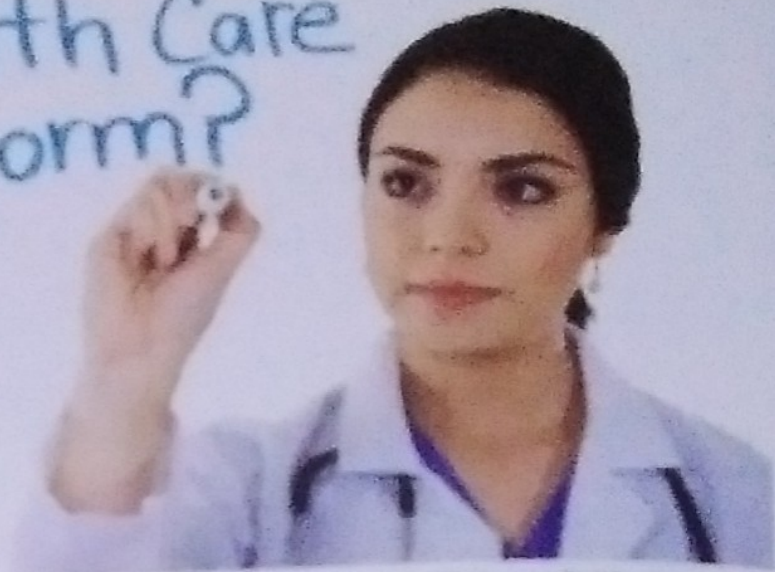


COMPARATIVE REVIEW OF NURSING EDUCATION REFORM: A CASE OF NIGERIA

Health Care Reform?



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ABSTRACT

Background: Education and practice are the bedrocks of meaningful development of any profession. A profession that does not change and improve on its traditional orientation and practice, will not meet the fast-changing demands of the society. A profession must contribute and serve the community to be relevant as a profession, hence the need for dynamism and responsiveness to the demands of society in which it operates. The need for nursing educational reforms in Nigeria has become necessary due to the global demand for quality nursing training as well as efforts in the health sector to meet health demands of fast-growing populations.

Objectives: This paper attempted to compare various educational reforms in nursing in different countries, especially in developed and developing countries with the aim to compare Nigeria nursing educational reform with other countries.

Methodology: Descriptive comparative design was used to review nursing educational reforms in developed, transition and developing countries with particular reference to Nigeria nursing education reform. Nursing educational reforms from 15 countries that is 5 developed countries and 10 developing countries were reviewed. The review was done using various articles, textbooks and journals, journals, a website and conference as well as Google scholar search engine.

Results: The review found that nursing education in most developing countries adopted European and American models of nursing education and were from nursing education that underwent several

reforms and transformations in African countries particularly in Nigeria. The current reform in nursing education in Nigeria provides opportunity for Registered Nurse to proceed to first and masters degree (equivalent to degree) and later go into a year Post Graduate nursing Programme to qualify for Master Degree Programme. There are currently about 11 public and private universities in Nigeria that run six-year degree programme that enable graduate nurse specialize in any fields of nursing.

Conclusion: This paper however, concludes that for nursing and nursing profession in Nigeria to compete favourably with global nursing educational trends, nurses must improve on their educational qualification and shift nursing education from traditional schools of nursing under the ministries of health to University Based Education. It was recommended that Nursing and Midwifery Council of Nigeria should ensure that reports from various committees on Nursing Education Reform be implemented to letters and all relevant bodies and stakeholders in Nursing Education and Practice must give support to the current reform in Nursing Education by the Nursing and Midwifery Council of Nigeria.

Keywords: Comparative Analysis, Nursing Education, Nurses, Nigeria, Reform.

