satisfied or not. This paper looked at various ways to ensure that standard is maintain in the practice of nursing such as education/ research, ethics, regulatory bodies, pressure groups, etc.

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MENTORING AS A TOOL IN STRENGTHENING NURSING PROFESSIONAL DEVELOPMENT

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ABSTRACT

Professional development relates to various methods by which individual's competences and educational experiences are improved in a given profession. Mentoring is one of the typical modes of professional development in different professions including those in health care industry such as nursing. There are numerous challenges encountered by students and newly graduate nurses, including poor communication among colleagues, abusive or unsupportive colleagues, heavy workloads, and lack of administrative support. The aim of this paper is to showcase mentoring as a tool for nursing professional development in different dimensions such as improving professional competences, supporting evidence based practice, increasing nurses' retention, and ensuring sound future supply of nurses. The position paper used empirical and theoretical literature, and concludes that nursing as a practice based profession would find it difficult to secure continuous professional development without an effective formal mentoring programme in place. Formal mentoring provides a facilitation process by which productive nursing education, man power development, evidence based practice, staff nurses satisfaction and retention are achieved. Some of the recommendations made are: Policy makers should establish a training programme for mentors, stakeholders should support the training of mentors in their respective colleges/departments of nursing and practice settings, and there should be well established formal mentoring programme for students and newly graduate nurses in training and practice settings.

ASSESSMENT OF NURSES' PREVENTIVE PRACTICES ON CATHETER ASSOCIATED URINARY TRACT INFECTION (CAUTI)

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ABSTRACT

BACKGROUND OF THE STUDY: Presence of an indwelling urinary catheter is the main risk factor for infection, urinary catheterization is very necessary in the management of patients in acute wards and highly dependent area. Urinary catheter is one of the hemodynamic monitoring devices used in monitoring the fluid status and renal perfusion. The patient with untreated urinary tract infection (UTI) has potential for serious complications, so it is important for the health care providers to develop and implement a Catheter Associated Urinary Tract Infection (CAUTI) preventive guideline and protocols in hospitals.

AIMS AND OBJECTIVES

To assess the level of awareness of nurses in Kubwa General Hospital on catheter associated urinary tract infection.

To identify preventive practices used by nurses in Kubwa General Hospital in the prevention of catheter associated urinary tract infection.

To identify factors that influence the prevention of catheter associated urinary tract infection in Kubwa General Hospital.

METHOD: The study was conducted at General Hospital Kubwa FCT, Abuja. Descriptive study design was used for this study. The target population was Nurses working in the acute care units which comprises of accident and emergency ward, intensive care unit, post natal ward, labour ward, male and female medical ward and emergency paediatric ward. 60 Nurses were selected for the study and this constituted 100% of the target population, no sampling was done. Data were checked for consistency and completeness. Ethical clearance was obtained from the Hospital management and consent sought from the participants.

RESULTS: From the total of 60 Nurses, 58 Nurses responded with response rate of 97.7%. Among the respondents, 53 (96%) have knowledge of CAUTI and also same 96% of the respondents have awareness of causes and risk factors of CAUTI. The findings equally revealed that though the respondents have optimal attitude and practice of prevention of CAUTI, which was on the average of 73% only 64% practiced aseptic techniques during catheterization as CAUTI preventive measures. Furthermore, the result revealed that 80% of the respondents opined that the following factors positively influenced CAUTI prevention: daily cleaning of the urethral meatus with or without antiseptic solution, prophylactic use of urinary antiseptic solution and emptying of urine from the drainage bag promptly; while the following factors negatively influenced CAUTI prevention: unavailability of sterile equipments, lack of manpower, poor knowledge on preventive practices, heavy workload and lack of supportive supervisions. Finally the study revealed that Nurses are still using non evidence based techniques when caring for patients with catheter.

CONCLUSION: Effective prevention and reduction in the incidence of CAUTI in hospitals requires a consistent commitment from different members or staff in all hospital departments. Nurses have a large part to play as the majority of day to day catheter related care and maintenance is their responsibility. However, the most effective strategies in catheter associated urinary tract infection prevention have been multidimensional disciplinary team work in CAUTI reduction. The study therefore recommends aggressive education of Nurses on preventive practices of CAUTI to reduce the hospital burden of the infection.

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INTERNSHIP AND PROPER PLACEMENT OF GRADUATES OF B.N.Sc DEGREE: THE FINAL STROKE - BY *UGONSA.*

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INTRODUCTION: The struggle for internship and proper placement of Graduates of B.N.S.c degree has been a long fought battle. Previously most students of the generic era used to assume they are at par with students of other core healthcare disciplines, by virtue of being admitted into the University with similar O' level and JAMB requirements and for having common course duration in the same faculty. Not until 2007, in a national conference of students from various nursing-offering Universities and GNAN, did students came to learn of the malady that, upon graduation, they are commenced on GL 08 (CONHESS 07) whereas their counterparts in other core healthcare professions are commenced on at least GL- 10 (CONHESS 09) post National Youth Service corps (NYSC). Since then the agitation for the internship and proper placement has been rife. More so, the reprehensible howls of derisive emission from the health system policy makers who had tried to sign post, in futility, the exclusion from the internship schemes of the Federal Ministry of Health (FMOH) as a thinly-veiled justification for perpetration of such unutterable injustice against the graduates of the B.N.Sc degree, and in general nursing profession, has made the actualization of the internship training an obvious sure-bet for proper placement. The struggle has thus become a battle of "no retreat no surrender", with anything short of victory as unacceptable.

ACTIONS AND RESULTS SO FAR

Actions such as peaceful demonstration, strong-worded petitions, massive sensitization and use of high-powered delegations for courtesy calls to upstream offices have been propagated in the past. Consequently, good results have also been recorded. Interestingly, what previously appeared as a non-issue turned into a vital subject that cannot be ignored insofar as its approval was granted by both the Nursing and Midwifery Council of Nigeria (NMCN) and the National University Commission (NUC). That a memorandum for its adoption, as a national policy, into the schemes of civil service is already on the table of the National Council on Establishment (NCE) is an indication that past campaigns yielded good results.

However, the battle cannot be said to have been won by merely getting the issue on the NCE table. It must, from there, secure a perpetual seat in the schemes of service in use in the civil service of the federation. Only then can we describe and celebrate the results as excellent achievement.

IMPORT OF THE INTERNSHIP

The essence of the internship training is primarily to enhance the clinical capacity of the fresh graduates of B.N.Sc degree by blending the theoretically skewed university education with comprehensive clinical practical experience. It is also the short-cut to correction of the aberrant post-NYSC under placement of the graduates of B.N.Sc degree on CONHESS 07 instead of at least CONHESS 09 placement of their counterparts in other healthcare professions such as Pharmacy, Medical Laboratory science, Physiotherapy, Optometry and so on. Pharmacy for example was pronounced to be at par with nursing by Industrial Arbitration Panel (IAP) in the year 1980. But placement of graduates of Pharmacy with B.Pharm on CONHESS 09 and graduates of Nursing with B.N.Sc on CONHESS 07 post-NYSC, as obtainable today, is a pointer that equity and fairness have been imprisoned in our health system and must be released urgently for unity, peace and harmony to sweep again through our health system. In other words, internship will complement and crown the polyvalent intent of the generic nursing Programme and restore the distorted parity between nursing and other core healthcare professions.

OUR BANE

The struggle has virtually lingered not because we have not done or are not doing enough but because our methodology has been fragmentary, non-persistent and non-inclusive. The momentum of the agitation also fluctuates and, sometimes, is at its lowest ebb because it has seemingly been abandoned to the care of a few as though it were a personal business. More disturbing is that most nurse-lecturers and heads of various departments of nursing who, ordinarily, are supposed to be the driving gear for its actualization have but arctic disposition towards the struggle. Most of them care little or nothing of what becomes of their products in the labour market upon graduation and most graduates, having consciously or subconsciously imbibed the lackluster demeanor of their lecturers, themselves become offshoots of

their nonchalant extrusion upon graduation. They euphemistically see those asking for our emancipation from wanton marginalization more as insurgents than patriots and are quick to dissociate themselves from the struggles, but ironically are quicker to ascertain for achievements so far made from those they invariably equated to insurgents, at the slightest opportunity, for a project they have abandoned to default. Our bane is therefore drought of altruism and internecine sabotage of what, in a normal sense, should be our collective responsibility. Even though we have concrete arguments for inclusion of graduates of B.N.Sc degree in internship training and their proper placement at par with other core healthcare professionals, we indirectly assent to their non-actualization by failing to give all to support coordinated, sustainable and methodical actions. Paradoxically, it has been said that all that is not given is lost. Who is to be blamed? We should hold ourselves to blame just as often as we do not do the needful when called upon to be involved. The huge financial involvement can never be comfortably shouldered by the committed few. We stand better chances if collectively we can pull forces, especially financial forces, together. For where forces are concentrated, energy flows and result shows. The huge influence played by money in all lobby and policy processes has not been widely exploited because the burden of financing has for long rested on few shoulders.

We must change our methodology. Effort must become all inclusive and concerted. This last battle, the final stroke, on the NCE table can only be won by a "win win" approach. We must play to win rather than not to lose. Therefore, it must be fought by all with all and for all.

ORGANIZED LOBBY AND THE FINAL STROKE.

To win the final stroke, we must understand the structure of the NCE. NCE is a consultative and advisory body of Governments on Establishment matters. It comprises the head of civil service of the federation (HOCSF), the heads of civil service of the 36 states and a representative of the Federal Capital Territory (FCT). Their meeting, chaired by the HOCSF, is where matters relating to the Civil Service such as internship and proper placement are formulated as national

policies. Their plenary session known as the council session is preceded by a technical session of all the State permanent secretaries on establishments and that of the federation and their directors. Bucks are passed from technical to council session for consideration and approval.

Organized lobby has been shown to be the most virile lobbying technique since it involves all lobbying approach being rolled out concurrently. When for example, envelope, peaceful protest, engagement of high-powered delegation, courtesy calls, petitions, strong media campaign, legislative engagement and so on are synchronized to achieve a particular cause, organized lobbying is said to have taken place. This is certainly a mandatory option for the final stroke. We must in this mariner reach out to the NCE and other concerned authorities such a*s* the national assembly and the ministry of health. All the stakeholders, Nurse leaders across all divides, Heads of department/Faculties of nursing, Heads of Nursing Services, Directors of Nursing Services, Nurses in academics, Nurses in clinical settings, Nurses in the private sector, Nurses in the military *and* paramilitary, Nurse Corps members, students and all that support the internship and proper placement of Nurses have crucially altruistic roles to play and veritable sacrifices, including financial sacrifices, to make.

FINANCIAL SACRIFICE

Every graduate and undergraduate must make a financial sacrifice for the actualization of internship and proper placement of Graduates of B.N.Sc degree. Talk without action is fruitless. Each graduate must support the struggle with a minimum of N10000 (ten thousand naira) payable to the state chapter via the units. Those in the universities pay through their coordinators or Heads of department. Payment can equally be made directly to the national leadership of UGONSA. Undergraduates on the other hand pay a minimum of N1000 (one thousand naira) through their respective NUNSA leadership in various schools. This and other discernible sacrifices are inevitable for the final stroke.

TRANSPARENCY AND ACCOUNTABILITY

The culture of transparency and accountability for which UGONSA is known must be strictly followed in management of all funds. As a result, it is the obligation of the leaders to disclose to members in *every* meeting, the exact amount of money collected, what it was used for and remaining balance in the coffers.

SUMMARY AND CONCLUSION

All that want the actualization of internship and proper placement of graduates of B.N.Sc degree must commit to the aforementioned sacrifice to enhance the dispensation of organized and coordinated lobbying which has been identified as a sure-bet to winning in the final stroke. We must put more efforts together, and make selfless, altruistic and concise sacrifices to secure towering dignity and sense of belonging for our posterity.

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THE URGENT NEED FOR REFORMATION OF NURSING ACT - By UGONSA

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A critical analysis of the NURSING AND MIDWIFERY (REGISTRATION, ETC.) ACT revealed that the current established legal framework for Nursing education and practice is riddled with myriad of flawed sections that fall short of current trends and international best practices.
The Act titled 'An Act to establish the Nursing and Midwifery Council of Nigeria for the registration of nurses and midwives in Nigeria and State Nursing and Midwifery Committees and to provide for the discipline of nurses and midwives and other ancillary matters [1979 No. 89. 1992 No. 83.]' now known as Nursing and Midwifery (Registration etc) act. Cap. N143, Laws of the Federation of Nigeria, 2004 is at the material time obsolete in scope, nature, content and timing. Some flawed sections of the Act (attached herein as Annexure A) are presented below:

Offences and Punishments: The provisions of the Act is laughable on what constituted punishment to offences such as unauthorized practice without registration, employment of an unregistered person to practice as nurse or midwife and forgery of the council's documents such as practicing license. For clarity sake Section 20 that borders on punishment for quackery, employment of quacks and forgery of Council's document is reproduced verbatim below:
"(1) Any person not being a person duly registered under this Act who- [1988 No.4.]
(a) for or in expectation of reward practises or holds himself out to practise as such; or
(b) without reasonable excuse takes or uses any name, title, addition or description implying that he is authorised by law to practise as a nurse or midwife, is guilty of an offence under this section.
(2) Any person who employs any unregistered person as a nurse or midwife is guilty of an offence under this section and liable on conviction to be punished as provided in this section.
(3) It shall be an offence under this section for any registered nurse or midwife to establish a private nursing or maternity home without complying with the provisions of this Act.

(4) If any person for the purpose of procuring the registration of any time, qualification or other matter-

(a) makes a statement which is false in a material particular; or

(b) recklessly makes a statement which is false in a material particular, he is guilty of an offence under this section.

(5) If the registrar or any other person employed by the Council willfully makes any falsification in any matter relating to the register he is guilty of an offence under this section.

(6) A person guilty of an offence under this section shall be liable-

(a) on conviction in a court lower than the High Court to a fine not exceeding N1,000 and where the offence is a continuing one, to a further fine not exceeding N50 for each day during which the offence continues;

(b) on conviction in a High Court, to a fine not exceeding N2,000 or imprisonment for a term not exceeding two years or to both such fine and imprisonment and where the offence is a continuing one, to a further fine not exceeding N50 for each day during which the offence continues.

(7) Where an offence under this section which has been committed by a body corporate is proved to have been committed with the consent or connivance of, or to be attributable to any neglect on the part of, any director, manager, secretary or other similar officer of the body corporate, or any person purporting to act in any such capacity, he, as well as the body corporate, shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished as provided under paragraph (b) of subsection (6) of this section."

Section 21 that borders on unauthorized training is no less repugnant as what we have above. It is also reproduced verbatim here for ease of appreciation of the subject matter:

"It shall be an offence for any person without the approval of the Minister, given on the recommendation of the Council, to train or purport to train any person as a nurse or midwife or to provide any course of training or establish any school for such purpose or as one of its purposes; and any such person shall be liable-

(a) on conviction otherwise than in a High Court, to a fine of N1,000 or to imprisonment for a term of six months, or to both such fine and imprisonment;

(b) on conviction in a High Court, to a fine of N2,000 or to imprisonment for a term of two years or to both such fine and imprisonment."

From the foregoing it is evident that Act does not fight quackery but rather encourages it. The slap-on-the wrist punishments prescribed by the Act has emboldened defaulters to keep defaulting. No wonder most Private Hospitals constitute themselves into quack breeding centres with unbridled impunity.

When punishment that is meant to serve as a deterrent lacks weighty penalty, its

essence is abysmally lost. A fine of N1000 or N2000 for example in today's economy is a heightened mockery on the fight against quackery in Nursing, a profession that foresees health promotion, health protection, health restoration, illness prevention and alleviation of sufferings of the healthy, sick and disabled citizens. Quackery is a crime against humanity whose punishment must be commensurate and hefty. There is an urgent need for amendment of these sections to reflect adequate penalty for the above mentioned crimes.

