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Development of Nursing Education and Practice in Nigeria

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ABSTRACT

Nursing profession is the foremost caring profession that rested, savoured and consolidated on its position through the ages by developing its own language, rituals, arts and sciences from the physical, psycho-social and spiritual needs of the patients. Nigerian nurses face the following challenges that require immediate attention to improve quality services to the citizens; 1) lack of interest in research, 2) work environments, 3) advancement in science and technology, 4) non participation in making policy, 5) nurse herself or himself, 6) quackery, 7) lack of equipment, 8) poor information and ICT system, 9) educational goals and lack of continuous training/re-orientation, 10) the professional association of nurses, 11) governments' cost saving practice of minimum staff for maximum work which in health care delivery system endangers the health of the citizens as standards and quality are lowered, 12) international organizations and agencies support for health and nursing education and practice development has been dwindling over the years for various political, economic and financial absurdities in governance in Nigeria as well as global economic meltdown in recent years.

Keywords: Social capital, Perception, commitment, behavior

INTRODUCTION

Nursing profession is the foremost caring profession that rested, savoured and consolidated on its position through the ages by developing its own language, rituals, arts and sciences from the physical, psycho-social and spiritual needs of the patients. Nursing as a profession according narration of ⁽¹⁾ in ⁽²⁾, came into existence as early as human existence. According to the author, that the history of Nursing Education and Practice in Nigeria is closely interwoven with the history of nursing as a universal profession, the history of education and the history of Nigeria itself. The author further stated that modern Scientific Nursing started with the crusading efforts of Miss Florence Nightingale (1820-1910) during and after the Crimean War (1854-1856). And that she combined Christian ideals, strict discipline and a sense of mission to open the door for what is known today as the nursing profession. Nursing as presented by the author, was the first profession in the health industry to form an international organization - the International Council of Nurses formed in 1899. And in 1916, the Royal College of Nursing was founded, while in 1919 the General Nursing Council for the England and Wales came into existence.

Nursing and Midwifery Council of Nigeria⁽²⁾ narrated that the early missionaries who arrived in Nigeria in the early nineteenth century, had the strong belief that Jesus Christ is the spiritual King. The author also stated that the greatest Nurse and Physician capable of caring for and healing whatever affects the body, mind and soul. And that they combined their missionary work with the provision of medical and nursing care to the sick.

With the Amalgamation of the Colony and the Protectorates of Nigeria into one country in 1914 continue the NMCN, Nigeria became a colony of Britain. Nursing like all other professions continue the NMCN, developed and witnessed rapid changes to meet the changing needs of the society it serves. The first and second world wars also had impact on the growth and development of the nursing profession.⁽³⁾

HISTORY OF NURSING PRACTICE AND TRAINING IN NIGERIA

Nursing in Nigeria: Its Education and Practice

The history of Nursing Education and Practice in Nigeria as narrated by⁽⁴⁾ is closely interwoven with the history of nursing as a universal profession. Bartleby⁽⁵⁾ reported that the nursing education system in Nigeria has a rich heritage. In Nigeria, there are a host of tribal practices such as Traditional Birth Attendants, witchdoctors, and herbalists that were generally phased out by church hospitals. Though, nursing came to Nigeria through the British Colonial masters, their primary objective was to provide services and medical care for wounded soldiers at the further war Hospital. Much later, the first nursing home built in Nigeria was in Jericho, Ibadan by the government of the British Colonial masters.

On the other hand, the development of nursing practice and education in Nigeria as examined by⁽⁶⁾ and described in four chronological periods are as follows: Early past – 1850s–1950s; Immediate past – 1960s–1970s; Present – 1980s–1990s; Immediate future – 2000 and beyond.⁽⁷⁾ Posits that Nursing came to Nigeria through the British colonial masters. Before then, Health care services were provided mainly for wounded soldiers and government officials by government and later missionaries came to supplement government efforts by setting up mission homes, dispensaries and medical centers etc for the health care of civilian populations. Among the major factors that accounted for the underdevelopment of nursing during most of the period under review by⁽⁶⁾ included: a) peculiarly low status of women in the West African sub region with culture and religion perpetuating disadvantaged gender inequality of women who constitute the large majority of nurses. b) Inability of nurses to get and utilize latest knowledge and technology about nursing practice. c) Societal perception of nursing as an occupation dependent on medicine thereby get marginalized d) Entrants to the hospital-based training institutions were of very low education e) Even early nurses who got exposed to the developed world came back to discriminate against those trained and practicing in Nigeria. The dichotomy had negative effects on development of nursing.

