Quality Nursing Care in Nigeria:
The Ideals, Realities and Implications

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1.0 Introduction:

Nursing is a profession guided by a unique combination of knowledge, attitude and skills that enable the professional nurse to caringly assist individuals, families, and communities to attain, recover, or maintain health; and where death is inevitable, to have a peaceful transition from present form of existence to another. The four fundamental responsibilities of nurses are: to promote health, to prevent illness, to restore health and to alleviate suffering [(1)] . A professional nurse is one who has undergone a recognized prescribed course of study and has been duly licensed by the regulatory agency in the country of training and practice as competent to provide nursing services to people who require such.

Nurses constitute the largest proportion of workers in the health system [(2)]; hence, nursing department in any facility is usually the largest, and constitutes its backbone. Nurses are the closest to, and are with, the patients for longer period of time, than any other health professional. Nursing care is a key indicator of the quality of health care in an institution; therefore, satisfaction with the quality of nursing care influences consumers' perception of the quality of health care in the country. Hospitals with excellent nursing services are referred to as *Magnet Hospitals*. Magnet hospitals, have significantly better work environments and higher proportions of nurses with bachelor's degree in nursing and specialty certification which explained much of the Magnet hospital effect on patient outcomes [(3)].

Life is irreplaceable! Entrusting such a valuable treasure (life) to nurses, shows the high level of trust reposed by the public in the professionals; hence, the only right thing expected is provision of quality care that guarantees the preservation of life.

2.0 Ideals of Quality Nursing Care:

Quality Nursing Care refers to the best practice of nursing enjoyed by individuals, families and communities, who are the consumers of nursing services. The standard of nursing practice in Nigeria derives from standards set by the International Council of Nurses (ICN) and the International Confederation of Midwives (ICM); the constitution of the Federal Republic of Nigeria; National Policy on Health and other related policies; the agenda of the government; the philosophy of Nigerian nurses; etc. The Nursing and Midwifery Council of Nigeria (NMCN) is the agency responsible for regulating education and practice of nurses and midwives in the country. The Council therefore sets the standard for nursing practice, and it currently has: the Guidelines on Nursing Education, Standard of Practice, and the Code of Ethics for Nurses, among other documents. These are to inform nurses, midwives and the entire public on the ideals of the nursing profession.

The determination of the quality of nursing care is a systematic process involving collection of data on care provided and comparing the data with related established standards of nursing practice [(4)]. Literature is replete with different approaches to assessing quality of care. The commonest and most widely employed is the Donabedian *Structure, Process and Outcome* model [(5)]. This model explains that the quality of care can be evaluated based on data collected about the context in which the care was provided (structure); the transactions between the consumers of care and the providers during the period of healthcare service delivery (Process); and the effect of the care on the health status of the consumer and others (outcome).

In the health care sector, structural factors include: hospital buildings; financing; equipment; human resources – number, mix and capabilities; policy environment; and administrative activities – staff training and remuneration, etc. These are easy to observe and measure and

they provide an estimate of the quality of care. Process factors are classified as technical and interpersonal; and they cover diagnosis, treatment, patient education, etc. According to Donabedian [5], since measuring the process entails measuring the manner in which care was delivered, process measurement is almost the same as measuring quality of care. Outcome factors cover patient's satisfaction and changes in his knowledge, behavior, and health status; the length of stay, falls, injuries, compliance with discharge instructions, deaths, etc. Outcomes are often considered as the most important of the three because change in health status is the main purpose of healthcare.

It is assumed that the structure affects the process and the process affects the outcome. In real life, this may not be so as either or both the structure and process can affect the outcome, and sometimes, mediating factors from the patient and / or his environment could also influence the outcome. It is a well-known fact however, that improving the structure and process components of healthcare increases consumers' perception of quality of care [6]. Observing that the estimation of outcome takes a long time, and utilization of services is not exclusively in the power of the practitioners, authors have suggested that the proper index of measurement of a facility's performance is its capacity to provide services [7]. Data for assessing quality of care could be obtained from medical records, interviews with consumers and providers of care, or through direct observation.