INTRODUCTION

Nursing which is an art and science of caring and giving help to the needy both sick and well has been in practice from time immemorial in all countries of the world. Each developed and developing country has peculiar pattern of caring for the sick in the society. Nursing in the early days was primarily a family matter with mothers caring for their families or neighbours assisting one another. The practice of nursing was principally noticed and demonstrated

by traditional medicine men or herbs men and women who use various remedies to cure or treat and care for the sick in the community. The nursing education in the beginning was based on apprenticeship in which individual learn on the job. Fafunwa (1974) defined education as what each generation gives to its younger ones, which makes them to develop attitudes, abilities, skills and other behaviours which are of positive value to the society in which they live. This position reflects the sociological perspective. Education is viewed by John Dewey (1978) as

everything along with growth; education itself has no final destination behind him). However, Yunus (1990), referred to education as an effort that is deliberately chosen to influence and help children aimed to improving science, physical and morals, so they could deliver the children to reach their dreams in order to get a happiness in life and make a good impact to ourselves, society, state and the nation.

Following the Crimean War in 1854, Florence Nightingale initiated and sustained a campaign for nurses all over the world to have an organized formal

training. This later had a positive influence on nurses in various countries of the world. Reform according to English mini dictionary, refer to making or to become better by the removal of faults and errors while, the Cassel compact dictionary view it as to improve, to amend, to redress, to cure, or to remedy the existing concept. In this regard reform was viewed on the concept of progress achieved on Nursing Education with particular reference to Nigeria.

The evolution of modern nursing practice and subsequently, nursing education has their common historical background linked with the effort of a noble woman called Lady with the Lamp (Florence Nightingale). The Crimean War of 1854 – 1856 motivated Florence Nightingale to introduce the nursing profession to care for the victims of war. This period brought about influence of nursing care in the health

Europe. of Nursing was greatly improved and many women including religious leaders were involved in patient care. The first School of Nursing was established in England by Nightingale, where she combined skills, knowledge and strict discipline among others, to train more nurses to provide nursing care to the fighting and wounded soldiers. Her efforts helped to drastically reduce the death toll on both sides of warring armies and improved on environmental sanitation in the camp; thus, the introduction of the concept of environmental health which aimed to improve the living standard of soldiers. During the era, there were many schools of nursing established to train nurses throughout Europe with the first formal training for nurses offered by Reverend Theodore Fliedner in the 1830s at the Deaconess Institute in Kaiserswerth, Germany (Poplin, 2001).

United Kingdom

The development of modern nursing education and practice started from United Kingdom and United States of America nursing education has been undertaken by various hospitals and educational institutions and this pattern of nursing education and practice was gradually adopted by various countries across the globe. At present, nursing education takes place in Schools of Nursing within the National Health Services and it is associated with particular hospitals and district. These Schools of Nursing are responsible for developing and managing their own curricular, subject to validation by the English National Board or its equivalent in other countries in Europe (Quinn, 1988). The experience of the Nursing Education Reforms in the United Kingdom termed "Project 2000" led to a "Diploma in Higher

factor. In this reform, Schools of Nursing and some Midwifery Schools merged and linked with higher education sector (Polytechnic /Universities). The World Health Organization (WHO), the United Nations Educational Scientific, Cultural Organization (UNESCO), international agencies and non-governmental organizations observed with convincing proof that nurses with more education deliver more efficient and cost-effective care (Adamu, 2011). Linda Aiken and others opined that hospitals with a higher percentage of nurses with Baccalaureate and Higher Degrees demonstrate lower mortality rates and lower failure to rescue rates (Aiken et al., 2003). The increasing health need corresponding to the growing population as well as high level of client awareness of their right to health had made it necessary for nurses worldwide to seek for higher education, to broaden their knowledge, sharpen their skills and competencies.

the ever-dynamic nature of the nursing profession (Adamu, 2011). The evidence and findings from studies emphasized on the introduction of new technologies and needs for a better educated workforce and reform in nursing education in United Kingdom. The World Health Organization (WHO), in the last decade, has provided a number of tools to support and facilitate the design of new models of University -Based Nursing Education (Fleming & Holmes, 2005; World Health Organization, 2000). The key elements of that support include prototype curricula for General Nursing and Midwifery. Nursing programme should be established in the university. There is also the need for the nursing specialty training programmes to move to the University as postgraduate programmes. The admission criteria must be fulfilled before being admitted into the university, and the curricula should be Outcome-Based that is,

Competency-Based (WHO, 2001). Similarly, the WHO provided guidance on quality control and educational evaluation; criteria for the preparation of nursing teachers and mentors; and criteria for the accreditation of schools of nursing (Fleming & Holmes, 2005; WHO, 1998; WHO, 2000).