Power of the Minister of Health: The minister was mentioned 22 times in the Act and has so much power vested on his office that no business of the council is executed without his permission. Even the training (education) of Nurses cannot be done without the Ministers approval as is seen in the following declaration of section 21-*"It shall be an offence for any person without the approval of the Minister, given on the recommendation of the Council, to train or purport to train any person as a nurse or midwife or to provide any course of training or establish any school for such purpose or as one of its purposes".* What then has the council right to regulate since the power to approve or disapprove Nursing training is solely vested on the Minister? The power of the Minister to give directive to the council was summarized in Section 4 as follows, *"The Minister may give to the Council directions of a general character or relating generally to particular matters (but not to any individual person or case) with regard to the exercise by the Council of its functions and it shall be the duty of the Council to comply with the directions".* All Nursing activities, including education were therefore blankly placed under the Minister with repeated use of the clause-'*Subject to subsection (4) of this section and to any direction of the Minister under this Act*'.

In a nutshell, as the NMCN is a statutory regulatory body for Nursing education and practice so is the office of the Minister of Health a statutory regulatory body to the council based on the powers vested on the Minister by the Act. The emphasis here is not that the Minister should not have a say in the affairs of the council but that such should not be in a way as to erode the professional autonomy of Nursing which was defined and granted by industrial Arbitration Panel (IAP) Award 1980 (herein attached as Annexure B).The tribunal observed and granted that 'Nursing is a

profession *sui generis* subject to no directions or control whatsoever by any profession. The enormous power vested on the office of the Minister of Health to control every inch of Nurses' professional affairs, in a country like ours where the position of the Minister of health has been skewed as the birth right of Medical Doctors, smacks of interference with professional autonomy of Nursing and therefore at variance with the provision of the IAP award. Few examples of the excesses of the Minister's power are shown below

- **Nursing Education:** The Act for example vested Nursing education on the ministry of health rather than ministry of education, without any consideration to or consultation with the Ministry of education that handles all education related issues. Designing and redesigning of curriculum of training is vested on the Minister; so is accreditation of Nursing programmes and selection of committees to lead accreditation and establishment of schools without recourse to consultation with the Ministry of Education that foresees issues pertaining curriculum development and accreditation of educational programmes. Section 12 (2) reproduced here reads *"Where the Council is of the opinion that a trial should, in the public interest, be made on a scheme of training and examinations to be undergone and passed by persons as a condition prior to registration under this Act (being training and examinations which differ from prescribed training and examinations but appear to the Council to be no less efficient), the Council may adopt the scheme for such period and in relation to such institutions as may be specified in the resolution; but any such resolution shall be subject to confirmation by the* ***Minister****."*
- **Appointment of Membership of the Council and State Nursing and Midwifery Committees:** Section 2 subsection 1 of the Act, apart from vesting the sole power of appointing the Chairman of the Council on the Minister, went further in Sub-section 3 to elaborate that appointment of other members of the council is the prerogative of the Minister (All appointments under paragraphs *(d)* to *(i)* of subsection (1) of this section shall be made by the Minister). Section 13 on **State Nursing and Midwifery Committees appointment in sub-section** 2 ended with the declaration that *"Nothing in this section shall be construed so as to authorize the appointment to a State Nursing and Midwifery Committee of any person not registered under this Act, without the approval of the* ***Minister****"*.

Blanket Restriction on the roles of Nurses and Midwives: Section **22 under this Act placed a blanket restriction on the professional roles of Nurses and Midwives as evidenced by its provision that "***Registration under this Act shall not confer the right to assume any name, title or designation suggesting or implying that the person registered is by law entitled to take charge of cases of abnormality or disease in or relating to any pregnancy requiring medical attention".*

This hold back rein is a limiting constraint that keeps Nurses and Midwives from performing with the full set of competencies for which they were educated, trained, and licensed. This regulation had often prevented nurses from exercising their full knowledge and skills.

Contribution of Nurses and Midwives to primary healthcare can be strengthened and enhanced based on a reorientation of the Act through legislation to allow Nurses and Midwives to practice to the full extent of their education and training. Until this regulatory and institutional obstacle is removed, our healthcare system, especially the primary healthcare, will never reap the full benefit of Nurses and Midwives training, skills and knowledge

In a country facing a shortage of primary care physicians like ours, one way to fill the gap is to permit nurses with advanced degrees to practice without a doctor's oversight, order and interpret diagnostic tests, prescribe medicines, and administer treatment. Unfortunately, this obvious solution that now constitutes international standard and best practices faces stiff opposition from the Nigerian Medical Association (NMA) in our country.

NMA had continued to believe that expanding the scope of nursing practice in Nigeria will have an adverse effect on the quality of patient care but had refused to look at the evidence. Mounting evidence shows that this opposition is more about competition than competence.

It has been evidenced that hospitals with a higher ratio of nurses to patient have lower mortality rates. Studies also underscored the quality of care provided by nurses, including preventing medical errors and medication mistakes, reducing or eliminating infections, shortening hospital stays, and easing the transition of patients from hospital to home. Nurses using new technologies to care for patients, including the elderly, in their homes have been shown to reduce the number of hospital readmissions and visits to emergency wards. All of this cuts costs, of

course, but it also improves the quality of life for patients. What is needed at this material time is therefore a less rigid dichotomy between the autonomy of nurses and doctors, and more collaborative teamwork. Hence, there is an urgent need to review this blanket restriction.

Composition of Membership of the Council: Among the membership of the council as defined by Section 2 subsection 1 of the Act included in subsection 1 *(f),* one person who is adviser on secondary education; and in subsection 1 *(i),* one registered medical practitioner who shall be a qualified gynaecologist and obstetrician.

Since all Nursing Programmes, whether diploma or baccalaureate, are done at post-secondary school level, the adviser should rather be one on tertiary education instead of secondary education. Gone are the days when admission into schools of Nursing and Midwifery was done without O'level qualification. The current trend is not only that a candidate for admission must possess O'level but that the O'level must bear at least credit pass in English, Mathematics, Biology, Chemistry and Physics. The Act goofed by portraying Nursing and Midwifery education and training as secondary rather than tertiary that it is and should be urgently amended to reflect the current trend.

For an autonomous profession, the inclusion of a Medical Doctor, who is not a member of Nursing/Midwifery profession, as a compulsory membership of the Nursing and Midwifery council does not only smack of hegemonic interference by Medical practitioners but is also highly repugnant and contempt of the IAP award 1980. No nurse or midwife, for example, is a compulsory member of the Medical and Dental Council of Nigeria. Why then should Nursing and Midwifery Council of Nigeria be invaded by Medical Practitioners whose scope, content and nature of their dispositions towards the Nursing profession and her members are more or less obviously at variance with having her interest at heart?

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UPGRADE OF SCHOOLS OF NURSING AND MIDWIFERY TO DEGREE AWARDING INSTITUTIONS: A MUST FOR SUSTAINABLE RELEVANCE OF NURSING IN OUR HEALTH SYSTEM-BY UGONSA

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INTRODUCTION: Mush has been said about upgrade of basic and post-basic nursing education to degree status in Nigeria, but little has been done. A brief historical review shows that the call for upgrade of schools nursing and midwifery of degree awarding institution is not new. In its 17th General meeting held in October 1984, the Nursing and Midwifery Council of Nigeria (MMCN) approved the communiqué issued at its 15th Examiners' workshop held at Ahmadu Bello University Zaria, which recommended, *inter alia*, that "Universities in the country school be requested to establish Department of Nursing at Basic and Post-basic levels". What could be considered a more authoritative report had earlier been submitted to the Federal Government in the year 1982 by a Nursing Assessment Team under the Nigerian/US cooperation agreement. The report observed that nurse educators should be first develop as a prelude to facilitate the development of a nursing education system, that is responsive to the healthcare and manpower needs of Nigeria, which can be achieved by further expansion of the small number of University programmes in Nursing (GNAN, 1990). Consequently, announcement was made by the NMCN that the year 1990 was the deadline for upgrade of nursing and midwifery education to degree progammes. 1990 came and passed but nothing was achieved in that regard. The NMCN surreptitiously maintained a loud silence thereafter until 2006, when it made another call that the new deadline would now be the year 2015. Only two months are left till expiration of the new deadline, yet NMCN seems to have accredited more schools of nursing and midwifery with nil upgrade or affiliations to degree awarding institutions.

Form the forgoing, it is evident that neither the NMCN, nor the Federal Government

and experts in Nursing have been deficient of laudable objectives of nursing and midwifery education and practice in Nigeria. What is further evident is that these objectives have been wonderful only on paper. So far we have been dreaming but UGONSA believes that this 2015 professional conference is a wakeup call from the dream land and the rebirth of the zeal, approach and motivational spirit to move the profession out of the doldrums.

THE CHANGING NEEDS OF PATIENTS AND CHANGING ROLES OF NURSES AND MIDWIVES

One of the essentials for the continued existence and for the growth and development of any human service is the systematic development of the science components of such a service. Not only does such a development give rise to new theories, it re-examines existing theories with a view to validating or invalidating them (GNAN, 1990). The increasing contemporary complexity of patient needs therefore requires that nurses subscribe to value of learnedness for our continued relevance and to be able to hold our ground in the health system. The role of the nursing profession in providing front-line care is being significantly challenged by changing clients' health needs. All around the world, health is being shaped by the, same powerful forces, like population ageing, rapid urbanization, and the globalized marketing of unhealthy products. These universal trends have given the world a number of "firsts"

For the first time in history, the population of people, aged 60 years and older outnumbers the population of children under the age of five. In other words, being in the older age group has become the "new normal" in the world's demographic profile. For the first time in history, chronic non-communicable diseases have overtaken infectious diseases as the leading cause of mortality worldwide. The burden of these diseases, long associated with affluent societies, has changed places. Today, 80% of premature mortality caused by heart-disease, cancer, diabetes, and chronic lung disease is concentrated in low- and middle income countries, which have the least capacity to cope (WHO, 2015). Most health systems in the developing world, including Nigeria, were built to manage brief episodes of acute infections, in which the patient either survives or dies. These systems are ill-

prepared to manage diseases requiring long-term, if not life-long care. More so, nurses, who are the frontline care-givers, are less prepared to perform adequately in such badly skewed systems.

This is as nursing education is still majorly circumscribed to hospital-based bedside training by health managers, not less, our own NMCN. The performance, competence, image and expectations are therefore more or less stuck somewhere between the 1960s and the 1980s on the stereotype that nurses are - kind, gentle, practical women for whom rigorous education is somehow damaging. The debates about whether or not nurses need to be university graduates are needless locking at the scope and nature of the modern nurses work and the knowledge that must inform it.

Mounting evidence shows that nurses' with higher education deliver more qualitative and cost effective care. WHO in its expert report on nursing (1996) concluded that a well educated and highly skilled nursing workforce is not only consistent in maintaining quality of care but is also responsive to change. Royal college of nursing (2004) report also underscored that baccalaureate preparation of nurses manifests better care outcome.

Therefore a starting point of high quality, degree level preparation, and continuing education for career-long development within the profession is a necessary response to the increasing complexity of patient's needs and the assurance of safety of the patient and that of the general public. This must not be without internship training of fresh graduate nurses to leverage them for greater efficiency and responsiveness to change as there is no reason to consider a fresh Graduate Nurse a “super nurse” than to consider ii young Medical Doctor (House Officer) a "Super Doctor".

HEALTH SYSTEM POLITICS AND NURSING EDUCATION

The basic functions of the health system include the following; financial administration health service provision, resource generation, man power management and stewardship (Oteh, 2015). Health system politics can therefore be summarized as the struggle to control and direct the machinery of execution of the functions of the health system. With apprenticeship-styled bedside nursing training dominating nursing education, nurses are more or less reined in to technical level of service provision and generation of finance for the system. To be fit to compete

beyond this level and find their way into decision making level, nurses must have polyvalent preparation affordable by baccalaureate and post baccalaureate education. Baccalaureate preparation of all nurses in Nigeria is a potent political arsenal we can never wish away. It will not only prepare nurses to be competent to operate at policy making level but will also unite us a family by eliminating the internecine bicker of Graduates *versus* Diplomates. Because politics is an art of warfare, it is only a united force that has greater chances of getting a better deal. Our voice shall become louder and our bearing clearer if every nurse becomes a graduate as a sequela to upgrade or affiliation of all nursing and midwifery programmes to degree awarding institution, which invariably shall give unity of purpose, cohesion and common direction to all nurses and midwives.

DIGNITY, CAREER AND JOB SATISFACTION

In Nigeria dignity is majorly defined by how much one earns. As Nigerians, we care less about ones intellectual capability but more on the amount one has in his pocket or can offer. A senator, for example, who has O' level *as* highest qualification is respected and adored more than a professor because of the former's bogus earnings. In the same vein, nurses being the least paid among the core healthcare professionals are looked down upon by others. Dignity comes with decent pay and so does job satisfaction. But in all, satisfaction is robust when decent pay, career and job satisfaction are fascinatingly combined. Career satisfaction comes by, mostly, when one attains the peak of professionalism in ones chosen career through progressive educational and career growth and development, leaving behind fine indelible legacies for posterity and at the same time attaining the status of dignified opulence through earnings from the career. Thus, better dignity will follow nurses and midwives if in the clinical settings they operate with the status of Doctors and Professors of nursing or midwifery, having had degree and advanced degree preparation rather than the current unclassified and apparently valueless multiple registrations, and get commensurately remunerated for the work they do. It is reasonable to argue that time and monetary resources spent to get multiple diploma registrations in nursing amounts to more than that required to bag a PhD degree, yet no number of nursing diplomas can equate a B.Sc (Nursing) or Bachelor of Nursing Science degree (B.N.Sc) let alone Masters or PhD. It is high time we stopped the

excruciating academic punishment meted out to nurses in compelling them to pursue multiple seemingly unrecognized bedside diplomas rather than degrees that are known to Nigeria's educational system and policy. Multiple diplomas can never earn any nurse the status of a don or an expert in nursing; so can they not embellish the satisfaction that accomplishes the attainment of such career peak status in the profession. We cannot continue with the present structure and expect a different result. The current defective and directionless bedside structure must give way for baccalaureate structure that will foster sequential career growth and development with attendant satisfaction, dignity and Jove for the profession.

THE FUTURE STARTS TODAY

The theme, "upgrade of schools of nursing and midwifery to degree awarding institutions: A must for sustainable relevance of nursing in our health system" is a commandment. It is a compulsory accomplishment for the continuity of our relevance. One may wonder whether UGONSA's advocacy for upgrade or affiliation of schools of nursing and midwifery *to* degree awarding institutions is an easy venture. Our response to that is that with true and sustained commitment, selfless zeal and methodical steps we can get there. The problem with nursing is not lack of vision by its leaders, but not allowing the vision to cost them anything. When sacrifices are not made for a vision, it becomes a daydream. A look outside nursing, probably, at Teacher's education is helpful at this juncture since their basic institutions used to be at par with basic nursing institutions only a few decades ago. For colleges of Education to arrive at the present status of affiliation to universities or upgrade to universities of Education for purpose of awarding degrees, it has been a tortuous journey of metamorphosis as follows:

a. Grade three (iii) Teachers' College and Certificate;
b. Grade two (ii) Teachers' College and Certificate;
c. Grade one (i) Teachers' College and Certificate;
d. Advance Teachers' College and Certificate;
e. College of Education and Certificate;
f. College of Education, affiliated to universities and degrees; and
g. University of Education and Degrees.

The above commendable metamorphosis did not fall like manna. It was a result of methodical, focused, purposeful and coordinated approach to upgrade and be

responsive, relevant and adaptable to increasing complexity of educational needs. Out of selfless sacrifice and commitment, Teachers' leadership set a goal, made pronouncement on the goal, pursued it-vigorously and today the result is transition from their previous classroom basic training, which *was* at par with nursing and midwifery basic bedside hospital training, to degree education and training as the new baseline.

Our pragmatic, upgrade, or affiliations as the case may be, can only be premised on a genuine, quite guileless, concern for sustainable relevance through higher standards of nursing care, better preparation of student nurses, and greater public respectability of the field as a whole. Since leadership is said to be inefficient when it cannot transform vision to reality, we must therefore become very serious with the actualization of this vision by joining forces with the leadership of NMCN, whose past demeanour can be described as more political and cosmetic than professionally responsible and accountable for implementation of its own pronouncement sequel to failure, in the year 1990 and again in the year 2015, to meet up .with the said deadline for upgrade or affiliation of schools of nursing and midwifery to degree awarding institutions. It is never too late to amend, as our today is a potent precursor of our tomorrow.