Nursing practice takes place in different settings – homes, hospitals, industries, communities, etc., and the services provided focus on the four areas of responsibilities of nurses – promotive, preventive, restorative, and alleviating suffering. There are so many situations, activities and procedures in nursing. In describing the quality of nursing care therefore, it is advisable to focus on a particular situation for quality improvement, decide on the evaluation tools and methods, and maintain or improve the quality of care as required [4, 8]. Indicators used to assess the quality of nursing care measure important aspects of nursing activities

against set standards. Examples of such sets of indicators include: American Nurses Association Nursing Sensitive Quality of Care Indicators for Acute Care Settings; Oncology Patient's Perception of Quality of Nursing Care Scale - OPPQNCS; MONITOR; Therapeutic Nursing Function - TNF; and the Quality Patient Care Scale - QUALPACS [(4)]. International nursing diagnoses, outcome and intervention protocols are useful guides. Nurses in Nigeria can develop suitable indicators or adapt existing ones for their nursing care quality improvement activities, depending on their area of interest; for example, the tool for Continuous Quality Improvement developed and tested in selected teaching hospitals in Nigeria [(4)].

Understandably, there is no universal tool for assessing quality of nursing care; however, irrespective of the setting, quality nursing care should be based on fundamental ideals some of which are illustrated in Figure 1 below.

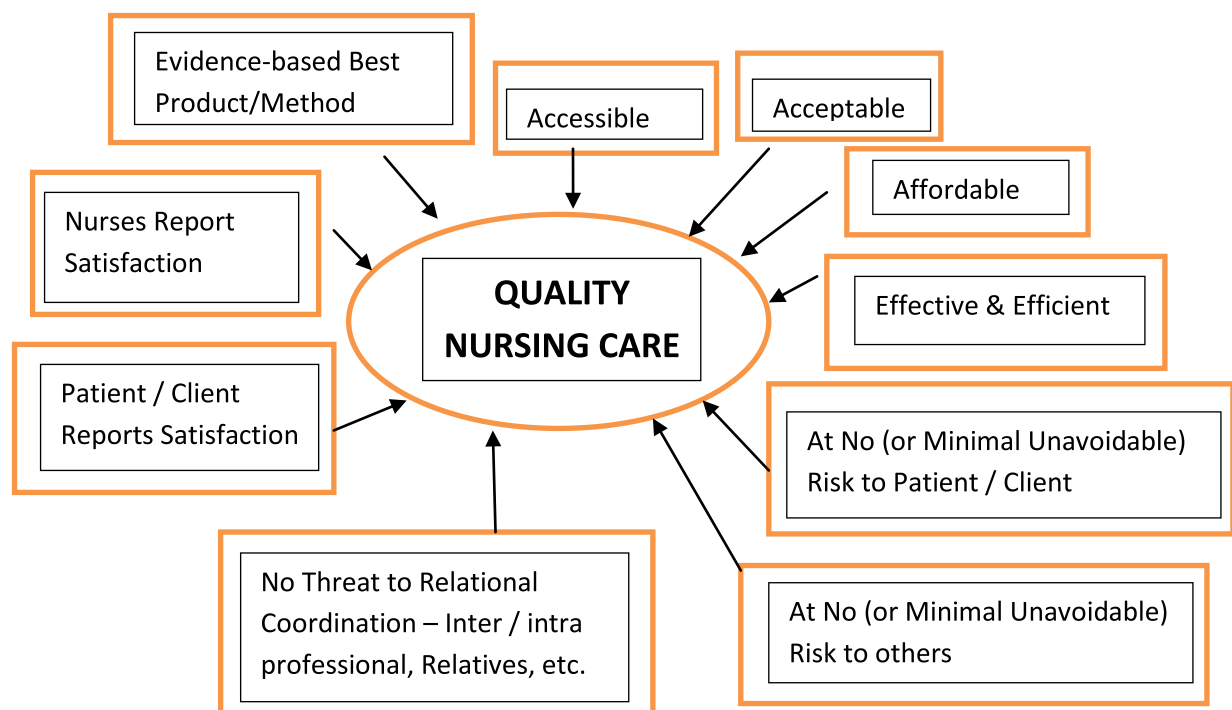

Figure 1: Some ideals of quality nursing care

Some ideals of quality nursing care:

i. Evidence-based Best Product / Method: Through continuing professional development activities (NMCN organized mandatory continuing professional development programme - MCPDP, ward conferences, patient review forums, ward rounds, etc.) and active participation in research activities, evidence-based practice is promoted, nursing care is reviewed and the best is provided to the patient.