As a result of language barrier as at then, there was no formal training but on the Job acquisition skills and practical aspect nursing surgery. The regional government in Nigeria compliment the efforts of the missionaries and their wives and began the training of nurses by settings individual regional standard.⁽⁸⁾ Narrated that in 1949, the School of Nursing, Eleyele was established to facilitate the training of nurses. Later in 1952 according to the council, the University College Hospital Ibadan started the training of nurses in a higher standard.⁽⁸⁾ Narrated that in 1949, the Nursing Council of Nigeria was established to complement the efforts of the various training bodies and creating standards for Nurses. And by 1965 according to the council, a department of Nursing was established in the University of Ibadan to commence a degree program in Nigeria. Later on, University of Ife and University of Nigeria, Enugu also started degree in 1973 and all the states in Nigeria have one or more School of Nursing, Midwifery and kinds of Post Basic schools. Similarly, there are 43 Federal Universities, 48 State Universities, and 79 private Universities in Nigeria as approved and released by the Nigeria Universities Commission (NUC), scattered across all the geo-political zones of the country out of which twenty-five (25) of them offer degree in nursing. The list of the universities offering BNS in Nigeria includes; Abia State University, Uturu website <http://absu.edu.ng/>, Afe Babalola University, Ado Ekiti <http://abuad.edu.ng/>, Ambrose Alli University, Ekpoma <http://www.aauekpoma.edu.ng/>, Babcock University, Ilishan-Remo www.babcock.edu.ng/new/, Bayero University, Kano <http://www.buk.edu.ng/>, Delta State University, Abraka www.delsu.edu.ng/, Ebonyi State University, Abakaliki <https://www.ebsu.edu.ng/> or <http://www.ebsu-edu.net/>, Evan Enwerem University, Owerri <http://http://imsu.edu.ng/site/>, Igbiniedion University, Okada www.iuokada.edu.ng/, Ladoke Akintola University of Science and Technology, Ogbomosho <http://www.lautech.edu.ng/>, Niger Delta University, Wilberforce Island www.ndu.edu.ng/, Obafemi Awolowo University, Ile-ife www.oauife.edu.ng/, University of Benin, Benin City www.uniben.edu/, University of Calabar, Calabar www.unical.edu.ng/, University of Ibadan, Ibadan⁽⁹⁾, University of Ilorin, Ilorin, University of Jos, Jos www.unijos.edu.ng/, University of Lagos, Lagos www.unilag.edu.ng/, University of Maiduguri, Maiduguri www.unimaid.edu.ng/, University of Nigeria, Nsukka www.unn.edu.ng/, University of Port Harcourt, Port Harcourt www.uniport.edu.ng/. Other universities offering Nursing Degree in Nigeria include; Usmanu Danfodio University, Sokoto Nursing Science www.udusok.edu.ng/, National Open University of Nigeria, Bowen University Iwo Osun State, and Achievers University Owo, Ondo State. All the 25 Universities are currently running degree programs in nursing to supply professional manpower to the health industry of the country. However, out of the twenty-five (25) Universities offering degree program, only ten (10) of them are presently running MSN and PhD in nursing for now.

Religious beliefs and superstitions influence the management of women during pregnancy and labor e.g. hanging of charms to prevent abortion and premature labor. In some difficult cases, medicine men who specialize in midwifery practice were sometimes called for a woman in labor. These medicine men used charms and incantations to manage difficulties that the woman may have.

Just like nursing, early missionaries started midwifery practice and nursing service in Nigeria. Notable among them was Mary's Slessor who stopped the killing of twins. The missionaries established various centers in Nigeria including St. Louis Hospital, Owo, Maria Assumpta Hospital Ado-Ekiti, Wesley Guild Hospital Ilesha, Oluyiri Catholic Hospital Ibadan. Midwifery training started in Nigeria at General Hospital Ijebu-Ode. This was after Nigerians were trained as midwives in overseas, modern midwifery practice started gaining grounds. The first Nigerians to be qualified as registered midwives in 1912 were Late Mrs. Ore Green and Abimbola Dickson. When they came back to Nigeria, they were placed on monthly salary of ₦ 6 (e.g. N12.00) then. In 1928. Mrs. Peradine, Mrs. Franking and Mrs. Adebisi also qualified as midwives and were registered in Britain. Mrs. Pregrin from Lagos also qualified and was registered. In July and September 1927 Mrs. Josephine Durojaiye and Mrs. Janet Aiteru qualified from Ijebu-Ode in African Hospital in Nigeria, in addition to those two pioneers, 29 qualified between 1930 and 1935.

After the Second World War (1939 – 1945) many Nigerian girls went abroad to be trained as nurse and midwives and some as tutors over the years. Also for 40 years, (1927 – 1960), among the two classes of training for Nigerian midwives, there were grade 2 and grade 1 midwife. In 1968 only grade 1 midwives were recognized and hence grade 2 midwives were upgrade by further training for 18 months.