THE PROGRESSIVE PERSPECTIVES OF UGONSA

All nurses virtually agree that a high standard of nursing education and practice is required to meet the changing health needs of the populace, improve public image and respectability of the profession, and foster higher dignity, career and job satisfaction. But it appears to be more in deference to the society than a positive change in attitude towards higher education. Because such a change would place the status, interest and indeed the livelihood of some nurses on the line, the opposition has been formidable but subtle. As no emancipation is attendant without sacrifice; individual interest must therefore give way for collective professional interest. In a nutshell, we must be willing and ready for some sacrifices for our common good and greater benefits to our posterity.

Despite the challenges, UGONSA shall always affirm that no profession can attain

the dignity of great proficiency unless it is reared upon a thoroughly scientific knowledge of *the* facts underlying it, for this method alone can substantiate it upon a solid foundation. And nowhere else can this preparation be better obtained than in the University. We must therefore make a paradigm shift from being people who believe that all is not well with nursing in Nigeria but are satisfied enough to watch things drift aimlessly, for fear that all may be lost if the boat is rocked, or are convinced that with time problems will solve themselves, to those who believe that nursing is already at a major crossroads and cannot be salvaged unless a radical and purposeful redemptive approach is adopted as soonas possible lest it loses its relevance in the society.

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COMMUNIQUÉ ISSUED AT THE END OF 17TH NATIONAL PROFESSIONAL CONFERENCE AND SCIENTIFIC UPDATE OF THE UNIVERSITY GRADUATES OF NURSING SCIENCE ASSOCIATION (UGONSA) HELD AT LAW AUDITORIUM, EBONYI STATE UNIVERSITY, ABAKALIKI, BETWEEN 8TH AND 11TH OCTOBER, 2015.

Theme: PROFESSIONAL ISSUES IN NURSING

- Internship and proper placement of graduates of B.N.Sc degree: The Final Stroke.
- Nursing and Midwifery Council of Nigeria Establishment Act: The need for urgent reformation.
- Upgrade of Schools of Nursing and Midwifery to degree awarding institutions: A must for sustainable relevance of Nursing and Midwifery in our health system.

Preamble

UGONSA highly appreciates the Federal Government of Nigeria for its Progressive CHANGE Agenda for the common good of all Nigerians; Comrade Ogah Chinedu, OON, AOJ, the Chief Executive Officer Chiboy Group of companies and the Chief guest of honour to the event; Prof. Francis I. Idike, the Vice Chancellor Ebonyi State University Abakaliki; Dr. Onwe Ogah Emeka, AOV, the Chief Medical Director Federal Teaching Hospital Abakaliki; the Government and good People of Ebonyi State for providing peaceful and hospitable atmosphere for our National Professional Conference and Scientific Update, and the Ebonyi State Chapter of UGONSA for a well-organized hosting.

The opening ceremony

The flag-off of the ceremony was done by Comrade Ogah Chinedu, OON, AOJ, who was decorated with the prestigious UGONSA National award of 'Ambassador of Justice (AOJ)' in recognition of his altruistic fight for the rights of the common man. The event chaired by Chief (Hon).Solomon E. Egwuenu, UGONSA National President, ably represented by Nurse Goodluck.I. Nshi, UGONSA National secretary, witnessed the attendance of the following dignitaries; Dr. Onwe Emeka Ogah, AOV, the Chief Medical Director Federal Teaching Hosptal Abakaliki represented by Dr. Ewa L. Richard, the deputy CMAC of the hospital; Ass. Prof Elkanah C. Ndieh, the head of department of Nursing Science, Ebonyi State University Abakaliki; Mr Igboji Jonathan, Director Nursing services, Ebonyi State; Mrs. Chukwu Winifred, the Head of Nursing services Federal Teaching Hospital Abakaliki; Mr Akuna E. Ernest, the South-South zonal coordinator Nursing and Midwifery Council of Nigeria among others.

There were goodwill messages from the dignitaries and the professional and scientific sessions were anchored by Nurse Onwusonye Chioma, Nurse Nshi Goodluck I. and Nurse Nwodoh Chijioke Oliver who introduced UGONSA positions for deliberations by the congress.

RESOLUTIONS

FEDERAL GOVERNMENT WAR AGAINST CORRUPTION AND INSURGENCY

UGONSA passed a vote of confidence on President Muhammadu Buhari, GCFR, and his anti-corruption crusade and maintained that those that looted Nigeria into its present economical woes must be made to face the consequences of their unconscionable actions. UGONSA also superlatively commended the Government of President Buhari on the rejuvenated, focused, coordinated and methodical attack on insecurity and insurgency and implored Nigerians to be security conscious and always avail timely information about strange or suspicious persons or activities within their environment ,as the duty of security does not lie on Government only but also on the citizens.

INTERNSHIP AND PROPER PLACEMENT OF GRADUATES OF BACHELOR OF NURSING SCIENCE (B.N.Sc) DEGREE

It was affirmed that internship training for fresh graduates of B.N.Sc degree, as approved by the National Universities Commission, is paramount to qualitative client care as it blends the more theoretical science-based university nursing education with comprehensive clinical expertise for optimum performance.

The association strongly frowned at the continued exclusion of graduates of Bachelor of Nursing Science(B.N.Sc) degree from internship training scheme of the ministry of health that accommodates the baccalaureate graduates of other healthcare professions and argued that it defied logic for nurses to be the only professionals left out of the scheme whereas mounting evidence underscores that they need the internship training more than any other member of the health team since they stay longer and closer with patients, care for them and as well monitor them round-the-clock. UGONSA also strongly condemned and described as reprehensible the aberrant under placement of graduates of B.N.Sc degree on CONHESS 07 post-NYSC (National Youth Service Corps) whereas their counterparts in other healthcare professions who they share similar entry qualification and course duration in the university with, are placed on at least CONHESS 09 post-NYSC.

The association passionately appealed to President Muhammadu Buhari, GCFR, to prevail on the Head of Civil Service of the Federation, the National Council on Establishments and other concerned authorities to expedite the release of the long awaited circular for internship and proper placement of graduates of Bachelor of Nursing Science (B.N.Sc) degree.

NURSING AND MIDWIFERY COUNCIL OF NIGERIA (NMCN) ESTABLISHMENT ACT

UGONSA noted with serious concern that the current established legal framework for Nursing

education and practice in Nigeria is now obsolete as it is riddled with myriad of flawed sections that fall short of current trends and international best practices.

It therefore strongly called on the National assembly and other relevant stakeholders to urgently review the NMCN Act to reflect a less rigid dichotomy between the autonomy of nurses and other healthcare providers for enhanced collaborative teamwork.

UPGRADE OF SCHOOLS OF NURSING AND MIDWIFERY TO DEGREE AWARDING INSTITUTIONS.

The congress in session also noted with worrisome concern the continued accreditation of more schools of Nursing by the Nursing and Midwifery Council of Nigeria (NMCN) against the proposed road map to make all Nursing /Midwifery institutions degree awarding by the year 2015 and called on the NMCN to be committed to phasing out the Hospital-based Nursing programmes in favour of University-based Nursing Education as this will naturally remove the internecine conflicts and bickering in the profession and as well foster qualitative client-care, higher dignity and better image for the profession.

The congress passed a vote of "no confidence" on the current acting Registrar of NMCN, Mrs. Eunice Azuike, and lamented that her tenure has been an unquantifiable disaster and represents the darkest era in the contemporary affairs of nursing in Nigeria. The congress recommended strict appointment of nurses with integrity, competence and towering qualifications, especially Professors or Ph.D. holders, in nursing, as registrars and chairmen/Chairpersons of the board of NMCN. The congress believes that this will facilitate the upgrade of schools of nursing and midwifery to degree awarding institutions because such persons would have the capacity to supervise and regulate all nursing programmes up to Ph.D. levels unlike the current crop of council leadership that is bereft of advanced degrees in nursing and therefore incapacitated in supervising and regulating nursing and midwifery programmes higher than the basic and post-basic levels, hence the inertia to upgrade schools of nursing and midwifery to degree awarding institutions.

OTHER RESOLUTIONS INCLUDED

- UGONSA strongly emphasized that the frustrating conservatism that advancement to the top has to strictly follow seniority by length of service to the exclusion of higher education and efficiency of performance, has to give way to recognition of educational and professional excellence for progressive hope of positioning the nursing and midwifery professions in the limelight.
- The need to restore teaching allowance to Nurses and Midwives on CONHESS 07 and 08 was reiterated. The association re-emphasized that Nurses and Midwives irrespective of

grade and cadre are involved in the teaching of students on clinical posting, advocacy and education of patients/ relatives and strongly condemned the non-reversal of the teaching allowance by most healthcare institutions despite the vacation of the circular that wrongly instigated its removal. In addition, the congress bemoaned the current poor rate of hazard allowance being paid to Nurses/Midwives and requests for its upward review that should be commensurate with their round-the-clock, daily exposure to clinical hazards.

- The congress in session equally condemned in strong terms the increasing proliferation of Quackery in the health sector in general and nursing in particular and appealed to Government at all levels to step up measures to checkmate this ugly menace.
- It was also re-emphasized that enlisting of fresh university graduate nurses into UGONSA at point of induction into the profession is paramount and mandatory. Departments /Faculties of nursing in the University were implored to uphold the involvement of UGONSA in their induction exercise/ceremony as sacrosanct.
- Congress in session approved a mandatory levy of ten thousand naira only (N10000.00) for graduates and one thousand naira only (N1000.00) for undergraduates to be paid before the last day of December, 2015 into UGONSA national FirstBank account, 3089525712, or through the leadership of state chapters, for graduates, or the unit's NUNSA leadership, for undergraduates. This aims to raise fund for sustainable national action on realization of internship and proper placement, reformation of NMCN establishment Act and upgrade of schools of nursing and midwifery into degree awarding institutions.
- The mandate to host the next national professional conference by October, 2016 was unanimously granted jointly to Osun and Bornu State to be hosted in Osogbo, the Osun State capital.
- Finally, the congress in session enjoined nurses and midwives to employ aggressive individualized campaign on social media against the increasing menace of quackery that is exponentially denting the image of the profession and as well use such platforms to advocate and galvanize support for expedite release of the long overdue circular on internship and proper placement of graduates of B.N.Sc degree.

Signed:

Nurse G.I. Nshi, National Secretary and Rep of Chief (Hon). S.E.O Egwuenu,the National President

Nurse Agbo Gabriel, Chairman Communiqué Committee

Nurse Hammawa Abdul-qadir, Secretary Communiqué committee.

VANGUARDS OF REALIZATION OF GRADUATE NURSES' INTERNSHIP

Following the levying of the sum of N10, 000 (ten thousand naira) to graduates nurses and the sum of N1,000 (one thousand naira) to undergraduates of Bachelor of Nursing Science (BNSc) degree from the internship summit (17th Conference) in Abakaliki 2015, below is the list of those that paid the internship levy. It is instructive to mention that these people are the vanguards of realization of internship training for the fresh graduates of BNSc degree for without their money, UGONSA would not have been able to activate and implement the organized lobbying that expedited the passage of the memorandum for internship into effective circular for running of internship training for graduates of BNSc by the National Council on Establishment (NCE), when the NCE held its meeting on July 22, 2016 in Minna, Niger State. As UGONSA became cash strapped following its engagement on numerous front for the actualization of internship training for the graduate nurses, these individuals altruistically threw in their resources and made the indelible sacrifices that landed us internship we have today in the nursing profession in Nigeria. To God be the glory

NATIONAL ACTION PLAN/ NURSING REFORMATION LEVY: LIST OF PAYERS

CATEGORY A: GRADUATES	**AMOUNT**
1. NSHI GOODLUCK	N10,000.00
2. AIGBE DESMOND	N5,000.00
3. ONWUBU HAPPINESS	N10,000.00
4. ETENG PHILIP	N10,000.00
5. CHUKWUDI AFAM NDU	N10,000.00
6. OKPE ROMANUS	N10,000.00
7. ALUMA GRACE	N10,000.00
8. ENETE UCHENNA	N10,000.00
9. OKOYE VICTORIA	N10,000.00
10. CHUKWUDI CHINEME	N10,000.00
11. EKPEMIRO JESSIE	N10,000.00
12. EKUMA-OJIM JUDITH CYNTHIA	N10,000.00
13. NWIGBO OGECHUKWU	N10,000.00
14. GARBA MUSTAPHA	N5,000.00
15. OKPURUKA PERPETUA OKUAKANWA U.	N10, 000.00
16. OGBONNA CHIDIMMA B.	N10, 000.00
17. UBANI NNENNA	N10, 000.00
18. UHIARA ULOMA L.	N5,000.00
19. BRO. NDUBUISI LAWRENCE NDUBEZE	N10, 000.00
20. JUDE CHIEDU	N10, 000.00
21. BLESSING UDEOZOR	N10, 000.00
22. DR. ANTHONIA U. CHINWEUBA	N10, 000.00
23. NWODOH CHIJIOKE	N10, 000.00
24. ABDULLAHI ALI DANCHUA	N10,000.00
25. ANYA ESTHER CHINWENGOZI	N10, 000.00
26. CHUKWURAH CATHERINE	N10,000.00
27. PROF. IJEOMA O. EHIEMERE	N10,000.00
28. DR. A. N. ANARADO	N10, 000.00
29. OKORIE SUNDAY CHINEDU	N10, 000.00
30. IHEAGU ANDALYN	N10,000.00
31. ONWUSONYE CHIOMA	N10, 000.00
TOTAL	**N290, 000.00**
CATEGORY B: UNDERGRADUATES (STUDENTS)	
1. NWANZEH EBELECHUKWU	N1,000.00
TOTAL	**N1, 000.00**
GRAND TOTAL	**N291, 000.00**

PROCEEDINGS OF 18TH NATIONAL PROFESSIONAL CONFERENCE AND SCIENTIFIC UPDATE - IBADAN, 2017

NURSING EDUCATION AND PRACTICE: PREPARED FOR DATA-DRIVEN DECISION MAKING

BY

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BEING A KEYNOTE ADDRESS PRESENTED AT THE 18TH NATIONAL PROFESSIONAL CONFERENCE AND UPDATE ORGANIZED BY UGONSA HELD AT IBADAN ON 25TH-29TH SEPTEMBER, 2017

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INTRODUCTION

- The nursing profession is globally undergoing a revolution that had never been dreamt of a few years ago.
- Over the years, nursing education has gone through several advancements, reforms and innovations.
- From ordinary apprenticeship training through uncoordinated training programmes
- The nursing education has developed into formal educational programmes up to the PhD and Post doctoral training levels in Universities across the globe.
- Nurses are now better educated than their counterparts of generation ago.
- They are also more concerned about their professional roles, they seek greater independence and have achieved recognition and status that they never had in the past
- The changes are partially a natural consequence of better education, devolution of some of the traditional roles of the physicians to nurses and higher career aspirations.
- The training of nurses is being challenged by new technologies in health care, new disease patterns, development in other health-related professions and increasing patients' awareness about their rights to quality health care
- These have necessitated the need to adopt new approaches in the training of nurses so as to achieve quality nursing education and practice.
- Nursing is a profession guided by unique knowledge, attitude and practical skills.
- These attributes enable the nurse to caringly assist individuals, families and communities to attain, recover or maintain health or to die peacefully.
- Nursing care is a key indicator of quality health care.
- Nursing practice takes place in different settings including homes, hospitals, industries and communities

- The services rendered by nurses cover promotive, preventive, restorative and rehabilitative services
- These services are also provided independently, dependently and interdependently

NURSING EDUCATION

- The training of nurses first began in Europe in hospital-based training institutions
- This has since moved out of hospital based training schools to established and recognized educational institutions such as colleges/Universities beginning first in USA through Europe to other parts of the world
- Nigeria is gradually joining the global train of reforms in nursing education
- Originally, the focus of nursing education was to teach nurses the knowledge and skills that will prepare the them to practice in hospital settings.
- This focus has changed now in response to new scientific knowledge, advances in technology, emerging roles of the nurse, socio-cultural as well as political challenges.
- Training curricula have been revised at all levels of nursing training to enable the nurses to work in more diverse settings and to assume more diverse roles
- Nursing educational programmes are increasingly based on broad knowledge of biological, social and physical sciences as well as the liberal arts and humanities.
- Current nursing curricula emphasizes critical thinking and application of nursing and supporting knowledge to health promotion, health maintenance and health restoration as provided by the nurse in hospital and community settings.
- In Nigeria, there are two points of entry into the nursing profession i.e. through the training that takes place in the hospital based Schools of Nursing and the University based BNSc programmes.
- Candidates for both programmes usually write the Nursing and Midwifery Council of Nigeria organized professional qualifying exams in order to be registered as RN and be licensed to practice as nurses.
- While the BNSc programme leads to the award of both the professional and academic qualifications for its products, the hospital based programme only offer professional qualifications for its products.
- This is a major problem of the hospital based training programme and a challenge to all stakeholders in the nursing profession as the award lack academic qualification.
- The hospital-based training has just been upgraded to attract the HND academic qualification
- The proposed training programme is designed to take place at approved Colleges of Nursing to be regulated by the NMCN and NBTE