ii. Accessible: Best practices in nursing should be included in the priority agenda of good organizations. It is the responsibility of nurses to advocate for equity and social justice in resource allocation and access to best health care (1). It is not enough to be aware of or to develop the best product / method; but, nurses should advise management accordingly and advocate for it to be accommodated in the budget and patients' management plans. Critical care should not be rationed (9).

iii. Acceptable: The nurse provides accurate and timely information on care to enable the consumer to make spiritually / culturally acceptable and intelligent decision about care. The rights of the patients should be respected and the care should be nondiscriminatory and professional (1).

iv. Affordable: Financial cost of the care and the systemic bureaucratic issues involved are at user friendly levels and non-discriminatory. Equity should be a watchword.

v. Effective & Efficient: The objectives of nursing interventions are not only achieved, but achieved within shortest possible time, and sustained at minimal cost. Continuity of care is encouraged, and avoidable repeated visits are discouraged.

vi. At No (or Minimal Unavoidable) Risk to Patient / Client: No harm is intentionally caused to the Patient / Client. Technology and scientific evidence are thoroughly examined and ensured to be compatible with the safety, dignity and rights of humans before they are adopted and employed in caring for patients. Ethical standards are maintained, and informed consent secured at all times (1). Missed nursing care or unfinished care i.e. tasks left undone, should not endanger patients' wellbeing. Medication errors, patient falls and injuries, nosocomial infections, and hospital-acquired pressure ulcers - HAPUs (10) should be prevented.

vii. At No (or Minimal Unavoidable) Risk to others: No harm is intentionally caused to others - other nurses and staff, relatives, etc. Everyone participating in the care must be adequately informed about the care and their expected roles and behavior. Standard precautionary measures are universally observed, while specific precautions are adequately taken where necessary.

viii. No Threat to Relational Coordination: The patient is the focus of care. Relationship between nurses and significant others remains cordial in the interest of the patient / client. Intra / inter professional wrangling is not allowed to jeopardize care. Professionals promote shared knowledge, goals, respect and effective communication. Relational coordination between nurses and other providers is critical to overall quality of care in the expected direction; for example, as relational coordination increased, nurses reported decrease in adverse events such as hospital acquired infections and medication errors (11).

ix. Patient / Client Reports Satisfaction: Patient satisfaction is fundamental [12]. Patients should express satisfaction with the intelligence, attitude and technical ability of the professional nurse. She should be able to describe the nurse as respectful, responsive, compassionate, trustworthy and honest [1]. Patients appreciate experienced nurses [13, 14], nurses who could combine clinical and biologic knowledge and nursing skills with a human touch [14]. Higher percentages of baccalaureate nurses were strongly related to better patient outcomes thus increasing patient satisfaction and willingness to recommend their hospital [15].

x. Nurses Report Satisfaction: The nurse is expected to be healthy so that her ability to provide care is not compromised [1]. Her total wellbeing – mental, physical, social, and spiritual safety, is not threatened by the practice of nursing. As much as possible, technology is employed to lighten the burden of care e.g. use of monitors, automated devices for assessing vital signs, nurse call facilities, programmed reminders on timed care, patient assisted lifting and mobility devices, etc. Supportive environment is important to the job satisfaction of nurses. Adequate staffing with nurse : patient ratio of 1:5 per shift has been recommended [16] because poor staffing has been associated with nurses' dissatisfaction, burnout, and poor quality of nursing care [17].

