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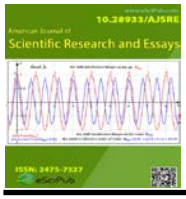

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Translating the Gains of Nursing Education Reforms into Quality Clinical Practice: The Role of Nursing Leaders

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ABSTRACT

Nursing reforms in Nigeria took a quantum leap in 2018 with the alignment of nursing education with the mainstream of tertiary education in the country. Year 2023 has been scheduled for full implementation of the reform. The ultimate goal of reforms in nursing education is delivery of quality nursing care. This review was undertaken to highlight the critical roles of nursing leaders in Nigeria towards ensuring that the reforms in nursing education translate to quality nursing practice. The six critical roles discussed in the paper are expected to stimulate necessary activities towards maximizing the gains of nursing education reforms in the interest of the citizens.

Keywords: Gains, Reforms, Nursing education, Nursing leaders, Nigeria

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Introduction

Nursing is a dynamic and rapidly developing profession worldwide, and it would have been a failure of the regulatory agency in Nigeria if nursing education was allowed to remain static [1]. Though it has been reported that the reforms in nursing education started decades ago [2] and are being implemented slowly [1, 3]; the fact remains that the distance between the take off point of the profession in Nigeria and where it is now is quite wide. Gladly, the last quantum leap was embarked upon with the new and ongoing reforms [1]. Nurses constitute the highest percentage of healthcare workforce and therefore, play significant role in the sector; hence, failure of the profession to respond to the changing consumer characteristics will spell doom for the entire sector. Reforms in nursing are purposefully initiated and executed, to improve on the quality of the practice, in the interest of the consumers of nursing services and the society at large [1, 2]. This paper therefore, is directed at examining the responsibilities of nursing leaders in Nigeria, towards ensuring that the improvements recorded in nursing education through the reforms, ultimately result in quality clinical practice; that is, excellent patient care and outcomes. This is required at all levels of health care delivery – tertiary, secondary and primary in the public and private healthcare sectors.

Rationale for the Reforms in Nursing Education

The quality of nursing care depends on the quality of educational preparation of the nurses [4]. The need for highly educated nurses with excellent intellectual, technical, research capabilities, and specialization in various clinical fields [5] is global. Nursing education and practice in Nigeria, take place within the national educational and health systems; hence, the need for nursing to constantly respond to changes in the relevant educational and health policies [1, 2]. Furthermore, nursing education in particular, needed reforms for the following reasons:

- The unacceptably long and expensive time and money involved in nursing education; whereby, professionals move from basic to post basic nursing programmes before going on to acquire a first degree in nursing, compared to going directly for a degree programme *ab initio*
- Advances in health, medical, and information technology
- Challenges related to human resources for health HRH – shortage, poor skills mix, maldistribution, etc.
- Changing consumer characteristics and preferences
- Emerging and re-emerging diseases and evolving management strategies, including telenursing and telemedicine
- Economic recession and poor health sector financing
- Poor quality of service delivery including increasing medical errors and lack of safety
- Poor patient outcomes - medical errors and unsafe care
- Shift from task-oriented service to evidence-based practice globally
- Restricted career progression and poor remuneration
- Complex, competitive and discriminatory health sector administration
- Poor representation of nursing at management levels in the healthcare system due to academic disadvantage for appointment to managerial positions
- Need for continued professional development and lifelong learning
- Increasing intra and inter professional disharmony

[3, 6-8]

Overview of Nursing Education Reforms in Nigeria

All the reasons for reforms in nursing education outlined above are capable of negatively

influencing the quality of clinical practice if reforms were not undertaken. Some of the reforms undertaken to address the issues include the following:

- Review of entry requirement into all nursing programmes in line with entry requirement for core health professional programmes in Nigerian universities
- Transparent and objective accreditation of nursing education programmes in line with established standards
- Updated curricula for basic and post basic nursing programmes in line with societal needs, current health challenges, modern educational strategies, and clinical nursing specialties
- Competency-based curricula and professional examinations
- Increasing areas of clinical nursing specialization
- Computerization of operations of the NMCN for ease of access to information, and speed in processing nursing education matters at all levels
- Migration of basic nursing and midwifery education into the mainstream of the educational system in the country with increasing number of faculties / departments offering nursing at undergraduate and postgraduate levels in Nigerian universities; and, the adoption of the ND/HND programme
- Replacement of the former BSc Nursing programme with the polyvalent BNSc programme in response to the human resources for health HRH challenges in the country
- Clinical specialty courses at Masters and Doctor of Nursing Practice levels
- Review of registration procedure for postgraduate students with clinical specialty bias
- Increasing opportunities for online and distance learning in nursing
- Implementation of internship for graduates of the Bachelor of Nursing Science BNSc programmes

[1, 2]

There is so much excitement and optimism in the air. There is a general belief that the time for the long awaited giant leap forward, has finally come [1]. The Nursing & Midwifery Council of Nigeria is rolling out, on regular basis, the procedure for implementing the ongoing reforms with obvious transparency and willingness to support. The level of resistance to educational change is less, and none of the six geo-political zones in the country is completely left out. The impression that nursing is no longer a preferred profession because of the workplace stress, poor remuneration and poor recognition [5] is fast disappearing. Nursing is no longer a second choice for majority of entrants to the profession through university admission in Nigeria. In fact, most universities in the country offering nursing degree programmes, cannot cope with the increasing demand for admission to study nursing.

Gains of Reforms in Nursing Education

Already documented in literature are some gains of nursing education reforms. According to Ojo [9], with improved nursing education, come understanding and utilization of innovations in nursing practice. In countries where the reforms have taken root, nurses are motivated for quality nursing care; their capacity to utilize research findings in clinical setting is enhanced, and they are able to develop innovative patient care models [10]. Evidence-based strategies for best patient outcomes are developed and committedly implemented [11].

More nurses are confident about their capacity for clinical leadership within the complex healthcare system [6] and nurses are effectively engaged in health care system restructuring [10]. They increasingly participate in policy formulation and revision cycles in the health sector; and their recommendations for policy

formulation on patient care are evidence-based [10].

Patient care services are provided at advanced clinical practice level through the clinical specialty areas [5, 10]; thus helping in bridging skills gap and providing practice opportunities in various settings [5]. Furthermore, with Doctors of Nursing Practice DNP working as experts across care settings, and collaborating impactfully on different aspects of the healthcare system, the quality of clinical practice has been enhanced [10]. Similarly, undergraduate and graduate education are enriched by DNP being both clinically active and supporting students to appreciate a culture of quality clinical practice [10].

In Nigeria, the career structure of nurses has been shortened with commensurate review of the remuneration. There is improved public image of nursing and nurses [1] and there is nursing presence on boards of government health agencies and parastatals.

Role of Nursing Leaders in Translating the Gains of Reforms in Nursing Education into Quality Clinical Practice

“Knowing is not enough; we must apply. Willing is not enough; we must do.” Goethe [12].

"To know and not to do is really not to know." – Stephen R. Covey [13].

The primary objective of reforms in nursing education is to deliver quality patient care; that is, quality clinical practice [1, 2]. The gains of the reforms must be translated to every sphere of clinical nursing practice; at tertiary, secondary and primary levels in both the public and private sectors. Nurses must be allowed to utilize the knowledge, attitude and skills acquired from their education and preparation maximally; without any form of hinderance [12]. Although the areas of impact of nursing education reforms on clinical practice identified above are not exhaustive, all nursing leaders in the regulatory agency, clinical practice area, academia, professional associations, and administration, should ensure that the gains recorded in places where the reforms are effective, are also visible in the country.

Evidence-based practice EBP

Evidence-based practice is core to professionalism, quality care and good patient outcomes, patient and practitioner satisfaction, inter and intra-professional harmony, research and continuing professional development [11]. As much as possible, nursing procedures and protocols should be standardized [5, 9, 11] based on the best available evidence [11]. In line with global best practices, nursing leaders should initiate the processes for replacing task-oriented nursing, with evidence-based practice by developing clinical practice guidelines. Clinical practice guidelines are:

“systematically developed statements to assist practitioner decisions about appropriate

health care for specific clinical circumstances.” … they reduce inappropriate variations in practice, promote the delivery of high quality, evidence-based healthcare, and may also provide a mechanism by which healthcare professionals can be made accountable for clinical activities [14]