- In Nigeria, University nursing education started at the University of Ibadan in 1965
- It was a post-basic BSc Nursing degree programme mainly for trained nurses already registered with the NMCN.
- The programme was designed to mainly prepare nurses who wished to become nurse educators and nurse administrators.
- Many products of the BSc Nursing programme however practiced in the clinical areas with as higher as MSc Nursing qualifications.
- The main clinical specialty area in the BSc Nursing programme was Public Health Nursing
- The programme produced graduate nurses with specialization in Nursing Administration, Nursing Education and Public Health Nursing.
- Latter, the University of Nigeria Nsukka also commenced the same BSc programme FASHIONED AFTER THE University of Ibadan programme in 1983
- The realization that University nursing education programme should impact on quality of nursing care came up among mostly the BSc Nursing graduate nurses
- They agitated for, advocated for and influenced the transition from BSc Nursing programme to the BNSc programme
- There was also the policy directives of the National Universities Commission (NUC) on the need to focus on clinical service oriented degree programmes.
- The generic nursing degree programme (BNSc) was introduced by the Obafemi Awolowo University, Ile-Ife in 1973
- The BNSc was seen as the programme of the future initiated, developed and nurtured by a group of nurse scholars.
- The nurse scholars believed that the ultimate destination of nursing education in Nigeria and the entire world is the University.
- The BNSc is designed to produce polyvalent nurse-practitioners that could function in all areas of nursing and health care delivery system
- They products are exposed to all aspects of clinical nursing practice, nursing administration and practice
- The ultimate aim is to produce thoroughly trained graduate nurses that could provide quality nursing care at the primary, secondary and tertiary levels of health care.
- At present, the BNSc is the main degree programme accepted by the National Universities Commission in the country
- Many Universities in the country are currently running the BNSc programme
- It is gradually becoming the basic nursing education programme in the country
- Similarly, there are various postbasic nursing programmes that prepares the basic nurses to practice as specialists in various nursing sub-specialties
- In Nigeria, almost all these post-basic programmes also have only professional qualifications

- All the nursing training programmes require sound and efficient theoretical and practical knowledge and skills to prepare the products for quality nursing services delivery.
- As a result of increasing specialization and the emergence of sub-specialty areas in the health care system, new sub-specialization areas are emerging in the nursing profession.
- The key to personal and professional growth and development is quality education
- The Nigerian nurses are increasingly realizing that their training must be in line with the national and global educational programmes that matches professional qualifications with academics
- Professional qualifications must be matched with academic qualifications to place the nurses at per with their colleagues in the health care industry

NURSING PRACTICE

- Like nursing education, nursing practice has been transforming over the years
- In the past, nursing was largely intuitive i.e. relying on experience, feelings and observation rather than on facts based on research and scientific bases
- The reasons nurses give for most nursing interventions were based on experience hence the common use of the phrase "this is how it is always done" without providing strong scientific arguments on why it is done that way
- There was little or no utilization of systematic problem –solving skills and tools for individual and family patient assessment
- In the past, most parts of nursing practice were based on orders given by physicians about what to and how to do it
- Improved education produced critical thinking nurses that continuously evolved increasing roles and responsibilities for the nurse.
- It led to the increasing desire for scientific explanations of every action taken by the nurse.
- The introduction of nursing process widened the scope of nursing practice by clearly identifying that the nurse is involved in three basic actions
- These actions/interventions are the independent, dependent and interdependent nursing actions
- Similarly, increasing public awareness about their right to quality health care, as well as improvement in science and technology expanded the scope of nursing practice
- More areas of specializations in nursing emerged that offered understanding for the need for extra and more robust training for the nurses.
- More areas of specialization in nursing are continuously evolving
- Like other professions, nursing practice is regulated by the provisions of various national and international laws.
- Internationally, nursing practice is regulated by standards put in place by

various bodies including the International Council for Nursing and the World Health Organization

- The ICN in 1973 declared that the fundamental responsibilities of the nurse are four (4) folds i.e. (a) To promote health
  (b) To alleviate suffering
  (c) To restore health
  (d) To prevent illness.
- Nursing practice in the past was characterized by nursing personnel with more practical/technical orientation and the use of analog equipment
- However, present day nursing practice is characterized by modern and more exposed nurses, highly specialized nurses and several modern equipment for nursing practice
- There are more sophisticated machines with specially trained personnel in place at all levels of health care
- Today's nurses are increasingly aware of their professional responsibilities and are insisting on autonomy and independence in carrying out their roles
- Nursing is now more than knowing how to perform tasks and procedures
- It is about being a more effective member of the health care team, a leader in the health care industry and the navigating clinical systems

DATA DRIVEN DECISION MAKING IN NURSING EDUCATIONAND PRACTICE

- Over the past few years, researchers have examined the use of data in a variety of different educational and practice contexts
- In recent years, the education community has witnessed increased interest in data-driven decision making
- Yet, there remain many unanswered questions about the interpretation and use of data to inform decisions, and about the ultimate effects of the decisions as well as resulting actions on student achievement and other educational outcomes
- Data driven educational decision making refers to the process by which educators examine assessment data to identify student strengths and deficiencies and apply those findings to their practice
- Teachers have been using data about students to inform their instructional decision making since the early movement to formalize education in the United States
- This however is a new concept in education in most developing countries including Nigeria.
- Using data to plan educational programme improves the quality of teaching and learning in educational programmes
- The concept is used in education communities where data is used with the goal of helping students and improving curricula with the aim of improving competencies in the various fields of study.
- Nurse educators can effectively use student assessment data to guide the

development of either individualized intervention strategies or large group instructional revisions

- This approach requires that the nurse educators must be academically sound and research oriented so that they effectively analyze and use data for teaching and learning programmes
- Healthcare providers are being challenged to efficiently deliver high-quality services at lower costs
- There is increasing need to quickly identify efficiencies, improve patient care and determine the best possible ways to allocate resources that impact both inpatient and and outpatient services
- Relevant data is key to making some of these decisions
- These data are being collected on regular basis and through researches
- In the clinical areas, data driven decision making requires the use of relevant individual and group data to plan, implement and evaluate nursing care.
- This is synonymous to evidence based practice where nurses engage in research so that nursing care will be based on individual client need as well as in line with global best practices.
- To provide quality nursing care, there is need for data on workforce strength, patient characteristics, care team experience and skills as well as availability of instruments/equipment
- Thus, nurses need to in addition to being current, be skillful in research so that their practices will be informed by available scientific information as well as in line with world best practices
- They need to be thoroughly trained in research, be research minded and be active researchers in order to provide quality nursing care at all levels of health care
- There is need to provide scientific explanation about any decision taken in the course of providing nursing care to clients

CONCLUSION

- In conclusion, it could be seen that nursing education and practice have evolved over time
- These were partly the results of increasing patient awareness, changes in disease patterns, improved nursing education as well as increasing technological changes
- To ensure that nursing education and practice meet the challenges of the time, there is need for regular collection and effective utilization of necessary data
- Nurses must thus, develop the habit of systematic collection, analysis and utilization of data in the planning, implementation and evaluation of nursing care
- This skill will only be achieved through sound education for the nurses especially at University level and effective regular update
- Thus, UGONSA is strategically placed to promote and sustain this scientific approach to nursing education and practice so that quality nursing services will be guaranteed

THANK YOU FOR LISTENING

A CRITIQUE OF THE STUDY: HOW NURSES AND THEIR WORK ENVIRONMENT AFFECT PATIENT EXPERIENCES OF THE QUALITY OF CARE: A QUALITATIVE STUDY: RENATE AMM KIEFT, BRIGITTE BJM DE BROUWER, ANNEKE L . FRANCKE, AND DIANA M . J . ,DELNOIJ (2014) *BIOMEDICAL CENTRAL HEALTH SERVICES RESEARCH, 14: 249*

A Paper Presented by
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Critique is a research evidence and relevance evaluation.

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Abstract

The strengths of this qualitative study by Kieft R. A., BJM de Brouwer B, Francke A. L ., and Delnoij D. M J . ,. (2014) on how nurses and their work environment affect patient experiences of the quality of care are: well-written report, brilliant description of qualitative rigor used in a presentation of factors that describe nurses perceived work environment that contribute to patient positive experiences of quality care.

Participants were limited to nurses. A qualitative technique of phenomenological tradition employed produced clear themes with related pattern. There are indications of peer debriefing, external expert review, auditability and sufficient information for transferability of the study. There were no visible role conflicts expressed by the interviewers or authours.

Findings described how nurses perceive the effect nurses work of environment on

patient experiences of quality care and cited essential elements that would advance patient experiences of quality of nursing care as: clinically competent nurses, collaborative working relationships, autonomous nursing practice, adequate staffing, control over nursing practice, managerial support and patient-centred culture. Nurses identified several inhibiting factors, such as cost-effectiveness policy and transparency goals for external accountability.

Authours suggested that to fully understand the degree of this relationship between nurses' work environment and patient experiences of quality care; a study of patients' views is needed for clarity of relationship. The study concluded that: nurses have to gain autonomy over their own practice in order to improve patient experiences. The study is relevant to nursing practice in developed and developing health care system; and suitable for reading for health Policy makers, Nurse Managers, Hospital Administrators, Health Insurance Managers, Nurse Educators and Clinicians, Nurse Associations and Researchers.

Objectives of the Critique:

1.To examine the report on how nurses from a developed health care system perceive their work environment as contributing to patient experience of quality care.

2. . To verify the relevance of the study to nurses' work environment in a developing health care system

3. To examine appropriateness of the process employed in this phenomenological qualitative research

4. . To identify study's suitability for modeling phenomenological qualitative approach

5. To identify potential nursing lessons inherent in the study.

6. To examine fitness of the research report as reference point to Hospital Manager and other stakeholders .

TOPIC	DISCUSSION
Abstract	The abstract presented a clear overview of the study, including the research problem, sample, methodology, findings and recommendations.
Report Title : How Nurses And Their Work Environment Affect Patient Experiences Of The Quality Of Care: A Qualitative Study	The topic of study is aptly stated, accurate and unambiguous

Authours : Renate AMM Kieft, Brigitte BJM de Brouwer, Anneke L . Francke, and Diana M . J . ,Delnoij (2014) Bio Medical Central Health Services Research, 14: 249	Authours as researchers qualifies to carry out the research and their positions indicate a degree of knowledge in nursing field. Article in BMC Health Services Research published in June 2014, is a product of peer review . Citations: 34, Reads: 415 The four (4) authors . Some of them are also working on related projects: NurseSMS View project among other. Thus, authours are well experienced in qualitative nursing research.
Authors Discipline/ Addresses -	The authours are familiar with Dutch health care system and are part of the Netherland, therefore, the background of study is clearly understood by them. Dutch Nurses' Association, PO Box 8212, 3503, RE Utrecht, The Netherlands. 21/ NIVEL, Netherlands Institute for Health Services Research, PO Box 1568,3500, BN Utrecht, The Netherlands. 32/ EMGO+/VU medical center, Van der Boechorststraat 7, 1081, BT Amsterdam, The Netherlands. 4 Professor of Transparency in Healthcare from the Patient's Perspective, Tranzo, Tilburg University, PO Box 90153, 5000, LE Tilburg, The Netherlands.)
Significance of the study	The study is significant to solving past research problems unsolved in previous studies conducted in 2011Netherlands Institute for Health Services Research on the roles and positions of nurses in Belgium, Germany, the United Kingdom, the United States and Canada that found differences in levels of education and nursing job profile orjob description in all five countries . it is significant to the circumstances and changes with whichDutch nurses are confronted in their work and work environment and the study will contribute to positive patient experiences.
Purpose of the Study	Purpose of the study is easily deduced from the phenomenon of interest described by the authours in the background o the study and literature review. To have deeper understanding of relation between nursing work environment and patient experiences of quality care

Research Problem	Problem of the study is easily identified: perspective of Dutch nurses on how nursing work environment is related to positive patient experiences. Phenomenon of interest is consistent with the purpose of the study. "Although there is a relationship between the nursing work environment and patient experiences of the quality of care, it is not clear how this relationship is formed and characterised from the perspective of Dutch nurses, and which aspects in daily practice influence patient experiences".
Research questions	Main Research question: 'According to Nurses, which elements of their work and work environment influence patient experiences of the quality of nursing care? The sub-questions were: - Are these elements related to the eight magnetism? - What is the mechanism by which these elements lead to better patient experiences? The research questions derived from literature review have ability to obtain answers for solution to the research problem. The research questions are consistent with phenomenon of interest.
Definition Of Terms	Terms and acronyms were appropriately defined.
Research questions	Main Research question: 'According to Nurses, which elements of their work and work environment influence patient experiences of the quality of nursing care? The sub-questions were: - Are these elements related to the eight magnetism? - What is the mechanism by which these elements lead to better patient experiences? The research questions derived from literature review have ability to obtain answers for solution to the research problem. The research questions are consistent with phenomenon of interest.
Sampling:	Purposive sampling was used with the following criteria: - Participants must be employed as Registered nurses or nursing assistants - Participants must have worked as nurses for at least two years - Participants must be operative in mental health care , hospital care, home care, or nursing home care.

Sample size and Sample composition:	Small size of sample, focused adequately on those who are able and willing to describe the experience selected by specified sample criteria. Each focused group consisted of 6 to 7 registered mental health care nurses, hospital care, home care, and nursing home care.
Research Tools:	In qualitative interviews, the role of the interviewer is to encourage participants to 'open up' and discuss their experiences of the phenomenon. The researchers employed an interview guide with pre determined topic areas while the sequencing of questions was dependent on the processes of the group and individual responses. Tools were described for transferability of study to other population.
Ethical rigor of the study:	Ethical committee or institutional review board approval was sought before the research was undertaken. Ethical considerations reveal the participants were fully informed about the nature of the non invasive research. Autonomy/confidentiality of the participants were guaranteed, rights of participants are protected. A qualitative non invasive study of voluntary competent subjects requiring no intervention; not in any way affecting integrity of the subject therefore by the law of the Netherland medical research on human subjects requiring no ethics committee approval. All respondents were given written and verbal information about the aim and content of the study. Data were non traceable to individual participant by anonymous way analysis. They were protected from harm. Ethical permission was granted for the study. Participants are aware of the purpose of the study, what sort of information is being sought, how it will be used and the implications for them as contributors to the research. Researchers respected the role of ethical committees. institutional review boards principle is respected. Autonomy of participants right to withdraw from the research at any time was provided.
Data collection procedure:	Four focused group interview were conducted about patient's experiences and how nurses can improve those patients' experiences. The major data collection techniques include interviewing, participant observation, examination of personal documents and other printed materials. Authours aptly described the data collection strategies. Procedures and tools for data gathering were subject to ongoing revision in the field situation. The approach is primarily inductive. There is integration between researcher and participant; interaction is valued. Data yielded 'soft data', i.e. words recorded on a tape recorder.