As many Nigerians were trained as midwifery, modern midwifery practice continues to gain grounds. However, in most small towns and villages, women still patronize these medicine men and the untrained midwives because of shortage of doctors, nurses and midwives. Therefore, a course was arranged for the unauthorized midwives called Traditional Birth Attendance (TBA), (Agbebis) in Yoruba language to improve their skills in order to reduce infant and maternal mortality rate as well as other complications that may arise from unsterile procedures used by the Agbebis. Because the World Health Organization (WHO) support their establishment, it plays an important role in the improvement of the skill and techniques of the traditional birth attendant (TBA) Agbesi. These TBAs are allowed to have licenses which are renewable periodically. They are also given a simple midwifery kit containing equipment which they have been taught to use. The training of TBA's was first launched in Oyo state on 6th August 1977.

Above all, the Nigerian midwife is trained to cope with normal pregnancy labor and Puerperium. She is also trained to be competent to work in rural area where transport facilities are limited, and must be able to perform and repair episiotomy, delivery breech, and multiple pregnancies, prevent postpartum hemorrhages among others. She is also expected to screen all her antenatal client carefully so that potential complicated cases are referred to the obstetricians. Today according to the approved list from Nursing and Midwifery Council Nigeria, there are 41 Basic schools of Midwifery, 81 Basic schools of Nursing, 43 Post-Basic schools of Midwifery, and 44 Post Basic Nursing schools with breakdown as follows; 4 Schools of Post Basic Nursing, A & E., 2 Schools of Post Basic Nursing, Anesthetics, 1 School of Post Basic Nursing, Burns & Plastic, 1 School of Post Basic Nursing, Cardiothoracic, 2 Schools of Post Basic Nursing, Critical care nursing, 2 Schools of Post Basic Nursing, ENT, 1 School of Post Basic Nursing, Occupational Health nursing, 3 Schools of Post Basic Orthopedic Nursing, , 6 Schools of Post Basic Pediatric Nursing, 5 Schools of Post Basic Ophthalmic Nursing, 7 Schools of Post Basic Peri-Operative Nursing, and 10 Schools of Neuropsychiatric Psychiatric Nursing⁽¹⁰⁾. These schools are training nurses for diploma and advance diploma courses in the various fields mentioned above as manpower for the countries' health sector.

Educational Reforms and Nursing Profession in Nigeria

Education in the twenty-first century and educational reforms are subjects of interest and discourse globally owning the link between education and development. ⁽¹¹⁾ are of the opinion that the knowledge trend in a globalized world makes it difficult for any country to hold on to obsolete knowledge and ways of doing things. Therefore Knowledge in the twenty-first century world is driven by information and communications technology (ICT) that results in rapid technological advancement and resolution of myriads of everyday challenges. More so, advances in knowledge and rapid access to information from all parts of the world are also informing and changing the norms and values of public demands on various professions. Knowledge explosion presented by ⁽¹¹⁾ has significantly influenced the education of the health professions and health care delivery system. In addition, better understanding of the human nature and disease causation, new discoveries in drug therapies, changing trend in disease patterns, changing nature of consumers of health care are all making challenges for educational reforms. ⁽¹¹⁾ in ^{(12),(13)}, & ⁽¹⁴⁾ reported that market-driven economic policy; dramatic technological developments; changing demographics; and knowledge explosion are rapidly changing healthcare and educational institutions. ⁽¹¹⁾, further stated that with increased complexity of care in a more complex environment than what was obtainable in the past coupled with the advent of telemedicine, expanding diversity, emergence of better informed consumers, and the advancement in technology leading to introduction of distance learning and e-learning, the healthcare system in the twenty-first century has also become more complex and challenging, consequently. All these variables need a highly educated nursing workforce that will better face the

expanding role of the nurse, the accelerating health care delivery changes, and the ever increasing need for community-based care.

The implication of this is that clinical nurses and nurse educators need to well-groomed in this contemporary advance technological healthcare environment who are committed to remaining intellectually alive in an environment of ambiguity and change. Equally pertinent to this, is that nursing as a practice-based discipline is also undergoing reforms all over the world such as the emergence of new theories of practice, utilization of evidence-based practice, use of e-learning and mandatory continue professional development program of nurses, and other emerging trends in teaching and learning. Beyond this, innovative advances in health care demands that Nursing as a profession should prepare practitioners who will meet the challenges of health care within the context of a complex milieu. As such, Nigerian nursing profession cannot remain in isolation to these dynamic changes.

