

**Title:**

**Continuing Education Choices among Nurse Educators in Nigeria: How ready are we for the proposed reforms?**

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## ***Abstract***

In the 90s, the proposed Higher National Diploma (HND) Nursing in Nigeria brought fear of inadequacy and possible rejection to nurse educators who had no first degree in nursing, because of the belief that such educators would no longer be relevant in the new system. This study therefore, was essentially to examine the qualifications of the educators with a view to finding out the human resources readiness for the new system of nursing education and offer suggestions on the possible way(s) forward. The study involved 187 nurse educators from schools in twenty-two of the thirty-six states in Nigeria, and the Federal Capital Territory. The findings revealed that 134 (71.6%) of the educators did not have a first degree in nursing, 27 (14.4%) had first degree in other fields and only 53 (28.3%) had nursing degree programmes available in their states of residence. Employers sponsored candidates for the Diploma in Nursing Education (DNE) Programme more than for the degree in nursing course. Many of the educators without nursing degree were interested in acquiring it. Lack of sponsorship, distance and short length of stay in service were some of the barriers to Continuing Professional Development (CPD). To improve nursing education, it is recommended that nursing education be university-based; this will avail nurses the opportunities to progress academically. Furthermore, professional development strategies could be developed in collaboration with the educators and other stakeholders for meaningful uptake of the proposed reforms in nursing education.

**Introduction:** Nursing education in Nigeria has undergone some positive changes over the years though quite slowly. Currently there are two levels of nursing education in the country; the first is the non-degree professional level in Schools of Nursing, Midwifery and Post Basic Nursing programmes; the second is nursing degree in the universities. The General Nursing programme runs for three years, usually in a hospital-based School of Nursing and the

graduates are registered by the Nursing and Midwifery Council of Nigeria (N&MCN) as Registered Nurses (RN). Similarly, graduates of the three years Basic Midwifery and eighteen months Post Basic Midwifery programmes are registered by N&MCN as Registered Midwives (RM). Apart from the Post Basic Midwifery programme there are other post basic programmes running for 12 – 18 months and graduates are also registered by the N&MCN.

A 3-year degree programme for registered nurses, which led to the award of BSc Nursing, started at the University of Ibadan in 1965 and was later offered at the University of Nigeria, Nsukka for several years; this programme was phased out over a decade ago. Graduates were registered by the N&MCN on completion of their programme according to the areas of specialization chosen in their final year in school; whether as educators, administrators, or public health nurses. By 1973, the 5-year generic nursing degree programme for post-secondary school candidates commenced at the Obafemi Awolowo University Ile-Ife. Graduates of this programme were awarded a Bachelor of Nursing Science (BNSc) degree and on passing the professional examinations, they were registered by the N&MCN as RN etc. Furthermore, as far back as 2002, along with the first set of programmes, post basic degree nursing commenced at the National Open University of Nigeria - NOUN (World Health Organization, 2011). Programmes on the scheme were identified through a need assessment process, asking Nigerians the courses they preferred, and the employers what sort of labour force they wanted produced for them (World Health Organization, 2011). Many nurses (clinicians and educators), enrolled on this programme; however, as at 2012 the programme was yet to be accredited (Okojie, 2012) and none of the participants had graduated. With intervention from stakeholders and consequent revision of the programme, the first few sets graduated in 2013.

As far back as 1980, it was proposed that nursing education in Nigeria should be entirely university-based; the non-degree awarding professional schools were to be re-organized to award Higher National Diploma (HND) till they could become degree awarding institutions (Babajide, 1984). This was to provide an educational qualification in addition to the professional qualification and fit nursing into the national educational system. The National Policy on Education (NPE) classifies non-degree nursing educational institutions as monotronics (Federal Government of Nigeria, 2004). Section 8 subsection 86 and 87 of the National Policy on Education states that:

Monotronics are single-subject technological institutions for specialized programmes such as: agriculture, fisheries, forestry, surveying, accountancy, nursing, mining, petroleum etc. The structure and status of their programmes shall be equivalent to those of polytechnics.

The objectives and mode of operation of Monotronics shall be the same as in the Polytechnics (Federal Government of Nigeria, 2004 pp 43).

The proposed HND nursing programme was to be equivalent to a polytechnic programme in tiers, duration and certification (Babajide, 1984), in line with the provisions of the National Policy on Education (Federal Government of Nigeria, 2004).