Clinical practice guidelines should be developed following the conventional procedure of reviewing quality research; considering clinical evidence and expertise, the patient’s values and preferences; and, determining the contextual issues for due attention such as, feasibility, appropriateness, meaningfulness and effectiveness of the healthcare [11]. There can be no clinical “centre of excellence” without quality nursing care. Evidence-based practice culture and quality clinical practice are linked; the focus of care is the patient. The care provided is efficient and safe [13] for the patient and others [15]. To sustain a culture of evidence-based practice therefore, it is important to promote and engage in high level research activities in clinical nursing [5], and support lifelong capacity building [12] especially, on-site hands-on trainings. Conscious efforts must therefore be made by leaders to entrench

these two activities in their strategic plans and ensure they are provided for in the organizational fiscal policies and annual budgets. National Association of Nigeria Nurses & Midwives NANNM' research and educational grants should be strategic and truly supportive.

Leadership

In view of the dynamism and challenging nature of nursing profession, the need for progressive leaders and motivating role models cannot be overemphasized[16]. Strong leadership [11] is required to drive the process of translating the gains of educational reforms into quality clinical practice. There must be leaders from the bedside through to the boardroom; prepared and mentored for intra and interprofessional collaboration, to provide quality clinical services at all levels and in all settings.

What is being emphasized currently in the health sector is managerial leadership. Managerial leadership connotes hierarchical superior-subordinate relationship within the health system [6]. Though the bottom of the nursing personnel pyramid in most establishments is quite wide, many nurses, by virtue of the reforms have risen to the directorate cadre in public service and they are mostly managerial leaders. However, many workplace situations demand prompt and appropriate decision-making; hence, managers still need clinical leaders to be efficient. According to Daly, et al. [6], managers require increasing participation of more clinicians who exhibit outstanding discretional behaviours with positive impact on the system performance; particularly for hospital care, where they influence system activities, integrity and efficiency, prompt care delivery, and success of innovation. Clinical leaders exhibit positive personal attitudes to nursing, they are confident and able to identify need for change, and go on to effectively resolve quality care related issues [6]. Managerial leaders should appreciate clinical leaders and not intimidate them into withdrawing from making a difference. Deliberate efforts must be made to promote transformational and relational leadership [17].

Although nursing managerial leaders are products of the unfavourable socio-cultural and political circumstances in the country, to effectively translate the gains of reforms in nursing education into quality clinical practice they must: be emotionally stable, communicate effectively, be unbiased and free from nepotism, they should delegate for results, be respectable, be passionate about nursing and their schedules, they must be go-getters, exemplary team leaders, operate open door policy and unbiased decision-making processes. They should support individuals with personal challenges and promote achievement of both personal and organizational targets; rewarding outstanding performances appropriately.

With more and more young nurses attaining managerial leadership positions, and the number one nurse in an establishment having the potential to occupy the position for a decade or more, the position of the number one nurse in an establishment should be that of first among equals. The number one nurse should not be the only one capable of attaining the highest possible nursing rank in the establishment. More nurses should be able to attain the highest possible rank in the establishment, including clinical leaders. Where only one of them is the head of nursing services at a time, the number one position should be rotational among the nurses in the highest rank. This expectedly, will allow for growth, innovation, and increased cohesion; therefore, nursing leaders must work together with the administration, on personnel budgeting, to ensure nurses are not short-changed.

Specialization and advanced clinical practice

Nurses today place greater emphasis on using a scientific approach for giving evidence based care to their patients. What is required now is that they get the right job roles as Nurse Clinicians, Clinical Nurse Specialists, and

Researchers to utilize their skills to the maximum. - Prof Dr. Bimla Kapoor [5]

Leaders must demonstrate manpower budgeting skills to manage the challenges of poor skills mix and skills gap in the establishment. Nursing leaders should ensure posting of nurse clinicians to their areas of maximum influence. Where nurse clinicians are not being allowed to practice to the detriment of patients e.g. long waiting periods, the problem should be scientifically addressed and advocacy for policy shift pursued. Nurse clinicians with specialization in various nursing areas should be allowed to continue to practice and not be made redundant because they have attained the highest possible rank. This would encourage mentoring and skills transfer. Otherwise, hospital administration would limit promotion to the top.