Reforms in Nigeria Educational System and Placement of Nursing Education

Ayandiran et al.⁽¹¹⁾ reviewed that Nigeria, the world most populous African country is a federation of 36 states and a Federal Capital Territory in Abuja. Nigeria became a nation in 1914 through the amalgamation of the Northern and Southern protectorates with various distinct cultural, ethnic, and linguistic groups, such as the Oyo, Benin, Nupe, Hausa, Fulani, Igbo, Ibibio, Tiv, etc.⁽¹⁵⁾ The country has a total landmass of 923, 768 square kilometers, 774 constitutionally recognized local government areas, about 374 identifiable ethnic groups and over 500 indigenous languages/dialects⁽¹⁵⁾, the country is a multiethnic, multi-religious, multi-cultural and multi-linguistic nation. This massive diversity and complexity exert considerable influence on many aspects of the nation's indigenous cultures, including approaches to education⁽¹⁶⁾. From the dynamics of socialization, every community in the pre-colonial Nigeria had its traditional patterns of education that ensured inter-generational transmission of cultural heritage and development of intellectual and economic capabilities. The authors in FMOE narrated that with the advent of Islam, the northern parts of the country assimilated Islamic education into the indigenous educational system whereas the southern parts of the country with strong Christian influence embraced western education⁽¹⁶⁾,⁽¹⁷⁾,⁽¹⁸⁾,⁽¹⁹⁾, & ⁽²⁰⁾ reported that the colonial education system was heavily criticized as lacking in vitality and relevance which lead to series of reforms that ensued in the country's educational system such as changing from the 8-6-2-3 system (i.e. eight years of primary, six years of secondary, two years of higher school certificate and three years of university) to the 6-5-2-3 system in 1954.

Nigeria attained independence in 1960.⁽¹¹⁾ narrated that the government, in pursuance of a functional and quality education system that can serve as a springboard for socio-economic growth and industrial development, the government restructured the educational system from the old one 8-6-2-3 system (i.e. eight years of primary, six years of secondary, two years of higher school certificate and three years of university), to 6-5-2-3 system that was introduced in 1954 and to a new one, 6-3-3-4 system in 1983 (six years of primary, three years of junior secondary, three years of senior secondary and four years of university education. However, that professional courses like Nursing, Pharmacy, Dentistry and Medicine that are run in the university takes much longer.⁽¹¹⁾ in ⁽²¹⁾ & ⁽²²⁾ reported that twenty five years after the introduction of the 6-3-3-4 system, another reform tagged the Universal Basic Education (UBE) was introduced.⁽¹¹⁾ Further reported that the UBE ensures that every child is kept at the elementary school for nine year followed by three years of secondary school and four years of higher education (9-3-4), which was conceived in furtherance of the attainment of the Millennium Development Goals.

The federal institutions are run by the federal ministry of education except for a few health and healthcare-related educational institutions such as the schools of nursing that are under the ambit of the ministry of health. In Nigeria, the state through the State Ministry of Education also administers health and healthcare-related educational institutions with a replication of control of state schools of nursing by the state ministry of health. Schools of Nursing owned by the missionaries are administered by their respective religious institutions through their hospitals. Equally, in almost all instances, these schools are controlled by other health professions.

Virtually all documents from the Federal Ministry of Education (the apex body that statutorily takes responsibility for the regulation and management of education in Nigeria) was silent on the place of hospital-based nursing programs in the Nigeria education system; meaning that the placement of the basic nursing education programs were not contextualized either in the previous educational systems including the 6-3-3-4 or the newly introduced 9-3-4 system. In the national educational framework, all programs are considered within the technical and professional subgroups with appropriate recognition of placement of different levels of programs. For examples, the ordinary national diploma (OND) awarded as the first level certificate of polytechnic education is appropriately recognized and linked with the higher national diploma (HND) in the technical sub-grouping in the educational framework. Similarly the National Certificate of Education (NCE) is a recognized professional course that has a direct link with degree program in education in the National education framework. But that of the nursing situation was like an antithesis of this, as the status of the hospital based

basic nursing program was neither defined nor the face value of its certificate quantified. The basic nursing program still continues to face peculiar challenges orchestrated by historical antecedents of its placement in the ministry of health which is largely believed to have been a clog in the wheel of its realignment with national and international educational reforms.

Nursing education in Nigeria has evolved through the observed changes in the educational set-up with first set of indigenous trained nurses who perhaps may have started their nursing training with basic education of standard six and gradually to graduates of current modern schools. These historical antecedents also created burdens of justifying the demand for university education for nurses in Nigeria then and the need for a strong science base for students opting for nursing.

Over the years, attempts to resolve this imbalance through the gateway of affiliation, assimilation, or integration of the basic schools of nursing into university degree programs by concerned nursing leaders and successive administrations of the NMCN is beginning to yield fruitful result. However, there are still some obstacles attributable to a multiplicity of factors such as stringent conditions given by universities for affiliation or assimilation, grossly inadequate number of nurses with require qualification to commensurate with teaching in the university, to mention a few. This possibly informs the NMCN to adopt the current strategy to link up with the National Board for Technical Education verify the quantification of the Nursing Certificates. Interestingly, that has also yielded some positive results and basic schools of nursing have been mandated to upgrade to monotechnics.⁽¹¹⁾ However, states that there are concerns over this move and these concerns are well intended.