3.0 Realities about Nursing Care in Nigeria:

In reality, the above ideals of quality nursing care are either absent or they are poor. Some studies conducted in Nigeria showed that majority of consumers perceived nursing care as satisfactory [18, 19], and the nurses as friendly [20]. In this paper, however, multiple sources of information were considered for a general view of the reality; including opinions and comments in the social media.

Nursing is dynamic, responding to the needs of the rapidly changing society [21]. The need for nursing care is universal [1] and the population is also increasing rapidly; hence, the increased workload for nurses [22], in and out of the hospital setting. Technological and scientific advances [21] have come with changes in diagnostic and therapeutic procedures, more patients now require rigorous nursing care [22].

It is pertinent to note that nursing is practiced within the context of the Nigerian healthcare system which has been described by the government as follows:

> Despite considerable investment in the health sector over the years, available evidence suggests that health services throughout Nigeria are delivered through a weak health

> care system. The latter is characterized by inequitable distribution of resources, decaying infrastructure, poor management of human resources for health, negative attitude of health care providers, weak referral systems; poor coverage with high impact cost-effective interventions, unavailability of essential drugs and other health commodities, lack of integration and poor supportive supervision [23:35].

The workplace environment: Obviously, the quality of nursing care in the country is affected by the unconducive and unsupportive working environment, poor leadership, lack of equipment and instruments [23], dilapidated hospital structures and filthy environment [24], hospital bureaucracy [25], and long waiting time [20]. Government, as cited above, is aware of the gross shortage and mal-distribution of nurses in the country [23]. I know a tertiary hospital that recently employed over 200 nurses yet the wards were not adequately covered. You can imagine the condition before the recruitment exercise! These systemic factors influence nursing services; yet, there is poor participation of nurses in policy making [21]; less than 10% are involved in health care policy development [26]. Nurses are rather more committed to improvisation than advocating for the ideals.

There is widely acknowledged rapidly growing inter-professional crisis in the health system –

> *As much as I am a medical doctor, I recognize the pride and ignorance in some of my colleagues and that won't make me shy away from the gross and obvious hostility rising majorly from nurses* – 'Dr.' Jan, 4 [27].

It was alleged that nurses were not fair to the wife of another health professional [24]. Senior nurses are said to clash with young doctors; while, doctors look down on nurses [27]. This crisis spells disaster for the future; because, the younger generation of professionals in the health sector is learning the same, and focus is shifting from the patient who is the center of care.

Pre-service / continuing professional development and research: Quality of nursing care depends on the quality of educational preparation of the nurses [28]. Nigerian curricula for training nurses and midwives have been internationally and locally adjudged adequate;

however, the resources (human and infrastructural), to execute them are grossly inadequate [29]. The schools cannot benefit from various educational development grants in the country because they are not located within the system where they can benefit. The on-going mandatory continuing professional development programme (MCPDP) is commendable. Linking it to renewal of license was supposed to encourage continuing professional development, yet, there are reports of nurses practicing without registration and license to practice in Nigeria [16]. Opinions expressed in the social media showed that some nurses just refused to benefit from training [24] or to practice what they were trained to do. Nurses are said to have poor continuing professional development culture, and to be resistant to change [21]. Some people have attributed this to lack of motivation and to the fact that there is no litigation when things are not done correctly [24]. Some nurses only boast of their experience:

> *Sure experience shows you a lot of things. But it is difficult to reconcile how a nurse who trained 20-30 years ago with little or no updated knowledge is fit to guide major decisions about care in this age and time ... When you see a couple of nurses (amongst the young and old) who actively engage in knowledge seeking, you will be amazed at how much they contribute…*– 'N' Jan, 4 [27].

It was expected that the best would come with more nurses acquiring university degrees [24]; though presently, university education by nurses is hampered by access, and by the number of years allowable for study leave by the public service rules. Currently, many nurses conduct research and utilize the findings [30] locally; however, there is a need for more collaboration to access funds for research activities to support evidence-based practice.