The mode of operation of the Schools or Colleges of Nursing today is not the same 'as in the polytechnics' (Federal Government of Nigeria, 2004). In the polytechnics, lecturers have a minimum of first degree while HND holders serve as instructors. There is high departmentalization and specialization in the polytechnics where those with special expertise and experience function without undue discrimination. The lecturers are expected to improve themselves through further studies, research, paper writing and presentation, and upward mobility is dependent on these. This is not the case in the Schools of Nursing and Midwifery where educators are like civil servants and not members of the academia. The need for further studies is appreciated and acknowledged as part of life in the polytechnics. Polytechnics and

monotechnics in the country are regulated by the National Board for Technical Education (NBTE) while Schools and Colleges of Nursing are regulated by the N&MCN.

Three decades after the proposed HND, and with increasing agitation by nurses for quantification of their non-degree qualification, the N&MCN is about to launch the HND curriculum in line with the provisions of the National Policy on Education for non-degree nursing schools to operate as monotechnics (Federal Government of Nigeria, 2004). In view of this, the least qualified nurse educator must possess requisite qualification to teach / lecture in a poly or monotechnic as against where some nurse educators with only diploma in nursing education (DNE) post RN, teach in the schools.

After its 5<sup>th</sup> Council meeting in December 2000, the Nursing and Midwifery Council of Nigeria (N&MCN) directed that the 2-year Diploma in Nursing Education (DNE) programme should be upgraded to degree awarding status within five years and failure to comply would lead to withdrawal of the existing accreditation of the programme (Nursing & Midwifery Council of Nigeria, 2001). This directive was not backed up with the expected support and visible will-power by the appropriate authorities; hence to-date, the DNE programme is still running and more diploma educators are being produced annually. This may not be unconnected with the continued opening of new Schools of Nursing and Midwifery, gross shortage of educators, and limited opportunity for degree nursing in Nigeria. As at 2011, only 14 (Nursing & Midwifery Council of Nigeria, 2011) out of the over 100 universities in the country had degree programmes in nursing. Of these, only 3 had full accreditation by the National Universities Commission (NUC) and the N&MCN, 6 had provisional accreditation, while 4 were denied accreditation. Similarly, of the 77 Schools of Nursing, 26%, 70% and 4% obtained full, provisional, and embargo accreditation statuses respectively from the N&MCN in 2011 (Nursing & Midwifery Council of Nigeria, 2011). For the 72 Schools of Midwifery, 15%, 76%

and 8% also obtained full, provisional, and embargo accreditation statuses respectively during the same period (Nursing & Midwifery Council of Nigeria, 2011). One of the major factors influencing accreditation status of educational institutions is the adequacy or otherwise of the human resources. Severe shortages of teaching staff to train quality health workforce is a global issue (World Health Organization, 2011).

Should the HND programme commence, are there enough qualified educators to facilitate its uptake in the schools? This question is as relevant in 2013, as it was, when this study was conducted in 2000. To plan any development programme for nurse educators in Schools / Colleges of Nursing, it is necessary to assess the qualification and readiness of the educators, for the proposed HND nursing programme being vigorously pursued by N&MCN and the National Association of Nigerian Nurses and Midwives (NANNM). It is also important to appreciate the preferences of the educators and what inspires them (Schweitzer & Krassa, 2010); hence, the need for the study.

**Purpose of the Study:** To examine the qualification and preferences of nurse educators in the country towards suggesting ways of ensuring adequate human resources to implement the proposed HND nursing curriculum. The specific objectives include:

- i) Explaining the educational qualification of nurse educators and the pattern of their continuing education choices
- ii) Examining the extent of diversification in continuing education choices among nurse educators in relation to the need for nurse educators on the proposed Higher National Diploma Nursing (HND Nursing) programme
- iii) Suggesting ways of ensuring adequate manpower to implement the proposed HND curriculum

## **Methodology:**

**Design:** It is an exploratory study. Exploratory design allows an attempt to answer ‘why questions’ though not towards establishing a ‘cause-effect relationship’, but to stimulate further investigation. There is paucity of studies on continuing education among nurse educators and exploratory design allows for the required flexibility in sampling procedure under such circumstances. The design was therefore considered most appropriate as the researcher sought to gain more knowledge and provide new ideas (Creswell, 2009) about nurse educators in Nigeria, to inform further investigation or development in the area.