With the benefit of hindsight, quantification of nursing certificates has no doubt helped to improve the face value of nursing certificates as well as the job placement of nurses at start-off point of taking jobs. Although it has still not fully provided the appropriate base for scholarly classification of nursing education, considering the evolving body of knowledge and the expected level of professional practice of nurses for the twenty-first century. Emmanuel et al further narrated that beyond the challenge owing to lack of a platform for upward mobility in conformity with career pathways as seen with other health professions. Furthermore, the demand of genuine commitment to scholarship for twenty-first century practice to meet the care needs of a highly sophisticated society and health care system according to the authors, makes university education the rational option for nurses. Emmanuel et al explained that it is saddening to note that despite the limitations and shortcomings of the hospital-based nursing education program. Because according to the authors, it has continued to wax stronger with almost every Teaching Hospital and Federal Medical Centre within the country competing to have their own. State Governments and Missionary organizations are also not left out either.

As at October 2018, the Nursing and Midwifery Council (NMCN) puts the number of accredited basic and post basic schools of nursing at 207. This high number of basic and post basic schools of nursing under the management of different owners again poses an additional challenge for institutional dynamics and professional education of the nurse. This middle level education that produces middle level technical resource was actually needed at a point in our history to meet institutional hands on needs of hospital-care. This middle level technical resource should have been a short-term range of human resource plans while university education of the nurse serves as long-term cost effective goal that could provide solution to the problem of poor access to professional and quality care for a large population of Nigerians. It is worthy to note that the first university based nursing education in Nigeria is actually dated back to 1965 when the University of Ibadan, Ibadan Nigeria began bachelors' degree in nursing. That program was specifically designed to produce nurse educators, nurse administrators. And this of course is waxing stronger with establishment of more department of nursing in other universities joining as well as student enrollment increasing yearly.

Stages of Nursing Education Reform in Nigeria

Uwaifo & Uddin⁽²²⁾ reported that the National Policy on Education of 1981 states inter-alia that "Education is the most important instrument of change in any society" and that "any fundamental change in the intellectual and social outlook of any society has to proceed by an educational revolution". To this end, Federal Government undertook to make life-long education the basis for the nation's education policy and individuals after primary school education were able to choose between continuing his full-time studies, combining work with studies, or embarking on full-time employment without excluding the prospect of resuming studies later on Federal Ministry of Education Blueprint and Implementation Plan for National Open and Distance Learning Program.⁽²⁴⁾

In compliance, Nursing and Midwifery Council of Nigeria took cognizance of the National Policy on Education in developing sound educational principles essential to the preparation of nurses to function independently and/or as members of interdisciplinary and inter-sectoral teams. In compliance with its mandate, the council has over the years worked assiduously to ensure that policies, programs and activities are developed

and implemented with the goal of promoting and maintaining excellence in nursing education and practice as provided by the law and in conformity with local and international standards.

The Following Activities were Executed by “the Council”

- 1) In 1978, a new curriculum was produced by the Committee for Basic Nursing in Nigeria for implementation by all Schools of Nursing in the country. This curriculum differed from that of 1965 in three major aspects, namely: it was community oriented, there was expanded role for nurses and more emphasis was placed on liberal education leading to the reduction in the duration of the basic nursing program from three and a half years to three years with increase in the content and learning experiences.
- 2) In the 1990s, the Polytechnic option was adopted as a short term approach and Nursing and Midwifery Council of Nigeria worked with National Board for Technical Education (NBTE) to upgrade the Schools of Nursing into Monotechnics for the award of Higher National Diploma in Nursing. This decision was taken at that time since less than 10% of the Schools of Nursing existing then could meet up with the criteria for affiliation with the universities. The option could not be implemented because it was rejected by Nigerian nurses who were still of the conviction that the future of nursing education in Nigeria lies in the university.
- 3) In 1993, a further review of the curriculum was done and the trends in health care were incorporated. The entry requirement was further reviewed and upgraded to five 5 credit passes in subjects to include English Language and a science subject at WASC or GCE Ordinary level.
- 4) In 2001, the nursing education curriculum was reviewed to reflect emerging trends and new diseases. In 2006, the entry requirements for general nursing education program of the Nursing and Midwifery Council of Nigeria is five 5 credit passes in Physics, Chemistry, Biology, Mathematics and English Language at not more than two sittings. The entry requirements for the Bachelor’s degree program requires that a student must have satisfied the prescribed minimum conditions of the University for Admission to the degree course, and fulfill the requirement of direct or concession entry. The direct entry (4 years) requires the candidate to be a registered nurse in addition to the five credit passes in English, Biology, Chemistry, Physics and Mathematics at not more than two sittings. Candidates holding the Senior Secondary School Certificate with credit passes in English, Biology, Chemistry, Physics and Mathematics at not more than two sittings plus an appropriate pass in the University Matriculation Examination (UME) is admitted for the indirect degree program for five years. Trainings are done at the approved schools of nursing that have received accreditation by the Nursing and Midwifery Council of Nigeria.