Data analysis	Data analysis was vividly described. MaxQDA software was used to support the coding ordering analyses. Concurrent data collection and analysis occurring in cycle. The transcribed data were open coded and categorised. Several themes were extracted by organising and structuring the categories.. The data were transcribed literally and reviewed numerous times to check elements which might have been omitted. During the analytical process, interview fragments were constantly compared. The final analysis was presented to the participants and they were asked to comment on the contents. . The analytical procedure and findings were discussed within the research team to improve the quality of analysis. Discussion of codes and categories were identified .Method used for data saturation is evident. The member check helped to determine whether researchers adequately understood and interpreted the data . Triangulation, peer review of the research process, Member checking, external audit by expert consultants Articulation of the research biases was resolved. Qualitative research follows the naturalistic paradigm based on the assumption that multiple realities exist and such realities are constructed by the research participants. It aims to explore the phenomenon in question by focusing on the individuals who experience is that data are collected in isolation from any predetermined. This in turn should reflect prominent emerging themes. Analysis is presented for the most part in a narrative analytical precision related to thought process of researchers and decision data analysis, which resulted in major emerged themes.. Qualitative research follows the naturalistic paradigm based on the assumption that multiple realities exist and such realities are constructed by the research participants. It aims to explore the phenomenon in question by focusing on the individuals who experience it.
Rigor in Documentation	Auditabiliy in qualitative research is reflected in rigour in documentation. Rigour Credibility, transferability (fittingness), dependability, Confirmability.
Results	Findings were presented correctly. Nurses perceive their work environment effect patient experiences of quality care and cited facilitating essential elements that would advance patient experiences of the quality of nursing care as: clinically competent nurses, collaborative working relationships, autonomous nursing practice, adequate staffing, control over nursing practice, managerial support and patient-centred culture. Nurses also identified several inhibiting factors, such as cost-effectiveness policy and transparency goals for external accountability.

Discussion	Report was presented in the context of what was already known of the phenomenon.
Recommendation and implication for Practice	Recommendations were made to suggest how the research findings can be developed. Further research is recommended to examine whether the elements of a healthy work environment are statistically related to patient experiences in the Dutch healthcare setting. In the Netherlands, patient experiences are measured with the Consumer Quality Index (CQI) . Nurses' perceptions of their work environment are measured using the Essentials of Magnetism Tool II (EOMII) questionnaire. Further research should focus on the statistical relations between CQI and EOMII.
Conclusion/ implications	The knowledge obtained from this research has resulted in a better understanding of how nurses regard their role in achieving positive patient experiences. the viewpoint of the interviewed nurses suggest several elements are essential in relation to patient experiences of the quality of care
	The books, journals and other media used were acknowledged accurately in the reference and are correctly directed in the report.

EFFECTIVE PUBLIC RELATIONS IN NURSING PRACTICE: A SALIENT TOOL FOR THE GROWTH OF NURSES AND NURSING PROFESSION IN NIGERIA

BY

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ABSTRACT

Nurses in Nigeria have been grappling with incessant efforts to gain a level of status comparative with their counterparts in developed countries of the world. Much of the made efforts had always focused on improving clinical skills of the nurses through higher nursing education, on-the-job training and trying to control extraneous activities perceived by nurses as being retrogressive to them and their profession. All the above efforts have been unable to give Nigeria nurses the kind of status they desire due to their poor attention to public relations activities. It is because of the above background that this paper sought to: acquaint potential and practicing nurses with the concept of public relations in nursing practice; educate potential and practicing nurses on activities that constitute effective public relations in nursing practice; expose what makes up a grown nursing profession in Nigeria; and establish the role of public relations in achieving the growth of nursing profession in Nigeria.Public relations in nursing practice is the discharge of nursing duties by nurses in a manner that wouldconstantlycreate, shape and sustain positive image of the nurses, the nursing profession and nurses' workplaces (mainly hospitals), in the minds of consumers of nursing services and the general public. For the public relations in nursing practice to be effective, the generality of the nurses' behavior should communicate an appealing message that endears the nurses to the recipients of their care and the general public. A grown nursing profession in Nigeria will entail: giving all the recognitions due other health professions to nurses; entrenching the type of nursing education and practice obtainable in

advanced countries of the world in Nigeria; achieving a nursing image that is emulative by all other health professions in Nigeria; and getting the government to speedily attend to nurses' demands whenever necessary. Giving Nigerians unequalled nursing services of their desire through public relations in nursing services will create and sustain an impeccable positive image of the nurses and nursing profession in the minds of Nigerians. Attainment of such status by Nigeria nurses will lead to achievement of the attributes of a grown nursing profession as identified above. It is, therefore, recommended that students and practicing nurses should regularly acquaint themselves with tenets of public relations in nursing practice and consistently put them into practice in their various places of work and other social interactive settings.

INTRODUCTION

The status being given to nurses and nursing profession in any society is a product of long-term actions and inactions of members of the profession in the concerned society. These actions and inactions of the nurses have made or marred them in various countries and continents of the world. For some decades now, Nigeria nurses have been suffering from debilitating negative image accruing against them as members of nursing profession (**Ingwu, Ohaeri&Iroka, 2016**). "Nurses are wicked" comments in daily conversations of many Nigerians; some ill characters portrayed against nurses in *ER, Grey's Anatomy, House* and Nigeria movie industry;seemingly negative comments against the nurses being made by some healthcare professionals like the medical doctors in the presence of the patients and their relatives are,all but,few examples of negative images undermining the nursing profession and nurses in Nigeria and beyond (Bishop, 2009).

Collectively, efforts have been made by some stakeholders of nursing profession in Nigeria to revert the above ugly trend but the situation has remained virtually the same (Adeniji, 2013; Adeniji, 2016). Individually, we have had one argument or the other with people that see us as bad species in Nigeria healthcare delivery system, yet this negative view against us continued unabated.

The above negative trend has underscored the need for public relations (PR) in nursing practice among Nigeria nurses. Such PR brings about constant creation, shaping and sustenance of our positive image, that of our profession and our organization/institution in the eyes of our clients and thegeneral public.

The effectiveness of this type of PR is determined by the degree of rapport that does exist between the nurse and the entire recipients of his care. It is effective public relations in nursing practice when the generality of the nurses' behavior communicates an appealing message that endears the nurses to their clients and the general public. This type of nursing practice will, undoubtedly, enthrone an era

when nurses' problems and needs shall become those of the general public, who would go to any length to satisfy the yearnings of these special breeds of healthcare professionals (the PR-practicing nurses). When the public holds the nurses in such esteem, nurses will be duly respected; placement and remuneration due the nurses in the organizations where they work will no longer be a topic of debate; and getting policy makers to do the bidding of the nurses will become a commonplace.

With the attainment of such heightby Nigeria nurses through PR, there is no gainsaying the fact that nurses and nursing profession in Nigeria has grown.

OBJECTIVES OF THIS PAPER

This paper seeks to:

(i) acquaint potential and practicing nurses with the concept of public relations in nursing practice;

(ii) educate potential and practicing nurses on activities that constitute effective public relations in nursing practice;

(iii) expose what makes up a grown nursing profession in Nigeria; and

(iv) establish the role of public relations in achieving the growth of nursing profession in Nigeria.

CONCEPT OF PUBLIC RELATIONS IN NURSING PRACTICE

Public relations is the act of consciously and cautiously relating with other people with a view tomaking yourself, your goods or services, appeal to them. Quite unlike advertisement that can occur without knowing or seeing the recipients, PR only takes place during interpersonal communication/relationship with others. In the words of Wynne (2016), "PR is the Persuasion Business. You are trying to convince an audience, inside your building or town, and outside your usual sphere of influence, to promote your idea, purchase your product, support your position, or recognize your accomplishments".Business Dictionary defined public relations as "the process of creating and maintaining goodwill of an organization's various publics (customers, employees, investors, suppliers, etc), usually through publicity and other non-paid forms of communication".To sum up the meaning, Public Relations Society of America (PRSA) (2016) defined public relations (PR) as"a strategic communication process that builds mutually beneficial relationships between organizations and their publics". "Public relations is about reputation – the result of what you do, what you say and what others say about you" (Chartered Institute of Public Relations, 2017).

From the above views, it is clear that communication is the cruxof PR. It connotes all forms of verbal and non-verbal communication between any member or members of an organization and the organization's various publics.Implicitly, PR in nursing practice has to do with the actions and inactions of the nurse while discharging his official professional duties and when interrelating with significant others to whom the identity of the nurse might be revealed. In other words, the

attitude of the nurse in every of his interpersonal relationship with non-nurses, irrespective of the setting, is the public relations of our concern here. "Your attitude will affect my behavior and my attitude. Brilliant attitudes are self-reinforcing, as are negative attitudes" (Clayton, 2012).

EFFECTIVE PUBLIC RELATIONS (PR) IN NURSING PRACTICE

Public relations can be said to be effective when the attitudinal message communicated to the general public by members of an organization portrays a sustained good image of the organization to its public. In nursing practice, the attitudinal message is such that will guarantee the establishment and sustenance of positive image of nurses and nursing profession in the eyes of the general public. How we carry out our nursing services, how we relate with significant others around us, how we talk and respond to issues in the course of delivering our nursing services and in our general interaction with other people, all determine the effectiveness of our PR in nursing practice. Specifically, our PR will be effective when we religiously put the following into practice:

1. Convincing the client that he will receive the best nursing services in our facility. This goes beyond the nursing services rendered in our organization to include our previous relationship with the client outside the organization. How we are perceived as nurses by the client and significant others in our places of dwelling will determine whether these people will seek our nursing services in our place of work or not. If a positive image of ours as nurses is what they behold, they will seek our organization's professional services, including ours, when the need arises. The reverse will be the case when the negative image of ours is what they(the client and other members of the public) behold. It is, therefore, pertinent that we watch our tongues while discussing affairs of our organization andour profession in the presence of others. Withhold negative information about the duo but express positive ones. It is equally imperative that we check the attitude we exhibit before other people as such can make or mar the image of our organization and profession in their mind.

Similar to our previous relationship with the client outside our organization is the type of reception given to him by nurses in the organization. Warm greetings, wearing a cheerful look,refraining from using negative talks and calling clients by their preferred namesare few examples of desired reception we should always uphold to convince the clients that they will receive the best nursing services in our facilities.

2. Striving to establish and maintain a high level of competency and public trust. Trust is built upon previous relationships. Do as much right things as you can do to earn the clients' trust, knowing that "trust is about reliability and doing the right thing" (Mayfield, n.d.). Therefore, nurses should be equipped with the necessary cognitive, affective and psychomotor skills with which they will render competent and proficient services to their clients. With the above skills, both the attitudinal and technical capacity of the nurses will enable them provide their services in an appealing manner to their clients. These clients will, in turn, build utmost trust on these nurses. Such trust is maintained by regularly updating the acquired skills through update course and on-the-job training of the nurses.Having consistent good rapport with the clients equally plays a part in this regard.

3. Having good and adequate interpersonal communication with our clients. Our PR cannot be deemed effective if any form of our communication with our clients is defective. In other words, impoliteness, unguarded utterances, negative body language of any sort and any form of negative emotional outburst towards actions and inactions of our clients cannot be within the realm of effective PR in nursing practice. Interpersonal communication with our clients can be said to be good when none of our actions and deliberate omissions is capable of inflicting emotional pain on them. Also, someone can call it adequate interpersonal communication with our clients when all the clients' verbal and non-verbal requests were duly responded to when we cared for them.

4. Handling clients' complaints promptly and satisfactorily. Timely response to the needs of the clients and desirous attention to their complaints by the nurses totally represent effective PR in nursing practice. To have a tenacious grip of this virtue, nurses need to get themselves immersed in the ocean of empathy and consistently place themselves in the shoes of their hapless clients. Doing this effectively amounts to total elimination of delay before responding to the clients' complaints. Such response should equally gear towards leaving the client happier than he was met. This entails rendering the required services with the best expertise while applying some level of humor in conversations with the clients. Tendering of immediate apology each time the client feels offended by our actions or omissions can also be as satisfying as timely response to their needs or complaints.

5. Renderingour nursing care as and when do. This bothers on our routine nursing services in our various health facilities. It is no longer an acceptable excuse blaming our organizational management or other health professionals for our failure to

provide regular nursing services to our clients at the most appropriate time, especially as too much time clients spend while waiting for healthcare services is one of their major frustrations in healthcare facilities (Dinesh, Sanjeev, Prem & Remya, 2013). Going extra miles to get our clients receive their due nursing services when it should be given makes the difference. This involves taking some proactive steps to sort out likely impediments to timely delivery of our services. With good sense of initiative and advocacy, this task of getting things ready before their usage time is easier. It, therefore, behooves on us to put that into practice so as to make our PR effective.

6. Refraining from disagreeing or exchanging words with our colleagues and other health professionals in the presence of our clients.This does not suggest bottling up our anger completely when we feel offended by our colleagues or other workers in our organizations. It is rather concerned with abhorring venomous and impulsive outburst when angered in line of duty. We should learn to increase our level of resilience while on duty. With that, we can easily control our workplace anger and avoid impulsive response to every slight provocation at the course of our services delivery to our clients. This is because any disagreement or quarrel between us and our colleagues or other workers, in the presence of our clients, reduces the clients' respect for us. Such attitude contradicts the norms of effective PR.

7. Avoid responding to provocations when angry. Time, they say, heals anger and delaying your action when being provoked enables you the opportunity to make a calculated response (Kavikishor.com, 2013).Therefore, we should learn to take our time to ponder over the source of our anger before responding to it. This is especially as actions taken when angry are usually regretted. In our places of work, sources of anger to us include our clients (patients) or their relatives, our colleagues and other workers or health professionals in the organization/facility. We should learn to thinker over their provocations, get calm and politely approach them for expression of the anger and possible resolution of the differences. This is more important when it has to do with our clients, so as to retain our positive image in them.

8. Politely educating clients and/or their relatives on ethical matters as they arise. It is a commonplace finding clients and/or their relatives whose satisfaction with our nursing care will drive towards pushing us into certain unethical practices toward them. Faced with such situation, it will amount to effective PR if the clients and/or their relatives are politely told of the ethical implication and the need for them to recognize that certain boundaries must not be crossed as we render our nursing care

to them. Such education may include giving the clients the rationale for some of our decisions they may misunderstand and why we refused some of their requests we considered unethical.

9. Vehement refusal to exchange words in the form of quarrel with our clients or their relatives. Even in the face of outright provocation by our clients or their relatives, it behooves on us to maintain effective PR by restraining our emotions and avoiding any form of quarrel or overt manifestation of anger to the clients or their relatives. We need to appreciate this practice by understanding that; most of our clients are usually in a vexatious mood due to their health status.

10. Logically correcting negative impressions about nursing and nurses wherever we meet them. When we find ourselves in a place where negative conversation/discussion about nursing and nurses is going on or emanating, we should try our possible best to change the people's perception for a positive impression about nursing. This is best carried out with some superior logical proofs with which the people will be convinced. Undoubtedly, this is in the realm of effective PR in nursing.

11. Consistent representation of a positive image of ourselves as nurses in our daily interactions with the general public. This is beyond our workplace PR and mere PR rhetorics. It equally involves our general attitude in other places such as our families and schools, our different places of residence, our places of worship, markets, and so on. So long as we can be identified as nurses in such settings, it is mandated upon us to register a positive image of ourselves in the memories of everybody within the settings.

12. Being known for our utmost rigid sincerity and integrity. It amounts to an effective PR when, as nurses, our yes means our yes and our no equally stands for the real meaning, 'no'. So it is when we cannot be traced with any questionable character both in our organizations and the secular world. Such immutable virtues endear us to the public and compel them to stand for us whenever the need arises.

13. Hyping positive activities of the nurses and nursing and doing same to the corrected negative ones. For image laundering purposes we (the nurses) should cultivate the habit of selling our commendable results to the world through the mass media. We should as well learn to sponsormedia publicity of well-articulated propaganda capable of rewriting negative activities of the nurses in public domain. The movie industry and mass media can help us in this regard.

GROWTH OF NURSING PROFESSION IN NIGERIA

Quiteunlike what the status has become in advanced countries of the world, nursing profession in Nigeria has been grappling with attempts to grow from its initial height but little of the growth has, however, been achieved. Myriad of factors such as poor leadership, policy inconsistencies and "nurses-are-implementers" orientation handed down to us; seem to have contributed to the poor growth of nursing profession in Nigeria. Additionally, ignorance of and poor implementation of PR in nursing practice has clogged the growth of nursing profession in Nigeria over the years.