**Area of study:** The Federal Republic of Nigeria comprises [thirty-six states](#) and one [Federal Capital Territory](#) (Abuja). Nigeria is located in [West Africa](#) and shares land [borders](#) with the Republic of [Benin](#) in the West, [Chad](#) and [Cameroon](#) in the East, and [Niger](#) in the North; while its coast lies on the [Gulf of Guinea](#). Nigeria is the most populous country in Africa and the [seventh](#) most populous in the world with an estimated population of about 170 million (Central Intelligence Agency, 2012). The country experienced creation of states from time to time over the years, from the original three regions (North, West and East) to the present 36 states and the FCT. Nursing education in Nigeria is provided by both the public and private sectors in university and non-university settings.

### ***Population / Sample:***

The researcher was interested in nurse educators teaching in non-university-based Nursing Schools registered by the Nursing and Midwifery Council of Nigeria as Nurse, Midwife or Public Health Nurse Educators. The thirty-six states of the federation and the Federal Capital Territory (FCT) Abuja were stratified geographically into the original three regions (North, West and East) to allow for meaningful grouping for statistical analysis. They were further stratified according to the type of school (nursing, midwifery and psychiatry with post-

secondary school programmes), and according to proprietorship (teaching hospitals, armed forces hospitals, state and FCT hospitals, and mission hospitals). Twenty-two out of the thirty-six states and the FCT were thereafter selected according to the stratification to ensure that all the areas of interest in the study were covered (Miles, Huberman, & Saldana, 2013; Polit & Beck, 2008). Nurse-educators in all the schools in the selected twenty-two states were invited to participate in the study.

***Instrument for Data Collection:***

A self-administered questionnaire was developed by the researcher based on the objectives of the study. The instrument contained items requesting information on the educators' personal data, education, professional experience and workplace challenges, continuing professional development and interest, and suggestions on improving the training of nurse educators. Being an exploratory study, both open and closed-ended items were used in order to allow respondents to explain their position on selected responses from the closed-ended items and to reduce subjectivity.

***Validation / Reliability of the instrument:***

The questionnaire was piloted by the researcher on nurse educators from non-participating schools; to avoid bias or contamination. The pilot exercise was to remove any ambiguity, and promote ease of administration and data analysis (simple content and construct validation). Adjustments to the instrument were made based on the observations during the pilot.

***Data Collection:***

Copies of the questionnaire were administered to the participants after obtaining their consent (Emanuel, Wendler, Killen, & Grady, 2004). Two hundred and seventy-six questionnaires were distributed to all the consenting nurse educators working in all the schools in the selected states

from October, 1999 - June, 2000. The distribution was done by post and by hand, by the researcher and student nurse-educators on the Nurse Tutors Programme Kaduna.

### ***Statistical Analysis:***

A total of 193 representing 70% of the distributed 276 questionnaires were returned and 187 of the returned questionnaires were found suitable for the purpose of the study. The quantitative data from the closed-ended items were analysed using MYSTAT and Microsoft Excel statistical packages; while, simple content analysis was done for the qualitative data from responses to the open-ended items (Polit & Beck, 2008).

## **Results and discussion of findings:**

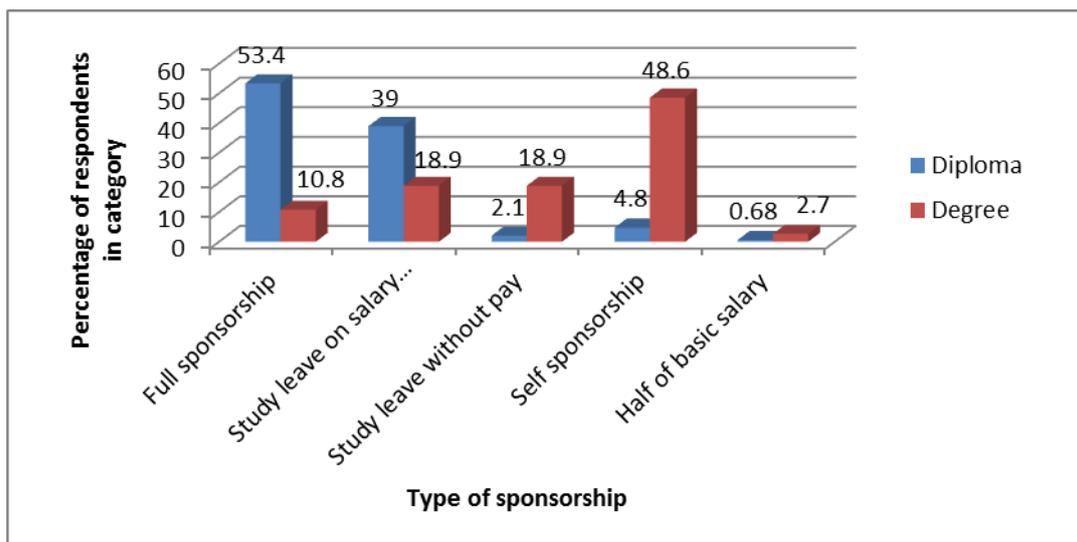
### ***General description of the respondents:***