There are twenty-seven post basic nursing education programs in Nigeria. These include mental health-psychiatry, midwifery, and peri-operative nursing education program among others. All of these reflect the efforts of the Nursing and Midwifery Council of Nigeria aimed at improving nursing education. The general nursing education is therefore geared towards the student’s learning needs, societal needs, philosophy of nursing, learning theories and professional standards. ⁽²⁵⁾ Pointed out that the program forms the basis for the practice of nursing and continuing education in the discipline of nursing with students acquiring knowledge in affective, cognitive and psychomotor skills in problem solving. ⁽²⁶⁾ Revealed that the National Advisory Council on Nurse Education Practice in 1996 recommended that a Federal Policy be adopted to achieve a basic nurse workforce in which at least two-thirds holds Baccalaureate or higher degrees in nursing by the year 2010. This decision has resulted in reforms in nursing education and practices in Nigeria.

ESTABLISHMENT OF DEGREE PROGRAM IN NURSING

The first is the policy directive from⁽²⁷⁾ making generic nursing program the benchmark for the nation. The second, perhaps which is more fundamental reason is the realization that nursing education at the university level is supposed to start at the basic level so that it will impact more directly on the quality of nursing care and meet up with the demands of health care needs of informed consumers of nursing care of the twenty-first century. In 1973, Obafemi Awolowo University, Ile-Ife, introduced the generic bachelor of nursing science program that has now become the gold standard for nursing education in Nigeria today. The program offers a broad range of courses from the humanities, social and basic sciences to courses covering all aspects of Nursing Science that culminates into the award of Bachelor of Nursing Science (BNS).

The BNS curriculum prepares the nurse to acquire effective cognitive, affective and psychomotor knowledge and as well think effectively, to communicate thoughts to make judgments and to discriminate among values. It also prepares the nurse to be abreast with the psychosocial and physical factors involved in the promotion, maintenance and restoration of health and also translate these factors into meeting health needs of the people as appropriate across the life span. Consequently, the graduate nurse from the program should be capable of performing nursing skills contributory to resolving health problems in a variety of settings and therapeutically assisting individuals with diverse ill-health backgrounds. The BNS degree program, therefore,

prepares competent polyvalent nurse practitioners who can function effectively within the health care delivery system of the nation and who are guaranteed of rewarding and flexible careers in the nation's health care industry (hospital, community, and educational settings, as well as within government and non-governmental organizations).

Over time, with the involvement of private organizations in higher education in Nigeria, more universities have commenced nursing program to meet the challenge of university education for nurses. This put the figure of accredited universities running the full-time BNS degree program to 25. ⁽¹¹⁾ pointed out that this new focused university programs which target the graduates of the basic schools of nursing, was introduced in response to the peculiar challenge faced by the products of these basic schools who had started working and cannot afford to engage in full-time studies that requires obtaining a full leave of absence from job. The two new approaches to improve access to university education for the products of these basic schools that have emerged in the last few years according to the authors are from the National Open University of Nigeria program and the BNS part-time program introduced by the Obafemi Awolowo University (OAU), Ile-Ife in 2004. ⁽²⁸⁾ Documented that ⁽²⁴⁾ had 3,750 students in the nursing program across the 35 study centers all over the country.

The OAU program adopting the part-time approach employs a combination of the face-to-face mode on weekends and e-learning mode to get the basic nurse graduates to earn the BNS degree without having to quit their job. While the two approaches have been helpful as stated by Emmanuel et al, they still fall short of meeting the massive education need for continuing education and professional development of nurses post qualification. According to the authors, the reason being that the demand for higher and professional education in nursing in Nigeria still far outstrips the supply. In response to these challenges and the new directive of Nigeria's government to promote distance learning as presented by ⁽²⁹⁾ OAU in 2010 commenced the process of conversion of the part-time BNS program to full blended e-learning program using ICT and innovative pedagogies. That process has gone some reasonable length and is still on-going.

The ultimate gain of university education for the nurse is to guarantee an improved overall quality of care for consumers of healthcare. In the west as narrated by the ⁽¹¹⁾, faculty-clinician roles, facilitate easy transference of knowledge to practice. The development of an acceptable and sustainable e-learning model for furtherance of nursing education both at the undergraduate and postgraduate levels to facilitate continuing professional development while reducing the cost of having university degrees, has supported postgraduate training to enhance capacity building for academic staff to meet the standards set by the National University Commission of Nigeria.