Opinions about nurses: Nurses are misrepresented as gossips in the media and portrayed as inferior to doctors [27]. To some people, nurses do have inferiority complex:

> *Almost all the nurses I have had contact with have at least one child as a doctor but none practicing nursing* [27].

It showed, from the reactions of people to a post on social media discussing 'evil doctors and evil nurses' that, some people believe the poor quality of nursing care today was not the case

three decades ago. Some opined that the decadence in the health sector and in nursing care is a reflection of the general decadence in the country and that nursing cannot be an exception. It is believed that when evil people are recruited into any profession they will corrupt others [24].

Interestingly, some people expressed appreciation of what the professionals face too; specifying the unfavorable conditions under which they work, for example: work without break time, inadequate supply of oxygen to the units for use in emergency, lack of electricity supply at night [24], and three nurses to fifty women in a general hospital –

> *Most of the time the staff are overwhelmed and they simply ignore the cries, and close their eyes to suffering pregnant women, until the babies' heads are out or the water has broken* – 'H' Jan, 19 [24].

Describing his experience someone expressed his opinion in the media –

> *"only one nurse available for the shift that Sunday afternoon to attend to many patients ... I began to wonder how this nurse would provide adequate and even care to all her patients ..."* [31].

It was obvious from people's comments, that Nigerians believe that there are both good and bad nurses but that the bad ones are more than the good. They believe there are quacks, pointing out that most of the so called 'nurses' are not trained; because, they believe professional nurses would not be discourteous to patients [24]. Some opined that Nigerians are not able to distinguish a professional nurse from a quack saying that most of the acts of callousness are being perpetrated by quacks [27]. They indicated that good ones assist indigent patients with their personal resources and are caring –

> *There was this nurse who all the other nurses hated because she was always responding to patients when they called on her. They will insult her and call her names like 'Good Samaritan', etc. whenever she was about her duty* – 'J' Jan, 28 [24].

'Bad nurses' were described as nonchalant; not interested in the profession; being in the profession only to make money; and having a misconstrued orientation about their jobs, they think they are helping and not providing services. Bad nurses know nothing; they derive

pleasure in the bad things they do to patients; they just gist away at their station; they let the patients suffer; they pass unpleasant comments about patients; they frustrate the attempts of good nurses; they are wicked, uncultured, unethical, unpolished, hostile and self-loathing; they lack professionalism; they sleep on duty and would not wake up to attend to patients when alerted of danger [24]; they ask silly questions instead of giving required answers. Some are unintelligent not knowing when to talk or keep quiet. They do not make necessary referral contacts and allow sick patients to be moved from one hospital to the other while looking for space. They take advantage of patient's feeling of helplessness to take gratification for assistance, such as, *showing you where and how to go about the cash payment under panic* – 'An' Jan, 28 [24]. They do not practice their religion [24] and the midwives shout on patients or even abuse them [16].

Healthcare consumers: Many consumers do not know their rights, and some who do, do not know how to, or are afraid to demand for it [24]. Lack of litigation by consumers is said to be responsible for the lack of accountability [24]. The health-seeking behavior of many Nigerians make them present late for care; by which time their expectations are unrealistic and they put up unwholesome behavior [24].

> *What about evil patients who attack health workers … When you come to the hospital expecting to see bad nurses due to stories you have heard before, every action of the nurse will look bad to you* [24].

Nurses and intra-professional relationship: It is often said that the greatest challenge to nursing practice in Nigeria are nurses. Nurses are becoming less caring and less dedicated to meeting the needs of clients [21]. While patients and their families are more concerned with access, interpersonal communication, convenience and cost [32], the focus of nursing now is to checkmate doctors [27]. Nurses in some public hospitals, allegedly abdicate their routine nursing tasks to relatives and a new crop of staff called "caregivers" [27], while, the core

nursing tasks are done shoddily. There is lack of discipline and respect among nurses [16]. Most times, the senior nurses only work as observers while the junior ones do the work [16]. There are reports of improper handing over and taking over, poor reporting, selling of drugs and other items to patients while on duty, and training of quacks in private hospitals [16].