The respondents were aged between 27-58 years, and 58% were females. Two of them were foreigners; and of the others who were Nigerians, 83 (44.4%) were from the old Northern region, 63 (33.7%) from the East and 39 (20.8%) from the West. Ninety-two (49.2%) resided in the North, while 51 (27.3%) and 44 (23.5%) lived in the East and West respectively. Majority lived around their states of origin; the Easterners appeared to be more mobile, followed by the Westerners. Sixty-four (34.2%) were employed by teaching / specialist hospitals, 102 (54.5%) by the states and the FCT, 8 (4.3%) by the armed forces and 13 (7.0%) by mission hospitals. Majority (126 (67.4%) were from the Schools of Nursing, 49 (26.2%) Schools of Midwifery and 12 (6.4%) Schools of Psychiatric Nursing. Almost half of the respondents were Principal / Assistant Chief Nurse Tutors with the other upper and lower ranks almost equal in number. Few (6.2%) of the respondents had more than 21 years teaching experience, 26.4% had less than five years, while others had between 6-20 years teaching experience.

***Educational and professional qualifications:***

Fifty-six (30%) of the respondents did not indicate their basic educational qualification(s) and / or the dates they were acquired. Of the 131 who did, majority (119 (90.8%) had secondary school education while others had Teachers' Grade II Certificate and Secondary Modern School Certificate; 118 (90%) were obtained before their first professional education. General Nursing was the first professional education for 168 (89.8%) respondents, Midwifery for 13 (7.0%) and Psychiatric Nursing for 4(2.1%). Apart from being Registered Nurse Educators (RNE), 114 (61%) had two professional qualifications, 22 (11.7%) had three, 1 (0.5%) had four while 49 (26.2) had only one.

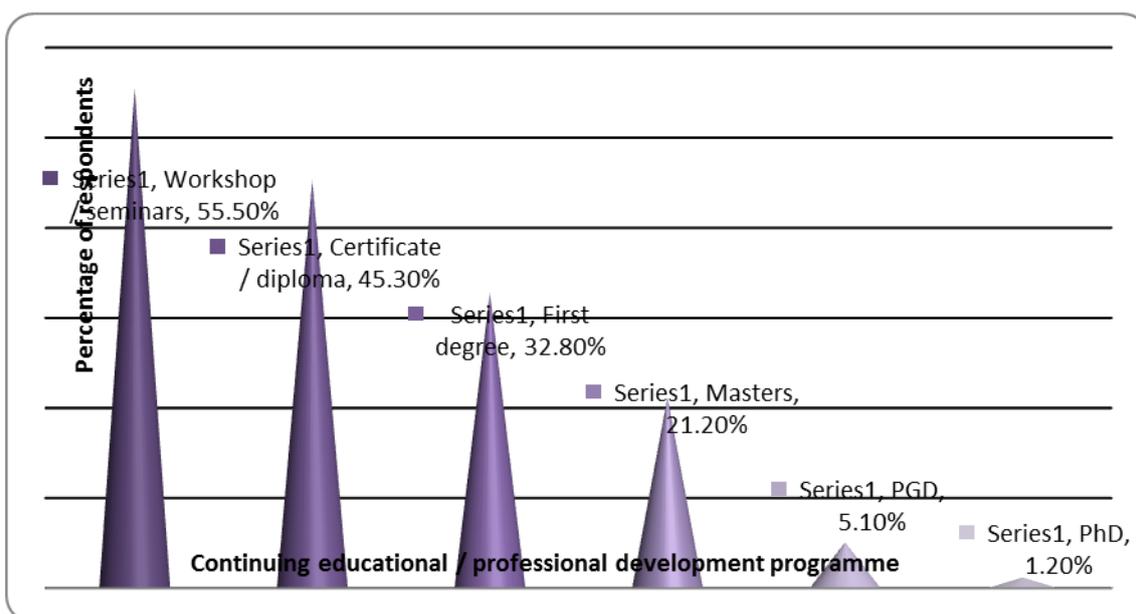
Most of the respondents were first trained as nurse educators on the Diploma Nursing Education programme, also known as nurse tutors programme. Out of the 149 respondents who went through the DNE programme only 17 (11.4%) had gone further for degree programmes in nursing. The study revealed that employers sponsored candidates for the DNE programme more, while majority of those with nursing degree acquired it through self-sponsorship and study leave without pay (Figure 1).