Master's & PhD Degree Programs in Nigeria

Similarly, Master's and PhD degree programs are available in almost every academic field of study. In order to enroll, students must have a bachelor's and masters' degree respectively and some programs require them to have taken subject-specific undergraduate coursework. Depending on the program, students may be able to choose between thesis and non-thesis tracks; students who choose not to write a thesis may be required to take additional classes or submit a final project. In total, both masters' and PhD degree programs usually take between two to three years or more to complete. There are also many different types of master's and PhD degrees. Perhaps the most common are advanced education degrees - Master of Arts (MA) and Master of Science (MS) degrees - which provide high-level courses and, in some cases, research opportunities in the student's chosen field and PhD in various fields too. These may also be awarded as an intermediate degree within a broader doctoral program. Another option is a professional master's degree, such as a Master of Science in Nursing (MSN) or Master of Education, which prepare students specifically for careers in that industry. There are a number of factors that determine a student's choice in a master's degree program, including availability in their field of study and research opportunities. Students should also consider their long-term career goals when choosing between degree options. The specialties one can earn masters or PhD in Nursing in Nigeria is listed below.

1. Maternal & Child Health Nursing;
2. Medical Surgical Nursing;
3. Mental Health & Psychiatric Nursing;
4. Nursing Administration & Management; and
5. Nursing Education.
6. 6 Community Health Nursing

Below are the general requirements it might be more than this in some schools hence prospective students are advised to check the school application requirements before they apply.

1. Bachelor degree in Nursing with a minimum CGPA of 3.5 on a scale of 5 (but some schools may accept 3.0) ⁽³⁰⁾

2. Five O level credit pass at not more than 2 sittings
3. Registration with NMCN
4. Transcript from the University you graduated from
5. Recommendation letters from your former lecturer or HOD (some schools might request for two) ⁽³⁰⁾
6. Research proposal for PhD (some might not require) ⁽³⁰⁾
7. National Youths Services Corps (NYSC) certificate

Note that not all these universities run all these specialties some run like 2 while others run all. Below is the list of Universities that run Masters' and PhD program in Nigeria.

1. University of Calabar - Master's degree
2. University of Nigeria, Nsukka - Masters and PhD ⁽³⁰⁾
3. University of Benin - Masters and PhD
4. Niger Delta University - PGD and Masters
5. Nnamdi Azikiwe University - PGD, Masters and PhD
6. University of Ibadan - Masters and PhD
7. Obafemi Awolowo University Ife - Masters and PhD
8. Babcock University Ilishan Remo - Masters
9. Ahmadu Bello University - Masters and PhD ⁽³⁰⁾

CHALLENGES FACING NURSING PRACTICE IN NIGERIA

There is hope that the future of Nigerian future of nurses is bright and promising the Primary-care providers (Doctors) are currently in short supply throughout the nation as physicians prefer choosing to practice in higher paying specialties and most especially that some of them are travelling out of the country for green pasture despite the increase alarming Nigeria population. Hence, primary-care nurse practitioner will fill this deepening gap with quality health-care providers. It is time for nursing profession to stand in the forefront to make their voices resonate by giving health-educating to the masses through sensitization, advocacy and awareness program, development, implementation and evaluations of Government health policy or advance nursing practice etc. However, Nigerian nurses face the following challenges that require immediate attention to improve quality services to the citizens;

1. **Lack of Interest in Research:** The nursing professional is at providing quality nursing care by providing a scientific base for the practice of nursing. Thus the input of research has become necessary. Unfortunately according to ⁽³¹⁾ only very few nurses are interested in research, even though it is the responsibility of all nurses to do research to improve nursing care. There is urgent need for nurses to develop interest and embrace research to enable the profession forge ahead.
2. **Work Environments:** Some work environments are un-conducive and non- supportive for nursing practice, as they lack sufficient facilities and equipment to work on and they also lack sufficient motivational input, such as housing transportation, incompetent supervision, poor working relationship, general moral laxity in the society, undue familiarity with subordinates, with a weakness in disciplinarian staff, among others nurse as presented by ⁽³¹⁾ are no longer in control of the immediate environment in which patients are nursed. If quality health care must be provided then we have to look conically unto some of the problems of the physical, social and mental environment.
3. **Advancement in Science and Technology:** The advancement in science and technology has continue to affect the nursing profession. ⁽³¹⁾ stated that in the past nursing relied on their experiences, observation and intuition but today, nursing has a defined body of knowledge specific to the profession and has continue to develop this knowledge through research and practice as they relate to new drugs, methods of delivery, disease control and prevention through sterilization and disinfections of equipment, and models in nursing, among others. For instance according to the author, knowledge and implementation of the nursing process as a scientific and systematic approach to nursing care has been seen by many nurses as problematic. And that some nurse has found it difficult to implement because some professionals in the health system do not understand what it is all about.
4. **Non Participation in Making Policy:** Policy making on health issues is a major challenge to nursing practice. Most nurses are women and society seen it as feminine/ female dominated profession in Nigeria and the value given to nurse work are a hinged with their position in the society. Nurses were maids and took their feminine submissive roles without questioning, after all, their husband is the head of the home hence the past were grossly handicapped because of the type of training they received. Nurses have traditionally been subordinate to physicians and these have affected their leadership roles in policy making on health issues. Nursing today is practiced in the midst of other health needs competing for the scare resources allotted to health. These poor representation and participation of nurses in decision making on health matters will not move nursing forward. Problem of gender marginalization is very pronounced in nursing because a