We may be quick to say we are growing because nursing education in Nigeria metamorphosed from having basic nursing schools to having post basic nursing schools for specialty training and the establishment of baccalaureate nursing education in the universities but these do not encompass every element of the growth of our concern here. It is true that we can now boost of having PhD holders or even professors in Nigeria nursing profession of today, yet we are talking of growth of nursing profession in Nigeria. The reason is not far-fetched. It is our collective belief, as nurses, that we can be said to have grown when all the recognitionsdue other health professions in the health sector are given to us as well. Nursing growth of our expectation must include entrenchment of the type of nursing education and practice obtainable in advanced countries like United States of America and Canada. It will equally be a grown nursing of our desire when the image of nursing in Nigeria become a national yardstick for emulative professions. Until we get to that state when Nigeria government will suspend other of her activities to attend to the demand of the nurses, we will not be deluded to say we have grown. The above constitute the growth of nursing we are referring to in this paper.

THE PLACE OF PR IN GROWTH OF NURSING PROFESSION IN NIGERIA

Having enumerated effective PR activities andthe nursing growth of our concern in this discourse, it is now imperative for us to establish a link between the above two. We believe that putting the thirteen-point effective PR activities into nursing practice will give Nigerians unequalled nursing services of their desire. That will also create and sustain an impeccable positive image of the nurses and nursing profession in the eyes of Nigerians.

With the above credits in place, other Nigerian publics will see nurses' problems as theirs and the influence of nurses on government and other policy makers will be high. Such status will then create a situation where hindrances to our growth will be eliminated while the government and policy makers will no longer hesitate to make laws/polices that will engender our anticipated growth. We can, therefore, see that

effective public relations in nursing practice is, indeed, a salient tool for the growth of nurses and nursing profession in Nigeria. When we collectively do it, we will collectively grow as nurses and our dear profession will, in turn, grow.

CONCLUSION

Good clinical expertise can make us good practitioners but when effective PR expertise is added to the former, our general nursing services will endear us to the general public, especially our clients.

With such public admiration, we (nurses) can easily achieve what is left in the growth of our nursing profession in Nigeria through the public. It simply means that effective public relations in nursing practice is a tool for the growth of nurses and nursing profession in Nigeria.

It is, therefore, recommended that students and practicing nurses should regularly acquaint themselves with tenets of PR in nursing and consistently put them into practice in their various places of work and other social interactive settings.

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ADDRESSING CONTEMPORARY CHALLENGES IN NURSING PRACTICE

A Paper Presentation By Ekuma Ojim Judith Cynthia (FWACN, FCAI) at the Event of 18th National Professional Conference and Scientific Update of the University Graduates of Nursing Sciences Association (UGONSA) Held At Nurse Tutors Auditorium, University College Hospital Ibadan, Oyo State September, 2017

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Introduction

A survey report of American Association of College of Nursing (AACN) identified nursing as one of the largest healthcare professions with more than 3.1 million burses and 2.6 million licensed registered nurses across the globe world.

- Like every other professions in the world of healthcare; nursing industry has to encounter numerous legal, ethical and moral issues, in nursing education, nursing research and nursing practice, and our discussion today borders on challenges in nursing practice.

Objectives

- Our main objective today is to address the contemporary challenges in nursing practice.
- To achieve the above, the following specific objectives will be discussed. At the end of this discussion, we will be able to;

1. Give the operational definition of the key words
2. Discuss 5 top challenges in nursing practice
3. Identify ways to overcome these challenges
4. Verbalize our decision to make nursing better today so as to enjoy nursing tomorrow.

Operational definition of terms

- Addressing refers to talking about, facing, doing something about another thing.
- **Contemporary:** Of events happening now; today's events, activities, calling for attention at the present moment.
- **Challenges:** Issues, problems, things to pay attention to presently, things affecting the other, hurdles, bottlenecks tec.

- **Nursing:** We all know, the definition by virginia Henderson adopted by the ICN. (1963) assisting the individual, sick or well in the performance of those activities contributing to health or quick recovery or to peaceful death which he would have performed unaided if he had the necessary strength, will or knowledge and to do this is such a way as to gain independence as rapidly as possible.
- **Practice:** Refers to a whole lot of activities nurses do that contribute to care of patients. Things that nurses do to enhance their unique functions of promoting health, preventing illness, conserving life and alleviating pain and suffering.
- 5. Top challenges in Nursing practice Nursing practice can be rewarding and at the same time challenging too. Nurses are confronted with many problems and most are aggravating on daily basis. The top five challenges plaguing contemporary nursing practice are discussed below:

1) Staff crisis in hospital: Nurses comprise majority of the work force in the healthcare industry and hence are often targeted when a hospital needs to lay off its staff as a cost – cutting measure. Also the lack of legislation and hospital management investment in advance medical equipment leave nurses open to many other problems like disparity in compensation, workplace violence, short staffing, long working hours and workplace hazards. These threatens patient health and safety, results in greater complexity of care, and increases fatigue and rate of injury, with cumulative effect of high staff turnover rate.
2) **Fulfilling Patient Expectations:** Nurses are challenged by how best to meet patients expectations as a priority in the industry, and this need is hard enough to achieve you see nurses stretching beyond their normal duties working longer hours to fulfill patients' demands. They are held accountable for every complaint of patients and no matter how hard they work expectations are not met.
3) **Lack of Respect:** Nurses experience lack of respect from the patients, doctors, administrators and other co-workers. According to Meds cape's online surely, 31.4 percent of the respondents interviewed complained of lack of respect from other healthcare providers that are non-nurses American Nurses Association (ANA, 2011) Health and safety survey showed that physical assault and verbal abuse have gone down, but the issue still remains a concern. The survey revealed that within a 12month period, 11 percent of Registered Nurses were assaulted and 52 percent were either threatened or

verbally abused. Down here in Nigeria, you hear elder nurses complain of being disrespected by younger graduate nurses.

4) **Quality Check:** The healthcare industry always aims at total quality improvement. But it is often difficult to measure quality of nursing care. Most nurses do not document what they do. Also the inadequate quality is blamed at inadequate supplies, poor team spirit among colleagues, short staffing, seeming lack of value for the nursing staff etc.
5) **The rise of care co-ordination and medical 'extensivist':** 'Extensivist' is a kind of advanced practice in nursing where a nurse takes the practice outside the hospital and into the home. The aim is to help people suffering from chronic illness stay healthy outside the hospital, and this means added responsibilities on the nurses and achieving it becomes difficult.

Ways to overcome the challenges

For nursing to remain viable in the constantly evolving healthcare industry and be able to meet societal expectations, nurses should be ever ready for re-orientation about our attitude to practice, profession, society and clients; and then eradicate our resistance to chance in global, professional, clinical, technological and theoretical advancement; while considering the following:

1. To overcome staff crisis, we need legislation like the safe staffing Ratios law as was instituted in California. Such law will even not allow hospital management to substitute nursing man-power with any form of machine. All forms of staff crisis will be under healthy control and so there will be adequate staffing, commensurate compensation, with nursing Full Time Equivalent (FTE), nursing job satisfaction, healthy work practice environment and so on.
2. To fulfill patient's expectations: Nurses should be well-developed, confident, adequately packaged and determined to give in their best at all times. They should dress well (professional ethics should not be thrown to the dustbin). Have good communication skill, be therapeutic in caring, be professionally knowledgeable, use skills and assertive behaviours at all times. There should

be continued nursing education and clinical research to keep abreast with current trends and best practice evidence.

3. To overcome lack of respect: Nurses should re-position themselves for self-valuing (you are addressed, the way you dress). Younger nurses respect elderly nurses, elders do not eat your young. Again, schools of Nursing should be upgraded and no more opening of new ones, so that nursing education should be only degree awarding in order to avoid superiority/ inferiority complex. Also in the universities, all healthcare professional training will be unified so that healthy team spirit development will be initiated right there in our training institutions and complexes checked from the beginning. Furthermore health industry management should be rotated among care professional within ministries and facilities.
4. To overcome issues with quality check: Nursing training should be strategized at achieving competence on graduation while nursing practice should enhance core competencies at all procedures. Nursing care should be re-committed to performing traditional roles while applying best practice evidence from clinical studies. The nursing process tool must be utilized at all times in every level of care. Documentation of every care and periodic nursing audit should be in place. Nurses in position should be proactive in acquiring supplies and necessary material that will improve nursing care needs and quality control measures put in place, so that nursing value will be felt, and nurses adequately compensated.
5. To overcome issues with rise of care co-ordination and medical 'extensivist': There is greater need to increase the nursing man-power and encourage specialization in advance practice nursing all over the world. Also consultancy in nursing practice should be recognized and applied in public service so that there is a chain of protocol for every specialty as the case may be.

In conclusion, this paper has made attempt at addressing contemporary challenges in nursing practice and identified five top challenges plaguing nursing. However it is worthy of note that challenges is part of a changing society, and the healthcare industry is constantly evolving. It is only important that nurses are always prepared to keep abreast with the changing times in order to remain viable.

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ENTREPRENEURSHIP: NURSES' PROSPECT

A Paper Presented By Nurse Goodluck .I. Nshi On The Occasion Of 18™ National Professional Conference And Scientific Update Of The University Graduates Of Nursing Science Association (UGONSA) Held At University College Hospital, Ibadan, Oyo State, Nigeria From 25th To 29th September, 2017.

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Protocols

Introduction: It is an honour to stand before this August Assembly to **deliver a paper on** entrepreneurship. The topic, ENTREPRENEURSHIP: NURSES' **PROSPECT - is very** apt at this moment owing **to high rate of** unemployment that has **became a** characteristic norm in the country coupled **with the** harsh **economic recession,** whose effects still shake every foundation of the land. In a period of seemingly hopelessness like this, when young **brilliant** men and women graduate with excellent grades and yet wallows the streets in search of non-available jobs, topics and discussions that encourage and promote conscious efforts **towards** self-reliance is apt. I therefore **thank UGONSA** for giving me the **opportunity to** lead such **a far-reaching** topic for discussion in this gathering.

ENTREPRENEURSHIP

Definition: Cambridge Advanced **Learner's Dictionary defined ENTREPRENEURSHIP** as the act **of starting one's** own business especially when this involves seeing a new opportunity. Theorists, **Frank** Knight and **Peter** Drucker, defined entrepreneurship in terms of risk-taking stressing that an **entrepreneur is** one who **is** willing to put his or her career and financial security on the line and take risks in the name of an idea, spending time as **well** as capital on an uncertain venture. **From** the foregoing, ENTREPRENEURSHIP can be said to be - having the capacity and willingness to develop, organize and manage a business venture **along** with any of its risks in order to make profit.

From the above definitions, entrepreneurship can be summarized to involve or **include the** following **three** major things:

- Having the latitude **to** own a business **or an investment** or being a business **owner.**

- Identifying or recognizing business or investment opportunity.
- Having the capacity and willingness (in other words knowledge, capital, and competency) to develop, organize and manage business or investment and associated risk to make profit.

The overall **aim of** entrepreneurship is therefore **to become** self-reliant through creation of and **running a** business venture **or owning an** investment that **yield** profit and **thus** creates wealth.

1. Having the latitude to own a business or an investment or being a business owner

In our various families, the journey **of working** the path of self-reliant and economic freedom starts **from the desires of our** parents **to give us the** best through education. **Because the economic** resources of the world is limited, their struggle to give us education by sending **us to** school from **primary to** tertiary levels is to prepare us to be able to compete for the limited resources of the world. Even parents that **do** not **have** the wherewithal to train their children in formal education do send them out to have an informal education such as apprenticeship learning in commerce, works and industry. All is to ensure that when we all become adults, we have the capacity to compete for the limited resources of the world. **Having a formal** education up to tertiary level is supposed to confer an advantage in the struggle for control of resources but it seems not so especially in this part of the world. In our schools we are groomed to be employees and servants. Rather than teach us how to create and run businesses or own investments, we were thought to study hard and make good grades in other to have a better chance for employment as civil servants or employees (i.e. servants) of other individuals, organizations or government. At the end, our latitude to become business owners and employers of labour is grounded while our tendency to seeking paid employment and running a mono-cultural economy is ferociously heightened.

Having a paid employment is not a bad thing, after all it generates income. But the truth is that ***income alone never creates wealth***. If income alone is all that is needed to create wealth, everybody would have been wealthy since we all have incomes; civil servants would have been even richer since they have steady incomes. But it does not work like that. Stories have been told of people who earned millions of

hard currencies during their productive age but later died as paupers for failing to diversify their economy through entrepreneurship and investment.

To turn income to wealth, you must imbibe the culture of savings. Although, ***income and savings alone never create wealth,*** they are needful ingredients in the pathway of setting up businesses or investments of which sole aim is to achieve self-reliance and create wealth. The savings you make from your income, when combined with other factors as we shall discuss later can take you to the pedestal of wealth and self-reliance. To make huge capitals out of your savings over a short period of time you must develop the finesse of maintaining your propensity to save above your propensity to consume.

Parkinson's Law states that expenditure will always rise to meet income. Late Nigerian business mogul and posthumous President, M.K.O Abiola, put it in local parlance as- *"the bigger the head, the bigger the headache"* meaning that as your income grow big, your problems and expenses grow bigger. In as much as this to its own extent is true, what is much truer is that the headache does not grow bigger in all circumstances. Other things being equal, our financial habit determines how it grows i.e. whether it grows bigger or lesser or no growth at all. In order words that expenses rises to meet income is a function of our habits *ceteris paribus.* We actually have scenarios of "the bigger the head the lesser the headache". But in all habit makes all the crucial difference. One thing with habit is that as it is learned so can it also be unlearned. Therefore, no bad habit is a master over you; **as you learnt** it so **can** you unlearn **it.**

Immunity against Parkinson's Law is possible if we can master the following conscious habits:

a. **Budgeting:** Take time to put what you want, goods and services, for a particular period of time on paper. Stick to the budget and spend strictly based on the provision of the budget. There are many goods or services we do not actually need but wittingly purchase unconsciously because what we actually need have not been gazetted in our conscious mind through budgeting.

b. **Chose your Friends Wisely:** Friends are people that help you grow, nurture and realize your ambitions and not those that run you down. At times, in trying to show “that we belong”, we do mingle with enemies in the name of friendship. Any friend, whether a male or a female, that influence you to spend much or

above your mean, should be avoided. Friendship is a two-way mutual process. Those that are with you for only what they gain from you should not remain your friends. There is a “ship” in the word “friendship” because it is like a ship; so everybody must bring something to the ship to help it sail and equally avoid what may wreck it. Those that contribute nothing to your life but only wreck your savings or your ability to save should be avoided.

c. **Simplify your Life and Avoid Herd Influence:** To promote your propensity to save, you must know what is suitable for you at any given time. You do not have to do things because that's what every other person does. You got an employment, for example, as a single unmarried spinster or bachelor and you use half of your annual earning to rent a 3-bedroom flat not because a room self-con can't contain you, but because that is what is fashionable among your peers. You become stylist-maniac, changing your hair styles every week not because they are old but because you want to belong and be the "talk of the town" like some other people. You buy a flashy car with all your life savings and cruise around just because some people do so. I don't mean that cruising around in flashy cars, enjoying life and money is a bad thing. But for one who wishes to build-up savings for investment or to start-up a business, such lifestyle may not be helpful. They should come last. Poor minds buy luxury first, but rich minds buy luxury last. Simplification makes one to achieve a lot with little. With a simplified life, for example, you can actually eat a more delicious and nourishing meal than what is obtainable in “MR. BIGGS” or other renowned outdoor eateries. You can actually wear quality clothes and shoes without splashing big monies in renowned expensive brands. You must not spend on things simply because others do; expenses must be made when there is a strong necessity for such. Greatness is most times achieved by being disciplined and refusing to follow the popular route that others follow.

d. Save **Your Money in Stable or Hard Currencies:** Don't make long term savings in fluid currencies such as the naira. Without recession and devaluation, inflation alone chops-off about 3% of monetary value every year. In an unpredictable environment like ours where recession, inflation and devaluation of currency can be erratic, you should take deliberate measure not to lose your money to dynamics of economy by making your long-term savings in hard currencies. Naira is very fluidy and vulnerable that you may lose the value of your savings in the long run, if they were not made in hard currencies. Those

that made their savings in dollars around 2013 to 2015 when one dollar exchanged between 140 to 190 naira never lost their money to combined effect of recession, inflation and devaluation. In fact they actually gained enough in the wake of the recession that hit Nigeria under the Buhari regime. But those that saved in naira lost a lot as one dollar later went above 500 naira in the heat of the recession. As at date, it hovers around 360 naira per dollar, meaning that any savings that was made in naira when a dollar was 160 has depreciated more than two folds. Open a domiciliary account today and start making your long-term savings in stable currencies such as the dollar, Euro or Pounds.

e. **Be Financially Disciplined:** Discipline ensures that you remain firm and committal to your financial plans and actions. Best way to do this is ***"spending what is left after savings rather than saving what is left after spending".*** This may sound paradoxical but following it will give you the capacity to say no when it is right to say "no" and yes when it is right to say "yes". A written guide of what your financial plans are and how to make it work will help you develop a disciplined habit. Joining a cooperative society and taking loans for tangible projects is a good example of how to discipline oneself to spending what is left after savings rather than saving what is left after spending.