**Figure 1:** Nature of sponsorship for DNE and BSc Nursing programmes

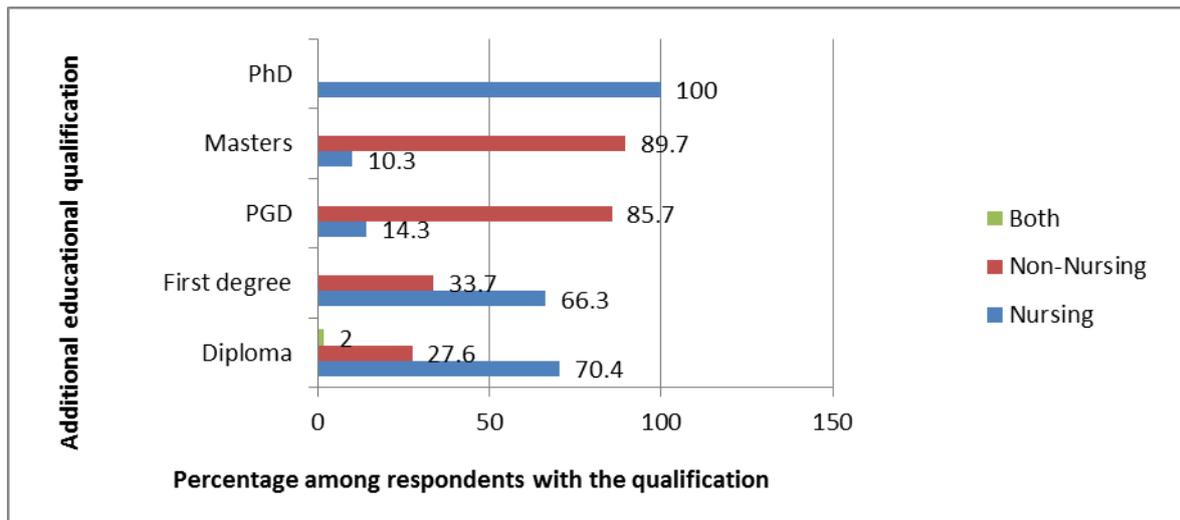
***Continuing educational and professional development (CPD) experiences:***

Majority (139 (74.3%) of the respondents had attended various educational or professional development programmes since first qualifying as educators (Figure 2); some attended up to four different programmes. Reasons given for not attending courses by those who did not included: not being ripe for training, lack of sponsorship, no schools / admission for desired courses, and financial, personal and family problems. Hindrances to continuing education reported in previous studies also included finance and time (Eaton et al., 2011; Hegney, Tuckett, Parker, & Robert, 2010; Schweitzer & Krassa, 2010), distance (Hegney, et al., 2010) and family issues (Schweitzer & Krassa, 2010). Ease of access, working patterns and employment status were also reported as barriers to CPD (Eaton, et al., 2011).



**Figure 2:** Continuing education and professional development programmes attended

Further examination of the additional educational qualifications possessed by the respondents revealed that the higher the qualifications from degree level, the more the educators moved away from nursing (Figure 3).