Accessibility, acceptability and affordability at all healthcare levels and settings are some of the ideals of quality clinical practice [15]. The challenge of human resources for health HRH in the country, including gross shortage and mal-distribution of nurses [7] is persistent, making these ideals absent from the healthcare system. Universal Health Coverage UHC, adopted by Nigeria as the priority focus of health care delivery in the country, ensures that: all people are covered, there are no barriers to accessing services, health services are comprehensive, all people are protected from financial hardship, and health systems are flexible [18]. According to Dr. Margaret Chan, Director General, World Health Organization, the roles of nurses in achieving these are critical [19]. Apart from nurses specializing in various clinical areas and working in the hospital setting, the Doctor of Nursing Practice DNP is fast becoming the entry point for Clinical Nurse Specialists who are capable of independent practice in all care settings, including the community and homes. This may be the panacea to bridging the existing skills gap, providing effective primary level care, and reversing the unacceptable health indices; particularly, those related to maternal, newborn and child health. Nursing leaders however, will need to develop the standard of practice in such areas with clear job descriptions, scope, etc. and secure appropriate legislations. Similarly, opportunities for collaboration through public private partnerships could be explored. Leaders of the professional associations must advocate for opening up of the rural areas socially, educationally, etc., and ensure safe and welcoming community environment for clinical practice.

Nursing leaders should be aware of detractors who keep pointing to developed countries with nurses without first degree. They fail to discuss the targets set, and the activities of such countries towards ensuring all their nurses have the first degree [5, 12] by 2020; and, that their advance practice nurses enter the clinical nurse specialist cadre with a DNP qualification [12]. To strengthen collaboration between academia and clinical practice settings, nursing leaders should encourage nurses in academia to be members of the professional clinical associations which are subsidiaries of the parent NANNM. Together, nurses can work on innovative models of care and continuing professional development activities.

Advocacy and Collaboration

Nursing profession exists within the suprasystem of the world and cannot drive its initiatives all by itself and for itself alone. Nursing is affected by government laws and policies in various sectors of the society; such as, health, education, information, governance, etc. The profession exists for a purpose, and as a dynamic open system, it needs all the stakeholders, government and non-government agencies, individuals, philanthropists, etc. to succeed [1, 8]. For maximum stakeholder engagement, nursing leaders must possess and utilize advocacy skills. Nursing leaders must develop interest in politics [9]; not only as voters, but as elected officers into positions of influence.

There must be advocacy for patients' rights to quality care at all levels and in all settings. Same goes for nurses' rights to enabling working environment, comparable competitive remuneration and compensation [5]. Multidisciplinary and interprofessional engagement, with nurses as equal partners with other health professionals, in shaping the health care system is critical to ensuring quality clinical practice [9, 11, 12]. Promoting intra and inter professional relationships and collaboration, with significant inter-professional cordiality between nurses and other professionals, is fundamental to improving the quality of patient care. Nursing leaders must exhibit "'Espirit de corps' in all situations except when it involves fraudulent and unethical practices" [20].

Nursing leaders in academia, clinical area, administration and government must actively participate in policy cycles from development through to evaluation and revision [10]. Opportunities to be involved must be maximized with inputs from colleagues who may have better ideas; while, those not directly participating should, in the spirit of true professionalism, cooperate and support the person seeking input. In policy matters, leaders must be passionate about nursing and protect the consumers of nursing services at all levels and in all settings.

Creating an enabling workplace environment

Quality of care may be improved upon by establishing control units such as nursing audit and quality improvement units; these may be able to influence the processes and the patient outcomes. What about the context? According to Donabedian [21], three areas - structure context of care, process provider-consumer transactions, and outcome effect of care on consumer's health status are essential while looking at the quality of care. The context workplace environment has to do with the human, material and financial resources available to drive the process towards achieving the outcomes. Though important, the structure often times may be beyond the nurse's control. In making case for enabling working environment, nursing leaders must generate and employ data [12]. Requests and recommendations must be evidence-based; therefore, there must be research on every aspect of care delivery. Budgeting must be evidence-based, bottom up and every nurse must be encouraged to participate in the process.