2. Identifying or recognizing business or investment opportunity.

Having got some capitals, the next problem lie in finding the appropriate area to invest into. As was said earlier, income and savings alone never create wealth. Wealth is created by combined effect of income and savings that was carefully invested. Investments can be in assets or businesses. To identify a business opportunity that can create fortune is a difficult task especially for beginners. People have asked me to counsel them on businesses they can invest their money into. My answer to such has always be that as you work round the streets and your environment, be conscious and watch out for businesses, handiworks and investments that others are doing, which has been creating fortunes for them; keep looking around, one day you must find one that may entice or impress you. Take adequate time to evaluate any business or investment opportunity before joining it. Never invest in ponzi schemes; they are not business opportunities but a poisoned chalice. Being in the healthcare industry, it is good we evaluate the abundant business opportunities that abound in the health sector and strive to be among employers of labour rather than employees of labour.

3. Having the knowledge, capital, capacity and competency to develop, organize and manage business and associated risk to make profit

Entrepreneurship aims at profit-making but at the same time, it is riddled with a lot of risk. If not handled properly the capital so invested can slip away in loss. Your investment should therefore be made on businesses that you know in and out. Never dive into a business first before learning about it. Learning while already in the business can be very risky and costly.

Research shows that more than 50% of all new businesses close down before 5 years because of lack of competency, skills and technical know-how. If you don't take time to get the requisite knowledge, skills and competencies for managing a given business or an investment the probability is high that you may fail in the business. Every business has its own tricks and secrets. While those that know the inner tricks and secrets of a business reap bountifully from it, those that jumped into it without gaining fundamental tutorials lose their money and writhe in agony. Take time to learn the organization and management of any business or investment opportunity you are interested in. Master all the risks associated with it and how to avert the risks or how to mitigate it when it is encountered. Learn how to maximize profit, how to minimize loss and how to get a booming market.

Business Opportunities You Should not Neglect

- EDUCATION: Education is an individualized investment. It is not a transferable or inheritable asset, but certainly transforms one for better. Because, we are nurses let us narrow down our discussion on education to nursing education. Nursing is a fertile business area in Nigeria. It is in dare need of people that will develop it. The down side (RN/RM) is saturated but the upper side (MSc, PhD) is sparse. As at date, we are yet to get nurses with Masters in Preoperative Nursing, Masters in Anaesthetic Nursing , to mention but a few. You can evaluate these opportunities, grow yourself professionally and take advantage of the opportunities that abound. Yours truly admire paediatrics but abandoned it for Periop when he learnt that it is only the Periop Nurses and Nurse Anaesthetics that receive call duty allowance. The call allowance itself is a monthly business return that follows investment in Periop or Anaesthetic nursing education. Explore the many opportunities in nursing; never remain at the bottom of the ladder of your career; aim for the top.

- REAL ESTATE: Real estate is dealing in properties in form of land and buildings. Do not neglect such business. Land is a capital of production. You can start by buying remote cheaper properties and subsequently selling them off when they appreciate and then re-invest. It however, comes with its own risks and problems. While buying any property, make a thorough enquiry and get a lawyer involved. It is safer to pay legal fee than lose your money to swindlers. Verify the authenticity of any property with certificate of occupancy (C of O) with the Ministry of Land. Verify those without C of O with elders of the families involved and the community leaders. Never buy any disputed property. The golden rule is "if you are in doubt don't buy". While buying a family land without C of O, insist that the male children of the seller especially the first and second sons signs the deed of agreement and power of attorney as witnesses to their father. If you are not ready to develop a land, sell it off when it appreciates and re-invest the money elsewhere.

- INTERNET BUSINESSES: The world has gone digital and electronic. Learn to do internet businesses. Opportunities abound online. Learn how to design websites; how to blog and so on. Move on with time. Those that know the inner secrets of internet are conquering the world at young ages. Invest in web education and be a master in the area. The future tends towards that.

- TALENT: Recognize your talent and nurture it. No man is without talent. God is so generous to have deposited talents in all of us. The problem is that most of us don't recognize our talents and even those that recognized theirs don't make concerted effort to develop them. Without hard work and discipline a good talent withers away! Environment affects talent (nature) development. Thus, when you identify your talent do well to position yourself in an environment (nurture) that can help build it. **Positioning is being at the right place with the right people at the right time doing the right thing.** If facebook Mark Zuckerberg lived in Abakaliki he might not have grown his talents in computer programming that gave birth to facebook; likewise Bill Gate of Microsoft. Our talented boxers like Samuel Peters, and Anthony Joshua would not have reigned supreme in world's boxing if they were in Nigeria. Tuface would not have realized his music career had he not migrated from IMT Enugu to Lagos to collaborate with the right people to build his music talent. If you evaluate your environment as not supportive to your type of talent make effort to relocate from there to a better environment.

CONCLUSION

We don't necessarily need a paid job to be productive. And you don't necessarily need money to start enterprising. What you need most is an idea. Entrepreneurship is an open field where we market our ideas, make profits and create wealth. We cannot create wealth and achieve self-reliance by dwelling on our income alone. A mono-cultural economy is not a stable economy and can collapse at the slightest of disturbances. Creating a diversified economy through entrepreneurship is paramount to wealth creation and sustainable opulence. Though our beginning may be humble and small, a culture of sustained savings anchored on discipline can grow our fortunes to greatness if we carefully invest in businesses or investments where we have great ideas and comparative advantage in based on our skills, knowledge, capacity and competence of organizing and managing businesses or investments. Rather than waiting for non-existing white collar jobs or dwelling in the misery of poor wages and salaries, we should think out of the box and go the way of entrepreneurship.

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CLINICAL SUPERVISION AND MENTORSHIP IN NURSING: A WAKE-UP CALL FOR NIGERIAN NURSES

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Introduction – Clinical supervision and mentorship are very vital in nursing profession today. They are essential tools that must be used in training new generation of nurses in Nigeria, if we must meet up with the growing demand for excellence and satisfactory patient outcome in the present day complex health care system.

What is supervision?

Supervision could be described as teaching of specific skills and competencies by assisting the learners to develop self-sufficiency in knowledge and skills in their area of interest. This sometimes could also include some form of assessment (London Deanery, 2012).

Clinical supervision could be described as an activity that brings a student/learner and a skilled professional together in an active knowledge and skill transfer that could enhance the professional development of the student/leaner in the clinical area.

Butterworth (1992) defined clinical supervision as an exchange of skills and knowledge between practicing professionals in an attempt to advance professional competencies.

In nursing, it has been endorsed as a method of ensuring safe and accountable practice (Freeman, 2006). It is a learning process in which a less experienced nurse cooperate with a more experienced colleague in order to become more skilled, improve his or her own practice and to enhance a continuous professional growth.
In general context, clinical supervision could be defined as a period of knowledge and skill transfer between a skilled professional to students in the training section, or when a skilled nurse transfers his/her technical know-how to a subordinate, interns or a student on clinical posting.

Clinical supervision model of Brigit Proctor 1986 (as cited in Cutcliffe, Butterworth, & Proctor, 2001) categorizes clinical supervision into 3 functions
Formative function (Educational/Learning**)** – Formative focuses on reflective/deep learning that is concerned with developing abilities, skills and understanding of the supervisee or practitioner. It also enables professionals to identify **strength and weakness** in their practice and to further develop **knowledge and skills to bridge theory with practice** in a critical way.
Restorative function (Supportive) – This focuses on supportive relationship that could help the supervisee and supervisor **respond to emotional stress of working** and caring for their clients, thereby **reducing distress arising from stressful situation** and relationships.

Normative function (Accountability/Managerial) – This focuses on maintenance and **adherent to standard**, safe practice, development of standard and ensuring the effectiveness of supervisee/subordinate on his/her daily work schedule.

Changing nature of clinical supervision
Decades ago, the nature of clinical supervision has been to watch and control the supervisee by the supervisor in practice (Sood & Driscoll, 2004).
Clinical supervision should go beyond control and watch for mistakes of supervisee, but should be a dynamic and collaborative process of teaching and mentoring which goes beyond mere nurturing role (Freeman, 2006).

Benefits of clinical supervision

- It enhances personal development and growth of the supervisee
- It detects learning needs of the interns/students
- It improves working relationship between nurses
- It helps supervisees to reflect on practice
- It provides opportunity to link research to practice
- It enhances quality of care for clients
- It improves client's satisfaction
- It maintains and safeguard standards
- It decreases adverse occurrence incidents
- It protects patients receiving care from malpractice and it also protects nurses from litigation (Baker, 1992)

Why is clinical supervision needed?

- For dynamic changes within current health care system
- Because of increased professional expectation from the public
- Because of awareness and increased need for risk reduction in modern health care services (Tingle, 1995).
- Increased need to be up-to-date on innovations in medical management and patient's treatment (Kohner, 1994)
- To fulfil the professional regulatory body's educational and practice requirement.
- To protect the interest of the public
- For continuous professional development
- Development of multi-professional co-operation
- Growing need for professional accountability
- To fast-track organizational change
- Growing demand for evidence based practice
- For development of independent practitioner role
- Shifting of nursing profession from task oriented toward more individualized approach.

Clinical supervision approach

According to Barton-Wright (1994), clinical supervision can come in different ways

- One-to-one sessions - This approach could be in the form of an expert supervisor to a beginner/learner
- Group supervision – This could be in the form of expert supervisor to a group of students/interns (preceptor - A faculty member who supervises students in clinical area)
- Self-supervision - This is a form of supervision where the individual reflects upon his/her work.
- Team supervision – This happens among a group of colleagues who work together e.g. community nurses

Supervisors have responsibilities that include the following:

- ✓ Mentoring the new students/interns to facilitate their supportive introduction or induction into the profession
- ✓ Bringing students to minimum standards of effectiveness
- ✓ Improving individual intern/student competencies regardless of how skilful they are deemed to be.
- ✓ Working with groups of interns/students in a collaborative effort to improve their learning.
- ✓ Working together with lecturers or teachers on the adaptation of curriculum to meet the needs of various students in line with the national and international standard

Clinical supervision should be a ***mentoring process*** which should include appraisal or individual's performance review, in order to be in line with the organization's policy, guideline and procedures expected of a professional in a constantly changing and complex healthcare environment.

Who is a mentor?

A mentor is a distinct or special helper who works with others in a constructive and positive ways, so that both the mentee and mentor would have ability to develop together through the relationship (Indiana University Bloomington, 2016).

A mentor could be described as a guide, facilitator, tutor, coach, trusted advisor, and a counsellor. A mentor is a person who is ready to use his or her expertise and time to develop and guide another person (Nobscot Corporation, 2016).

According to Kerry and Mayes (1995) (as cited in Gopee, 2011), the definitions of mentor need to include the following:

- Nurturing
- Role modelling
- Functioning (as a teacher, sponsor, encourager, counsellor and friend)

- Focusing on the professional development of the mentee
- Sustaining a caring relationship over time.

Who is a Mentee?

A mentee could be described as eager learner, student, apprentice, intern and protégé. A mentee is a person who is eager to learn or seek advice from a valuable and well experienced individual in order to personally grow in a particular profession (Mentor scout, 2016).

Brief history and development of mentoring

The word mentor comes from the character "Mentor" in Homer's epic tale, The Odyssey. Mentor was a trusted friend of Odysseus, the king of Ithaca. When Odysseus fought in the Trojan War in another country, he called on his trusted friend called Mentor to serve as a friend, guide and advisor to his son Telemachus. Mentor was an older, wiser, a fatherly person acting as a trusted advisor, training his son by sharing experience, knowledge and wisdom with him. (Tarheel Challenge Academy, 2014).

Mentorship

Mentorship is sharing of knowledge and expertise through a special relationship between a mentor and a mentee (Nobscot Corporation, 2016).

Nursing could be described as a stressful profession, and nursing students and newly qualified nurses need strong support and guidance to cope with integration into the profession (Bawadi, Norrie, & Debbie). Mentorship is an important resource for students; a well-functioning student–mentor relationship supports students' and nurses' professional development (Shen & Spouse, 2007). Clinical teaching expertise and quality mentorship are both vital to the clinical training and internship experience of students. Nurses who take the mentor role should have special qualities

THE WORK OF A MENTOR

According to University of Wolverhampton Business School (2009), the work of a career nurse is like a fundamental work of a mentor which are as follow: - Managing relationship, encouraging, nurturing, teaching, offers mutual respect, responding to mentees needs, supports at all times.

NMCN 2017 KADUNA LEADERSHIP CONFERENCE: THE ODDS AND GLEES – BY UGONSA

[Citation: This piece should be cited as - University Graduates of Nursing Science Association [UGONSA]. (2017). *NMCN 2017 Kaduna Leadership Conference: The Odds and Glees.* Position Paper/Diary.**]**

Introduction: The hue and cry trailing the Nursing and Midwifery Council of Nigeria (NMCN) leadership conference that was held in late March, 2017 in Kaduna was prescient. If for nothing else, it showed that nurses, both the leaders and followers, have generally agreed that all is not well with nursing in Nigeria and that we cannot achieve any meaningful professional growth and development without overhauling the structure of the profession in all its ramifications. It also showed that nurses desire a change from the current critically disordered structure of classless multiple qualifications to a well defined meaningful and purposeful vertical professional growth up the ladder to Ph.D. It equally showed that the hideous idea which some retrogressive elements valiantly attempted to foist on us that some other professions – such as Health Education, Psychology, Guidance and Counseling, Nutrition, etc., - were all allied to nursing, have been rejected, killed and buried as no mention of or defense in favour of the term "degrees allied to nursing" was observed in the conference proceedings or any of its originating materials or documents. It is very obvious that those championing such a stupid campaign have been shamed to an extent that they are now afraid to mention it in public.

SCHOOL OF NURSING GOES TO HND

The main take of the conference was that schools of Nursing will be re-branded into colleges of Nursing to award HND, RN, RM and RPHN. With this development, it means we are set to re-integrate nursing education and training into the mainstream of Nigerian Educational System and policy. Although, the re-integration is at HND level – a level lower than our expectation of minimum of first degree in nursing and midwifery as "stat" for all nurses and midwives, it remains better in all ramifications than the current apprenticeship bedside training that has no academic value. HND is never and can never be our destination but certainly it is a good "appian way" to our destination.

DOES THIS DEVELOPMENT REFLECT UGONSA'S POSITION?

Yes – to a good extent! UGONSA's position has remained making first degree in nursing the baseline for nursing practice. For this, UGONSA has been advocating for upgrade or affiliation of Schools of Nursing and Midwifery to degree awarding institutions. UGONSA has also made a call to reduce the study period for acquiring nursing degree by RN holders to 2 years, from the current 5 years in Nigeria, as is the case in many academically developed countries, to ease the process of upgrade and transition to B.N.Sc. It should be recalled that on 10th November, 2014, UGONSA in a letter – Ref No. UGONSA/014/NUC/O1/SG, addressed to Secretary General of the National University Commission (NUC) – described the five (5) years spent by nurses and midwives with the basic qualifications (RN/RM) of the NMCN to get first degree in nursing from Nigerian

universities as outrageous and requested that RN/RM, which have been recognized as a HND [for employment purposes] be equally treated as HND in academics – to shorten the course duration for transition from RN/RM to degree from 5 to 2 years. It is instructive to add that UGONSA made such call on the premise that all the post-basic programmes must be upgraded and transformed to post-graduate programmes to be run as masters' and Ph.D.

The current move by the council therefore will add the lacking academic skin to RN, which has for long been treated as HND in the civil service but as an equivalent of SSCE in the academic arena. With this development the transitional period from RN to degree would be shortened from 5 to 2 years.

ARE THERE OTHER BENEFITS TO THIS DEVELOPMENT?