**Figure 3:** Respondents' additional educational qualification

The first degree possessed by the respondents covered fields such as nursing, health education, physical & health education, guidance & counselling, sociology, biology education, political science, psychology, law, public administration, administration & planning, and microbiology. The postgraduate diploma (PGD) was in management while the Masters degrees were in social work, educational management, public administration, evaluation, guidance & counselling, nursing, criminology, sociology, community/public health, curriculum studies and applied microbiology; while the Ph.D. was in education. Half of those who did non-nursing courses did so to improve their job performance, others felt that going for another nursing course would be a waste of time and as such, went for what they described as 'relevant courses'. Non-degree nursing courses often do not attract additional remuneration or recognition. The current scheme of service for nurses in the country has no provision for the educators' 'relevant' or 'related' courses. Failure of management to recognize and reward higher education was said to have killed initiative and excellence in nursing care as well as frustrated many out of the profession (World Health Organization, 2010).

Participation in continuing development activities cut across the various ranks; however, almost all the most senior educators had attended courses compared with about half of those in

the lower ranks. This may support the 'not ripe for training' reason given by some respondents for not attending CPD as sponsorship may be tied to seniority or years of service. Similarly, participation was significantly related to the region of residence of the respondents, being highest in the West and least in the North ( $P_v = .006375019$ ). Education is a valued asset in the Western and Eastern parts of the country; while, the Northern part is commonly considered as educationally disadvantaged.

***Distribution of Graduate Nurse Educators:***

Respondents who possessed a first degree in nursing were more among the Principal / Assistant Chief Nurse Educators than in the other ranks; more among those who did General Nursing first as their basic programme; and more among those teaching in Schools of Nursing and Psychiatric Nursing than in Schools of Midwifery. Furthermore, the armed forces and teaching hospitals had higher percentages of university graduate educators than states and it was poorest among mission schools. The entry behaviour into the various nursing programmes and schools owned by the different proprietors was not uniform in the past. This might have been responsible for the variations observed. Requirements were more stringent for General Nursing, in Federal Government owned institutions (teaching hospital and the armed forces' hospital) and in the Western part of the country; most of their candidates possessed requirements for admission into the university for BSc nursing in the past. By mid 90s the N&MCN successfully raised and harmonized the entry requirement for all programmes to be the same as for admission into the university-based BNSc. That is, five credits including English language, mathematics, biology, physics and chemistry. This makes it easy for nurses to further their education to any desired level without problem of inadequate basic educational qualification.

Degree nursing programme was available in states of residence of only 53 (28.3%) of the educators; two-thirds of those with degree did not have the programme in their states of residence. There was however, no significant relationship between availability of course in state of residence and possession of nursing degree (Table 1). More than half of the educators resident in the Eastern part of the country had a degree in nursing, followed by those who were resident in the West and those in the North respectively. This was found to be significant suggesting a relationship between regions of residence and possessing a degree in nursing (Table 1). The findings may also suggest that while majority of those who had degree in nursing were not resident in states where the programmes were available, nurses in particular geographical locations were more willing than others to move out of their states of residence to where the courses were available. Degree nursing programme started first in 1965 at the University of Ibadan (West), followed by University of Nsukka (East) in the 70s, and around 2000 at the Ahmadu Bello University (North), yet the Easterners seemed to be more disposed to having nursing degree being probably the most mobile as earlier reported.

**Table 1:** Possession of first degree in nursing by availability in state and region of residence

Other Variables	Possess first degree in nursing				X <sub>2</sub> - Test
	Yes (%)	No (%)	In Progress (%) *	Total (%)	
Nursing degree available in state of residence:					
Yes	18 (34)	34 (26)	1 (50) *	53 (100)	P <sub>v</sub> = 0.261129
No	35 (66)	98 (74)	1 (50) *	134 (100)	
<b>Total</b>	<b>53 (100)</b>	<b>132 (100)</b>	<b>2 (100)</b>	<b>187(100)</b>	
Region of residence:					
North	13 (14.1)	79 (85.9)		92 (100)	P <sub>v</sub> =0.00000939052
East	26 (51.0)	24 (47.0)	1 (2.0) *	51 (100)	
West	14 (31.8)	29 (65.9)	1 (2.3) *	44 (100)	
<b>Total</b>	<b>53 (28.3)</b>	<b>132 (70.6)</b>	<b>2 (1.1)</b>	<b>187 (100)</b>	

\* Cells in the 'In Progress' column were excluded from X<sub>2</sub> calculation