In view of the fact that nursing services in Nigeria are provided at tertiary, secondary and primary levels of the healthcare sector, and in different public and private settings, the quality of nursing care differs ranging from poor to satisfactory. The realities presented here therefore do not describe what happens in every health facility or with every nurse - patient interaction; but, are there *Magnet Hospitals* in Nigeria?

4.0 Implications for Quality Nursing Care in Nigeria:

The cited robust discussions in the social media, whether fair or not, are an indication of the changes in the techno-social environment. There is improvement in the level of education of Nigerians and in the people's awareness of their rights. The possibility of litigation is also increasing. It is clear that the structural, process and outcome factors [5] are interconnected and interdependent [15]. Delivery of nursing services, though directly related to the process, is aimed at the outcome, and it depends on the adequacy of the structure. The implication of this fundamental understanding is that, focus on making delivery of nursing care safe, comprehensive and effective, must be a continuous one [21]; and that, nurses can no longer limit their quality improvement activities to core nursing tasks.

Improvement of healthcare service delivery in the country and correction of deficits in the human resources for health are part of the National Strategic Health Development Plan [23]; this must be adequately funded [21, 23, 33]. The question is: how involved are nurses in these government activities? Development is supposed to be participatory with contributions by

every stakeholder from the minutest unit of operation to the highest level. Nurses must be actively involved in policy or decision making concerning their welfare or care of patients [34]. Nursing care and staff care, should be priority for health sector improvement [12], therefore, nurses should lobby for more representation at higher levels of decision making [2]. Where the opportunities are provided, nurses should maximize them and make meaningful impact.

Levels of nurse staffing has been implicated in the spread of infections within hospitals [35], falls and medication errors on medical / surgical units [36], increased mortality [37], pneumonia deaths, postoperative pulmonary embolism and deep vein thrombosis [38]. If the working condition is improved, majority of the problems will be solved [2]; and may improve both nurses' and patients' satisfaction [39]. Improved work environment [9, 19, 40] and more favourable staffing [19, 39-41] were associated with increased care quality. Use of retention strategies to address mal-distribution and out migration, and upholding the principle of transparency and merit in appointment to positions [2] are important factors in ensuring adequate staffing. There is need to match staffing with patients' need for nursing care [37]; otherwise where the patient-to-nurse ratio is high, nurses focus on less stressful technical aspect of care [42], while the patients and their families may be more concerned with the interpersonal part of care [32]. The number of hours per patient per day - HPPD [43] should be considered in staffing. Non-nursing tasks should be taken off nurses e.g. settlement of discharge bills, social welfare services, pharmacy / laboratory errands.

Nurses are aware of the changing nature of the consumers of their services and their environment. It is heartwarming to note that the Nursing and Midwifery Council of Nigeria (NMCN) is unrelenting in her efforts to set and enforce standards that ensure Nigerians enjoy safe nursing care. There is periodic review of the curriculum to meet contemporary health

demands of the populace. The MCPDPs of the NMCN were developed and are being enforced as a requirement for renewal of licenses to keep nurses abreast of current trends in nursing practice. Professional license verification and renewal [16] exercise should be a continuous exercise to achieve the goals of the reforms. Every nurse should have personal copies of the NMCN standard of practice and code of ethics. These documents should be reviewed at MCPDPs nationwide. State committees of the NMCN, and the accreditation and inspectorate arms of the Council, should be supported in their activities to ensure standards are maintained. In addition to the MCPDPs, nurses should be given opportunity to advance themselves professionally and be recognized for their abilities [42]; more so, when studies have reported improved quality of care with more nurses possessing university degrees and specialty certification [3].

Education and advocacy for the support of the media towards promoting the image of nurses should continue. Aggrieved members of the public should be encouraged to freely seek redress [24]; while, disciplinary actions against erring nurses should be made public. Nursing and midwifery practice are under the NMCN, but it is high time adequate attention is given to midwifery. Currently, midwifery practice is largely promoted in the country by development partners. There must be clear career progression for midwives and opportunity for their professional development without migrating to nursing. This will promote job satisfaction and ensure retention of midwives (experts) in the practice of midwifery.