Yes! The firm hegemonic grip of outsiders especially Clergies and Chief Medical Directors, who are not nurses, on the affairs of our educational institutions will be check-mated. Those in missionary and Teaching Hospital owned schools of nursing and midwifery understand better the level of disturbing meddlesomeness witnessed in the hands of these chief executives. Going HND will create a form of autonomous environment for the schools and check-mate the excesses of outsiders on the activities our education and training institutions.

Besides this, it will equally phase out the era of using poorly prepared tutors to teach in our schools. In schools of nursing and midwifery, it is common to see those that became tutors by the way of RNT programme. After acquiring RN qualification, they zoomed off for the short-cut RNT programme and come back to teach our students without adequate exposure. A lecturer should have advanced preparation and exposure especially at Masters' and Ph.D levels. Whether we like it or not, the quality of persons handling our educational activities vis-à-vis their academic qualifications contributes a great deal to our public image and respectability. The era of "RN teaching RN" in the name of RNT will be over with our going collegiate.

ARE THERE THINGS THAT ARE YET TO BE PROPERLY PUT IN PLACE?

Yes! While we are not filled with glee at the prospect of something amiss, the loud silence on what becomes of the basic schools of midwifery and our post-basic specialty schools compels otherwise. What seems like a blanket decision to maintain the status quo for schools of midwifery and post-basic specialty schools while only schools of nursing is being touted for upgrade to HND casts specks on the intention of the promoters of the exercise. We agree that 5 years is too much time to be spent by RN holders in pursuing a nursing degree but strongly disagree that a HND or degree holder has to regress to the post-basic schools to get baseless unclassified qualifications with no academic value in the specialty areas. We equally disagree that schools of midwifery will maintain their current state while only schools of nursing port to HND.

What is worth doing is worth doing well. In whose interest are we retaining the post-basic specialty schools? In whose interest are we abandoning the basic schools of midwifery to remain the way they are? We must put things in their places. Accordingly, post-basic schools should be concurrently upgraded to post-graduate to pave way for a HND or

B.N.Sc holder who wishes to specialize in any specialty area of nursing – such as Peripoerative nursing, Anaesthesiology, Accident and emergency, Paediatric nursing, Ophthalmic nursing, ENT nursing, Orthopaedic nursing, Psychiatric and mental health nursing, etc, – to do so progressively at masters' and then Ph.D level. The intention to retain the specialties at "qualification level" to make us continue to pursue multiple unclassifiable "qualis" after HND or B.N.Sc is misguided and implies that we are not yet ready for any genuine radical change but rather have accepted mediocrity as our inalienable norm.

The monetary resources expended to obtain a post-basic qualification is more than what is spent to get a masters' degree yet one million "post-basic qualis" can never equal a bachelor's degree let alone a masters' degree. Whatever informed the decision to maintain the staus quo for the post-basics can be for any other thing but certainly not for the progressive interest of the nurses. Whatever be the case, the message is very loud and clear – that nurses have said NO to "unclassified qualifications devoid of academic value" be it at basic or post-basic level and anything short of that is unacceptable.

We are too much of a cynic to believe that nothing is amiss in the current adventure if the post-basic specialties are not concurrently upgraded to post-graduate levels such that after bagging the HND or B.N.Sc, nurses can progress vertically to get their masters and then PhD rather than moving in a vicious cycle of waste in the name of multiple unclassified post-basic qualifications as is obtainable today.

MIDWIFERY vs NURSING: ARE WE FAIR ENOUGH?

Our council is named "Nursing and Midwifery Council of Nigeria" because it regulates both nursing and midwifery. But an unbiased evaluation of its activities and policies can leave one to infer that it is more of a nursing than midwifery council. This is because midwifery is yet to receive the type of attention that has been given to nursing.

In our universities, we run only bachelor of nursing science. We are yet to commence bachelor of Midwifery. Now we are set to run HND in Nursing but remain mute on what becomes of midwifery. Most midwives that ran the basic midwifery programme find it difficult to secure admission into the B.N.Sc programme, yet we feel less concerned about their plight. It is high time we created a Bachelor of Midwifery (B.M) degree programme, as a single honours, or modify the existing BNSc programme into dual honours – to be awarded as bachelor of nursing and midwifery. Our sister profession, Medicine, awards its degree as a dual honours in Nigeria to accommodate medicine and surgery. Thus, their first degree is bachelor of medicine and surgery abbreviated as MBBS. We stand to gain more if we run ours as Nursing and Midwifery to cover our much neglected midwifery in our degree programmes by making our first degree a "double majors" of Nursing and Midwifery – BNBM (Bachelor of Nursing, Bachelor of Midwifery). This will give midwifery equal stake and ease off abridgement to degree of those that had studied midwifery at basic level or HND as the case may be. For equity and fairness, the current metamorphosis into HND should be equally extended to Midwifery.

CONCLUSION

1. Nurses have said no to unclassified bedside, apprenticeship-type nursing and midwifery education – be it at basic or post-basic level.
2. Nurses want the critical disorder in our training and educational systems to be overhauled such that our qualifications shall have academic value with a progressive vertical advancement up the ladder to PhD level.
3. UGONSA re-affirms its desire to see first degree(s) in nursing and midwifery become the basic qualification(s) for practice of nursing and midwifery in Nigeria in the near future.
4. UGONSA abhors the 5-year duration currently spent by Registered Nurses in pursuing first degree in nursing in Nigerian universities especially as it takes holders of such qualification two years or less to get same nursing degree from universities in developed countries that are better ranked than Nigerian universities.
5. UGONSA equally abhors the hegemonic grip, meddlesomeness and interference in our education and training by outsiders especially Chief Medical Directors and Clergy, whose institutions own a great number of the existing schools of Nursing and Midwifery, and supports any effort or move to tame such.
6. UGONSA welcomes the current move for upgrade from schools of nursing to colleges of nursing for the award of HND but advises that such be extended to midwifery and that post-basics should not be left out but concurrently upgraded to post-graduates as masters' and Ph.D in nursing.
7. UGONSA envisages that in the forseeable future, dons – in the likes of Doctors/Professors of Perioperative Nursing, Anaesthetic Nursing, Paediatric Nursing, Orthopaedic Nursing, etc – will be very visible in the clinical settings, only if we respect the burning nurses' wish and desire for a vertically structured progressive system of education and training that shall count both in professional and academic sense unlike the current critically disordered system that awards multiple qualifications that are devoid of academic value.
8. UGONSA makes case for establishment of departments of midwifery in our universities or on the alternative – modifying the existing B.N.Sc degree to a "double majors" to be awarded as Bachelors of Nursing and Midwifery (BNBM).
9. UGONSA encourages schools of nursing to go for direct affiliation with nearby universities as such is more beneficial than transformation to HND awarding institutions. But where such is not feasible, the HND structure should be embraced as it remains better than the current bedside structure.

UGONSA…….Make a positive change!

COMMUNIQUÉ ISSUED AT THE END OF 18TH NATIONAL PROFESSIONAL CONFERENCE AND SCIENTIFIC UPDATE OF THE UNIVERSITY GRADUATES OF NURSING SCIENCE ASSOCIATION (UGONSA) HELD AT PRIMARY HEALTHCARE TUTORS CENTRE, UNIVERSITY COLLEGE HOSPITAL (UCH), IBADAN, OYO STATE, BETWEEN 25TH AND 29TH SEPTEMBER, 2017.

Tag: NURSING REFORMATION SUMMIT

Theme: NURSING EDUCATION AND PRACTICE: DESIGN FOR DATA DRIVEN DECISION MAKING?

PROFESSIONAL SESSION'S THEMES

- EFFECTIVE PUBLIC RELATIONS IN NURSING PRACTICE: A SALIENT TOOL FOR THE GROWTH OF NURSES AND NURSING PROFESSION IN NIGERIA.
- CLINICAL SUPERVISION AND MENTORSHIP IN NURSING: A WAKE-UP CALL FOR NIGERIAN NURSES.
- ADDRESSING CONTEMPORARY CHALLENGES IN NURSING PRACTICE.
- ENTREPRENEURSHIP PROSPECTS FOR NURSES: IMMUNITY FOR RECESSION

SCIENTIFIC UPDATE THEMES

- A CRITIQUE OF THE STUDY: HOW NURSES AND THEIR WORK ENVIRONMENT AFFECT PATIENT EXPERIENCES OF THE QUALITY OF CARE.
- PERCEPTION OF NURSE TRAINERS AND STAKEHOLDERS ON THE OBSTACLES TO UPGRADING BASIC NURSING EDUCATION IN TEACHING HOSPITALS IN ENUGU STATE.

Preamble

UGONSA highly appreciates the Federal Government of Nigeria for all its efforts to make good the lots of the common man; Mykelite Travels and Georgian College in Ontario, Canada – the runner of graduate certificate programme in Accute Complex Care Nursing, our good partner for the event; Prof. Temitope Alonge, the Chief Medical Director, University College Hospital (UCH), Ibadan; the Government and good People of Oyo State for providing peaceful and hospitable atmosphere for our National Professional Conference and Scientific Update, and the Oyo State Chapter of UGONSA for a well-organized hosting.

The opening ceremony

The flag-off of the event was done by the Executive Governor of Oyo State, His Excellency Governor Abiola Ajimobi, ably represented by the Deputy Governor, His

Excellency Otunba Moses Alake Adeyemo. The event was chaired by Chief (Hon). Solomon E.O. Egwuenu, UGONSA National President. Other Dignitaries that graced the event included Dr. Temitope Alonge , the Chief Medical Director of UCH, Ibadan, represented by Dr.Afuwape, the deputy CMAC of the hospital; Dr. Saleh N. Garba, the keynote presenter, a member of board of Nursing and Midwifery Council of Nigeria (NMCN) and the head of department of Nursing Science, Ahmadu Bello University Zaria, represented by Dr. Patricia O. Onianwa; Mr. Taiwo Ajiboye, the Director Nursing services, Oyo State Ministry of Health; Mr.Adeyeni Abdul-Lateef Babatunde, the National President, National Association of Perioperative Nurses (NAPON) among others.

There were goodwill messages from the dignitaries. Professional Sessions were anchored by Nurse Nwodoh Chijioke Oliver, Nurse Ojo Opeyemi Idowu, Nurse Ekuma-Ojim Cynthia Judith and Nurse Nshi Goodluck Ikechukwu. Scientific Updates were handled by Nurse Olufunmilola Akintayo and Nurse Nwodoh Chijioke Oliver.

RESOLUTIONS

After extensive deliberations on a variety of issues affecting the nursing profession in general and University Graduates of Nursing Sciences in particular and other burning national issues, the congress resolved as follows:

1. The congress-in-session appreciated the president Muhammadu Buhari led Federal Government for its fight against corruption and urge it to beam its search light of anticorruption in the health sector. However, the congress observed that any fight against corruption that does not positively impact the economic situation of the citizens is as good as an exercise in futility and therefore urge the federal government to take additional steps in improving the economic conditions of the ordinary Nigerian.
2. The congress implored all potential and practicing nurses to regularly acquaint themselves with the tenets of public relations in nursing practice so as to improve the public image of the nursing profession and make it more endearing to healthcare clients and the general public.
3. The Congress called on the government and appropriate authorities to recognize the importance of advanced education in nursing practice and thus commence remuneration of nurses that acquired additional higher qualifications in nursing accordingly.
4. Congress commended the Nursing and Midwifery Council of Nigeria for the laudable step of registration and licensing of some nursing specialties at

postgraduate levels vis-à-vis the following M.Sc programmes {Psychiatric and Mental Health Nursing, Nursing Education, Nursing Administration, and Community Health Nursing} and implored the council to extend such registration to every other specialties in nursing to encourage clinical specialization at the postgraduate level of nursing education.

5. The congress-in-Session observed that Medical-Surgical Nursing (Med-Surg) is a conglomerate of many nursing specialties such as Perioperative Nursing, Accident and Emergency Nursing, Anaesthetic Nursing, Orthopaedic Nursing, Burns and Plastic Nursing, Intensive Care Nursing, Cardiothoracic Nursing, Ophthalmic Nursing, Ear, Nose and Throat (ENT) Nursing, etc and called on departments of nursing in Nigerian universities currently running only academic M.Sc and P.hD Medical-Surgical Nursing to also commence running the individual clinical specialties that make up the Med-Surg as separate courses at post-graduate levels since they are, unlike Med-Surg, registrable by Nursing and Midwifery Council of Nigeria (NMCN). This will afford nurses, who want to specialize in clinical specialties, the opportunity of having Masters and PhD in their chosen clinical specialties of nursing practice that are registrable by NMCN. Consultancy in Nursing Practice will be more feasible when specialist nurses start having Masters and P.hD in their clinical specialties against the current situation where they operate with only post-basic qualifications.
6. The congress strongly frowned at the continued subjugation of Nursing Services as a division in the department of Hospital Services under the headship of a Physician and called on the federal government to implement, without further delay, the Yayale Ahmed presidential committee report on harmony in the health sector, which *inter alia* recommended a fully-fledged autonomous Department of Nursing Service in the Federal Ministry of Health. The Congress equally demanded the immediate upgrade of Nursing and Midwifery Council of Nigeria (NMCN) to a "grade A" regulatory agency by the Federal Government of Nigeria.
7. Congress advised nurses to give more to research activities to continually generate current data for evidence-based nursing practice and called on governments at all levels, Professional Associations and Non-Governmental Organizations to make grants available for enhancement of research in Nursing Sciences.

8. The congress hailed the management of the few hospitals that have commenced internship training for the graduates of Bachelor of Nursing Science (B.N.Sc) degree as approved by the National Council on Establishment (NCE) and called on the government to compel those that are yet to implement it to urgently commence such.
9. The congress-in-session noted that the recent approved internship training for B.N.Sc graduates by the NCE was not done in the spirit of the Industrial Arbitration Panel (IAP) award of the year 1981, which categorically specified that in Nigeria the profession of Nursing is on parity with the profession of Pharmacy as is the case in Great Britain. Appointing graduates of B.N.Sc degree on CONHESS 07 as interns and on CONHESS 08 post-NYSC (National Youth Service Corps) whereas their counterparts in Pharmacy with Bachelor of Pharmacy (B.Pharm) are appointed on CONHESS 08 as interns and on CONHESS 09 post-NYSC is a distortion of the parity prescribed by the IAP award. Congress therefore called on all the concerned authorities to set machinery in motion for rectification of this anomaly. For the avoidance of doubt, the correct placement is CONHESS 08{GL 9}for nurse interns and CONHESS 09{GL 10}post NYSC.
10. The congress called on all stakeholders in the nursing profession to recognize the non-negotiable need for unity and come together to pursue a common goal to promote the professional growth and development of nurses and the nursing profession.
11. The congress strongly frowned at the skyrocketing rate of quackery and the slap on the wrist penalty prescribed by the Establishment Act of the Nursing and Midwifery Council of Nigeria (NMCN) as a punishment for quackery, which it described as rather an enabler of quackery than a deterrent, and called on the National Assembly to urgently review the NMCN establishment Act for tougher penalties against quackery and for greater leverage for nurses to perform in the full range of skills and competencies for which they were trained and licensed.
12. The congress enjoined Nigerians to always ask questions on the status and qualifications of any person attending to them as a nurse or a midwife because not everyone that dons the nurses' uniform is a nurse or a midwife. Nurses and midwives, unlike quacks, have practicing licenses issued by the Nursing and Midwifery Council of Nigeria, after a rigorous education and training in the

university or schools of nursing and midwifery. Quacks criminally disguise themselves as auxiliary nurses and operate without license, killing and maiming people. Just as there is nothing like auxiliary Doctors, the public should be aware that there is nothing like auxiliary Nurses.

13. The congress also reiterated the need for all schools of Nursing and Midwifery to be upgraded to degree awarding institutions with post-basic specialty programmes of Nursing and Midwifery metamorphosing into post-graduates programmes as Masters and P.hD.
14. Congress encouraged nurses to explore and maximize their entrepreneurial potentials for the enhancement of their economic status in order to attain financial independence and contribute meaningfully to the economy of the nation.
15. Congress-in-Session implored the general public and consumers of nursing services to relate well with nurses and avoid any form of assault and harassment of nurses when expressing their grievances.
16. Finally, the congress agreed and approved that the next UGONSA National Professional Conference and Scientific Update will hold in the 1st week of October, 2018 at Kaduna state, Nigeria.

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