The thinking was that many educators had degrees in other fields, the study however, revealed otherwise because less than half of the educators (80 (42.7%) had a first degree; 27 (14.4%) had their degrees in non-nursing fields and 53 (28.3%) had nursing degree, while, 2 (1%) were undergoing nursing degree programme at the time. Only one of the 53 educators with nursing degree went through the generic BNSc programme, the others were products of the old BSc nursing degree with specialty areas; 42 specialized in nursing education, 7 in administration and 3 in public health. The remaining 107 (57.2%) had no first degree at all; suggesting that majority of the educators may not be able to participate in the proposed HND nursing programme as lecturers. It is interesting to note however, that some of the non-nursing degrees could be useful under the earlier proposed collegiate system (Babajide, 1984) if the structure of the schools was aligned with polytechnic structures as provided in the National Policy on Education (Federal Government of Nigeria, 2004). Some years ago, an abridged programme was designed for nurses with 'relevant' degrees to undergo a postgraduate diploma in nursing programme before going for Masters in Nursing. This was a retention strategy to reduce migration of nurses to other professions or 'greener pastures'. Furthermore, it was expected to increase the number of nurse specialists and educators, and promote career mobility for stagnating nurses with degree in other fields not recognized for promotion in the scheme of service for nurses in the country. Unfortunately, no university has commenced the programme.

***How willing are the educators to have a first degree in nursing?***

It was noted that majority (93.6%) of the 53 educators with degree in nursing and more than half (55.7%) of the 134 without nursing degree favoured a first degree in nursing as the minimum qualification for nurse educators; they recommended the old post basic degree in nursing (BSc Nursing) or the generic nursing degree (BNSc) plus a postgraduate qualification in education. A few in both categories (educators with or without nursing degree) were of the opinion that the minimum qualification should be a Master's degree. Interestingly, 82 (61.1%)

of the 134 respondents who had no first degree in nursing, desired to have a nursing degree, while 42 (31.3%) did not, and 10 (7.4%) did not indicate their position. The desire to have a nursing degree cut across the different age groups and it was not significantly related to regions of residence ( $P_v = 0.451005877$ ).

Studies reported that nurses generally appreciate the importance of continuing education (Cleary, Horsfall, O'Hara-Aarons, Jackson, & Hunt, 2011). Those still interested gave reasons such as: to update their knowledge, compete favourably within an academic environment, improve their standard of practice, satisfy their love for nursing, and participate in policy making. These are similar to the reasons given for CPD activities earlier listed in this report and documented in previous studies. Reasons given on the other hand, for not being interested in a first degree in nursing, included: frustration after several unsuccessful attempts to secure admission, possession of another qualification, self-actualization, forthcoming retirement from public service, lack of sponsorship, perception that it is not important, and long programme duration. Studies acknowledged the need for nurses to keep abreast of current trends in the profession (Eaton, et al., 2011) and it is the responsibility of nurses to participate in continuing professional development activities (International Council of Nurses, 2012) before renewal of their practicing license (Cleary, et al., 2011; James & Francis, 2011). A study of why German and British nurses went on Masters in Nursing programmes revealed they did so to upgrade their knowledge and skills, satisfy their personal and professional need for greater challenges, for career progression, greater recognition and sense of accomplishment, and to improve the quality of their service (Watkins, 2011). Perceived relevance also influenced the decision to undertake a CPD activity (Eaton, et al., 2011).

***How to improve education of nurse educators:***

Suggestions by the respondents on how to promote CPD among nurse educators are summarized in Table 2 below

**Table 2:** How to encourage CPD among nurse educators

Suggestions	Frequency (%)*
i. Regular courses in and out of Nigeria	61 (32.6)
ii. Make degree in nursing compulsory	49 (26.2)
iii. Make nursing education university-based	40 (21.3)
iv. Provide regular sponsorship	26 (13.9)
v. Make part-time degree nursing available	16 (8.5)
vi. Use nurse educators for nursing education	6 (3.2)
vii. Inaugurate Association of Nurse Educators (ANE) and N&MCN to encourage ANE for the welfare of qualified educators	4 (2.1)
viii. Educate nurse educators with their counterparts in the university	3 (1.6)
ix. Allow educators to have degree in their fields of interest	1 (0.5)
x. Maintain 5 credits minimum entry qualification	1 (0.5)
* n = 187; Multiple responses allowed	

Respondents interested in degree programme in nursing suggested how they would want the programme organized for them. They wanted the degree course to be available in all the state capitals, in all Federal Universities and Polytechnics, and in or near their own towns of residence where possible. They opined that the course could be run on weekends, during long vacations or both. To them, it could be full or part-time and last for 1-5 years depending on how it is packaged. There should be concession granted to experienced nurses and those with DNE. For educators, they wanted the full-time programme to last for two years and the part-time for four years.