Staffing influences patient outcomes, which is one of the products of quality clinical practice. Poor staffing has been associated with nurses' dissatisfaction, burnout, and poor quality of nursing care [22]. There is need to match staffing with patients' need for nursing care [23]. For example, in making case for adequate staffing to prevent or reduce nurse burnout, it will be necessary to provide data on pertinent issues such as staff patient : ratio compared to the minimum recommended by WHO [5]; staff sick excuse reports; reports on ward accidents, patient stay, etc. Reducing nurse burnout is an effective strategy for improving quality of care in hospitals [24, 25] and must be given due attention. It also encourages retention.

Migration of nurses outside the country is unabated. Adequately prepared and passionate professionals must be attracted and retained [12]; otherwise, the gain in numbers may speedily be lost to quest for more favourable workplace environment. It is pertinent to note that it is not all about money. Technology has brought the practice of nursing in developed countries close to the nurses in the country and they have seen how many stressful procedures have been automated with little or no risks to the nurse practicing outside the country. Nursing leaders should narrow the gaps between the practice environment in the country and abroad. Economic recession? Oh yes! Government is not the only financial stakeholder; other options must be explored if what has been learnt is to be practiced in the country.

Nursing leaders must ensure there is information and feedback mechanism in place

for staff and patients [11]. A healthy social environment for staff must be encouraged by leaders possessing the characteristics mentioned under leadership above. According to the United Nations Population Fund UNFPA and ICM [26, 2], "In addition to training, capacity building requires attention to structure, systems, roles, staff and facilities, skills and tools." Therefore, in clearing the coast for independent practice by clinical nurse specialists everything that can make the practice environment unsupportive must be addressed through advocacy and policy, interprofessional collaboration, and appropriate legislation.

The image of nursing and nurses

Usually, it is within the hospital setting that consumers get to have real life experiences of the positive and negative occurrences in the health sector [6]. Nurses constitute the highest percentage of health workforce in the hospital; therefore, they are the image makers of the setting. With increasing impact of the reforms in nursing education on clinical practice, the difference will be clear. The populace will be able to appreciate demonstration of intellectual and technical skills within a nurse-led therapeutic milieu in and outside the hospital setting. Motivated nurse clinicians and clinical nurse specialists are passionate about nursing and ensure patient satisfaction through good patient outcomes. Clinical leaders remaining in the system and mentoring the younger ones help to promote a culture of quality clinical practice through EBP [13]; this further enhances the image of nursing and nurses.

There is an assumption that reforms in nursing education will take nurses away from the bedside. Nursing leaders must be careful; and, ensure that nursing does not repeat the experience of the pragmatic era when nursing tasks were devolved to lower cadre personnel and nurses moved away from the patients to attend to other tasks [27]. Nursing is all about caring and the focus is the patient; the total man that is more than the sum of his parts. The concept of *nursing presence* must be visible in pursuit of quality clinical practice and it must be promoted by nursing leaders. No nurse clinician is too senior to attend to a patient in his / her unit. This understanding must be embraced and promoted by nurse-leaders in the private sector as well. Nursing leaders in government and private sector must do more about quackery. If nurses want to practice independently, let them do so following due process and engaging the right personnel to work with them.

Nursing association leaders need to begin to take critical look at the issue of balancing professional ethics and collective bargaining. One of the expected impacts of the reforms in nursing education on quality of clinical practice is, protection of the patient from avoidable harm and guaranteeing access to acceptable and affordable quality care. Strikes have made a nonsense of this professional responsibility and thwarted the image of nursing and nurses. As highly educated professionals, the time to make a difference is now; and difference we must make, for others to emulate.

Conclusion

As critical as the roles of nursing leaders in translating the gains of reforms in nursing education into quality clinical practice are, every stakeholder in the country [8] and particularly in the health sector must play his / her part in supporting and ensuring the transformation. International collaboration and partnerships in many areas are necessary to fast-track the processes of building on the gains and translating them ultimately to improving quality of clinical practice across settings [1]. The political will for a healthy citizenry, through a functional health system, including nursing must not be compromised. Nurses must be there, in politics, to promote their course and to speak for their patients.

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