In developed countries, many studies draw from different national surveys to answer nursing related issues. It is appalling that there is no nurses' databank in Nigeria and there are no national surveys that nurses can access and 'joggle' the data for studies on nursing, as in developed countries. There is a need to begin to build databank and use research findings to guide reforms in nursing in Nigeria. From facility level to the national level, nurses should

begin to collect data regularly, on determined variables related to nurses' bio-social-data, education and practice of nursing, activities in nursing specialty units, preparation for and life after retirement, etc. These can be pooled for large scale analysis. Nurses should collaborate on research activities and be able to access funds for research activities towards evidence-based innovations in the profession. Advocacy for improved work environment and welfare of nurses should be based on evidence.

Activities of the National Association of Nigerian Nurses and Midwives (NANNM) towards improving nurses' condition of service are quite laudable. More attention, however, should be given to the development of nurse leaders – supportive role models, well informed in nursing and other matters, and respectable. Campaigning for number is not enough; the appointed must be able to perform and deliver! Integration of nurses at all levels and in all sectors of healthcare delivery is critical to improving the image of nursing. Job stress had significant effect on the physical and mental health of nurses and considerably accounted for differences in personal and work behavior of highly stressed nurses and less stressed nurses [(34)]. NANNM should therefore, actively support and assist nurses to cope with work stress and personal social challenges. Unity between graduates of university-based nursing programmes and the school of nursing graduates is important – the current tension must be doused. Collaboration with international community of nurses should go beyond attending meetings. NANNM should explore opportunities for partnerships to improve nursing in Nigeria. Nigerian nurses in Diaspora could also assist where possible e.g. National Association of Nigeria Nurses in North America (NANNNA).

Every public hospital has a clinical audit unit which performs quality assurance services [(24)] and many nursing departments in Nigerian hospitals, especially in the tertiary health institutions, have quality improvement units (QIU). How effective these units are within the

healthcare system constraints, is another issue. Results from measurements of quality should be used to develop and improve quality of care [44] and not just wished away. It is not enough for nurse leaders to be concerned about whether or not nurses finish their assigned tasks [45], because, lack of organizational support has been implicated in nurses' job dissatisfaction and burnout [42]. Reducing nurse burnout is an effective strategy for improving quality of care in hospitals [35, 46]. Deliberate efforts must be made to promote transformational and relational leadership [45]. Deployment of nurses should be according to specialty area [16], while rotational headship for nursing should be encouraged in the hospitals.

Nurses must be adequately represented in the management of hospitals [27]; and all the nurses should be engaged in policies to enhance their awareness of the care environment and patient care delivery [47]. Nurses should be given more responsibility for the clinical decision making in their patient's care [42]. Inter-professional cordiality between nurses and other professionals is fundamental to improving the quality of patient care [11]; hence, genuine and positive relationships must be promoted first among nurses [48], and between department of nursing and others in the hospital [49].

The consumers should be educated on both their rights and responsibilities in utilizing nursing services. Standard of practice and the code of ethics for nurses in the country should be in public domain. Partnership with organs of government responsible for public enlightenment is important in the fight against quackery and in assisting the public to identify the professional nurse. Promotion of good health-seeking behavior is equally important and the fear of futility in seeking redress should be dispelled.

5.0 Conclusion:

Nigeria is a religious country and almost every nurse is an adherent of a religion; hence the disappointment of some members of the public at the attitude of some nurses. The spiritual

part of everyone is often invoked to make people do the right and be fair one to another. It is said that *nursing is not just an ART, it has a heART, Nursing is not just a SCIENCE it has a conSCIENCE* [49]. Patients are aware of the inadequacies in the healthcare system and believe that God is the only one who can adequately reward nurses who are hardworking and kind [13]. While attending to the job-related stressors, nurses should continue to appeal to one another to uphold the ethics of the profession in the fear of God; knowing that the nurse might be the patient someday, *how would she like to be treated?* [24]

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