Education and health systems are dynamic; hence, strategies for continuing professional development (CPD) activities should be innovative and diversified (Pool, Poell, & ten Cate, 2013). Studies showed that nurses preferred local, relevant, and flexible course arrangements that are based on their needs and work; needs identified and agreed upon collaboratively with the organizers (Akin-Otiko, 2011; Cleary, et al., 2011; Eaton, et al., 2011). Obafemi Awolowo

University and Ladoko Akintola University, both in the West, have part-time degree programmes for interested registered nurses. University-based nursing education is regulated by the National Universities Commission (NUC) in collaboration with the N&MCN; hence, the terms and conditions for running full and part-time degree programmes in nursing must be in line with standards set by the two regulatory agencies. Currently, Registered Nurses are granted only one year concession and spend four years to acquire BNSc on full-time and five years on part-time, while the educators want two and four years respectively.

### ***How ready are we for the reform?***

Adequacy of educators is a critical factor in the accreditation of a School of Nursing and its programmes. Important for the smooth take off and effective running of the HND Nursing programme therefore, is availability of adequately prepared and qualified nurse educators. The current rate of production of nurses and midwives is very low (World Health Organization, 2011) and reform that would lower it further would jeopardize delivery of quality nursing and midwifery services in the country. This study revealed gross shortage of personnel for such a reform. Apart from the degree in nursing, it is required that all teachers in tertiary institutions in Nigeria are trained in the methods and techniques of teaching and possess relevant industrial and professional experience (Federal Government of Nigeria, 2004). The BNSc programme is the current pattern of nursing degree programme in the country. BNSc graduates are polyvalent nurses prepared for clinical practice, and do not have adequate preparation to teach at the tertiary level. They therefore, require teacher education to qualify to teach on the HND programme. The DNE programme needs to be reviewed to a postgraduate level and operated on full or part-time basis for such graduate nurses who wish to teach. They should still pursue higher degrees in nursing specialties, such as, medico-surgical nursing, mental health psychiatric nursing, maternal and child health nursing, community health nursing and nursing education. The study revealed that nursing education was the specialty area of majority of the

educators who graduated from the old BSc nursing programme, however, within the poly- or monotechnic structure specialization and departmentalization is critical.

The study further revealed the unsupportive environment in which nurse educators practice. Nurse educators' welfare in terms of staff development opportunities should be greatly considered. Unless specific number of years of professional experience is a criterion for admission, interested nurses should be released and sponsored to further their education without undue delay. Change to an HND curriculum based programme is not enough; an all-encompassing reform covering the structure of the schools of nursing and their mode of operation is important. Studies showed that at the institutional level, managerial constraints hindered implementation of newly acquired knowledge and skills (Akin-Otiko, 2011; Sykes & Temple, 2012), therefore for a meaningful result, reforms in nursing education must be broad-based and supported by government commitment (Evans, Razia, & Cook, 2013). Poor working conditions that were implicated in brain drain and migration of nurses and midwives to other fields and countries must be mitigated.

Already, the global strategic directions for improving nursing and midwifery services include development of tertiary education for nurses and midwives with opportunities for advancement through undergraduate and postgraduate bridging courses (World Health Organization, 2010). Stakeholders in government, civil society, education and professional organizations, development partners and investors, who are interested in the education of nurses and midwives, should explore the provisions of the National Policy on Education especially, under sections 1 and 6, in designing full-time / part-time programmes for nurses to domesticate this strategy. This would significantly address the workforce challenges. Nurses may have to be sponsored abroad for postgraduate studies in nursing specialty areas. Support of nurses in the Diaspora could be sought to facilitate the commencement of postgraduate nursing programmes

in accredited departments of nursing in Nigeria. Nursing departments in the country could also explore opportunities for phased joint and exchange programmes with reputable nursing faculties outside the country.

## **Conclusion:**

Reforms in nursing education are inevitable because nursing profession must continue to respond to the dynamics of the changing society and clients' needs. Reforms must however, be based on solid foundation of adequate resources to sustain the change and produce desired results. Advocacy and sensitization must start now through the instrumentation of active participation and collaboration with all the stakeholders from the beginning through every stage of the reform, if it must succeed.

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