large majority of nurses are females. This phenomena has to change if our wonderful dreams about the future of nursing must be fulfilled, Nurses must be actively involved and engaged in health policy and education at both Local, national and international level.

5. **Nurse herself or himself:** Nurses especially those in the clinical areas (based on my experiences in Hospital Setting) and in contemporary Nigerian society are less caring, committed and dedicated to meeting the needs of clients. ⁽³²⁾ Pointed out that most nurse are resistant to change, professional development and advancement, some Nurses tend to hold onto previous knowledge and skills without making efforts to improve and maintain new skills. Some senior nurses (Matrons) are unwilling to abreast themselves with further education and development, they only believed Nursing education (Diploma) end in school of Nursing. This has serious implication for nursing practice.
6. **Quackery:** The incursion of quackery in nursing has been a big threat to nursing practice in Nigeria. Everybody in white answer a nurse. This cancer worm has eaten up the integrity and image of nursing. The masses cannot differentiate between a quacks and scientific nurse.
7. **Lack of Equipment:** Unavailability, lack of proper planning and budgeting due to non-involvement of nurse leaders in management's budgetary meetings and poor knowledge of some nurse leaders, knowledge about politics and the influence of nursing administration on general hospital administration/management is also a challenge that must be address.
8. **Poor information and ICT System:** Monitoring essential information in ICT about patients are non-existence to realize and keep accurate data in which care will be planned and implemented in most hospital settings. This aspect is causing a fall in care rendered and negative image of the professionals. Additionally, Nurses need to read newspapers, journals and internet articles to be more informed about current issues in nursing services.
9. **Educational Goals and Lack of Continuous Training/Re-Orientation:** Most nurse practitioners in Nigeria hold the registered nurse certificates which has been equated to higher national diploma for employment purposes but need academic quantification for wider academic career progression. ⁽³²⁾ stated that Professional nursing educational now borders on continuous education and specialization. Continuous training and development according to the author leads to good leadership and better skills in nursing care services, it also promotes the image of nurse in the society. Some Nurses continues to practice in most hospitals without furthering their education and re-orientation to the needs of patients in the 21st century. Most of them depends on Mandatory Continue Professional development Program. This must stop and Nurses must be mandated to advance their knowledge from Diploma Certificate to Degree in Nursing as a yardstick for promotion both in the Hospital and other parastatal working place and attend Clinical seminar to upgrade their knowledge on current health issues.
10. **The professional association of nurses–** National Association of Nigerian Nurses and Midwives (NANNM) tend to have focused more on the welfare of its members at the expense of development, maintenance and monitoring of nursing education and practice standards.
11. **Governments' cost** saving practice of minimum staff for maximum work which in health care delivery system endangers the health of the citizens as standards and quality are lowered.
12. **International organizations** and agencies support for health and nursing education and practice development has been dwindling over the years for various political, economic and financial absurdities in governance in Nigeria as well as global economic meltdown in recent years.

All these factors are negatively impacting on the quality of care rendered by nurses. In view of these challenges, the adoption of universally established approaches for delivery of quality care is the panacea.

WAY FORWARD

1. Nursing education should move completely into university so that graduate registered nursing workforce will be developed for providing quality evidence-based care for a rapidly changing society.
2. Nursing profession should identify robust funding streams for nursing education at undergraduate and postgraduate levels and create structured career pathways and appropriate remunerations for higher education and status.
3. Nurse specialist with relevant and adequate academic and professional qualifications and experience (Those with West African College of Nursing Certificates & PhD holders) should be employed as nurse consultants to teaching/specialist hospitals attached to the institution where they work. They should also participate in health and nursing policy formulation and decision making, initiate and encourage clinical nursing research to improve quality of nursing care as well as serve in staff recruitment, training and development programs of the health institutions.
4. Finally, governments at all levels, managements of health care institutions, policy makers and other stakeholders should reverse the current under representation of nursing at all levels of management and

policy making by including nurses with West African College of Nursing Certificates & PhD holders at policy and decision making levels for the common good of the society we all serve. Nurses should also develop interest in politics.

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