In 2004, the American Association of Colleges of Nursing (AACN) Board of Directors reaffirmed its position that Baccalaureate education should be the minimum education required for entry into professional nursing practice and voted to accept the recommendations of a task force and to pilot a new professional nursing role at the Master's Degree level (AACN, 2004). Despite articulation mechanisms between Associate Degree Programs and Baccalaureate or Master's Degree Programs in almost every state, only 16% of nurses educated in Advanced Diploma Nursing (ADN) or Diploma programs continue their education beyond their

entry-level degree (Spradley et al., 2001). The AACN task force was charged with revising the position statement on the Quality Indicators for Research-Focused Doctoral

Programs in Nursing and recommended further examination of the history of need and criteria for practice of Doctorate Programs in Nursing. In October 2004, the AACN membership passed the *Position Statement on the Practice Doctorate in Nursing* (AACN, 2004). This position statement sets the Doctorate of Nursing Practice (DNP) as the highest level of preparation for Clinical Nursing Practice in America.

In order to achieve effective transition within nursing education to the practice of doctorate by the target date of 2015, the AACN board created two Task Forces with representation from diverse nursing specialties and institutions. The first Task Force was charged with creating an document for practice Doctorates, which outlines the basic

competencies that must be built into these educational programmes and the second Task Force being the roadmap task force, which focused on implementation of the new position statement and issues related to this transition, including moving existing Advanced Practice Nurse (APN) programmes to the doctoral level and providing efficient bridge programs for Master's prepared nurses interested in pursuing a DNP degree. In most African countries the adoption of this position statement by the AAAC and tool elements highlighted by WHO are still at infancy level.

International Council of Nurses (ICN)

Although, International Council of Nurses (ICN) has no powers to make policy document for nurses of all countries but it provides policy statement which is used by the members (National Nurses Associations) of various countries to influence health policy that is based on the

health priorities for the nation. International Council of Nurses (ICN) represent all the National Association of Nurses (NAN) across the globe, to influence the health policy of their respective countries in the area of Primary Health Care to achieve equity, accessibility to essential services, efficiency (including productivity), cost-effectiveness, quality care and improve funding of nursing education (ICN, 1969). The ICN reaffirmed that nursing education should ensure that curricula are regularly updated to meet the needs of the changing environment of health care delivery that shall be appropriately implemented, and address the needs of ongoing nursing education reform. ICN however, outlines agenda for change between the yearsof 2000 to 2020 that will positively affect nursing profession worldwide, thus;

1. Changes in nursing education,

Advances in nursing, formal in nursing profession, working environment for nurses, regulation and governance of nursing and Relationship with other professionals in the health care sector.

number of nations are encouraged to adopt these measures to improve nursing education and practice.

Influence of the Bologna Process

The Bologna process was designed to bring about the convergence of higher education across the European Union by 2010 and will lead to the unification of professional and higher nursing education and facilitate mobility of graduate nurses across the European Community. In addition, the process has provided the impetus to raise the educational status of nurses

level across Europe (Bologna Declaration, 2010). The Bologna process according to Davies (2017) was also intended to offer more opportunities for undergraduate and post graduate studies and research across Europe and for international collaborative research, in order to advance nursing knowledge and scholarship.

Current Reforms in Europe

In 1990s, major changes have occurred in nursing education at both pre-registration and post-registration levels with the following key changes namely; identification of common elements that underpin all Nursing Practice; and the development of clinical competency and practice-based learning paradigms, with an increased emphasis on health-related subjects in Nursing Education curricula.

1. Focus on essential practical skills, with emphasis on clinical practice;

2. Attention to issues such as communication skills, reflective practice, critical appraisal skills, research awareness and the use of evidence;
3. Recognition of nursing education with an academic degree as well as professional registration (Hamrin, 2011).

The majority of European countries currently have their required level of nursing education been organized only at the university level, and the shift of nursing and its specialties to an all-graduate profession seems inevitable (WHO, 2001). The Doctoral programme in nursing is undergoing reform to improve the number of Ph.D. nurses in Europe. This is to address problem of acuteness of Ph.D. nurses as contained in the report of Workgroup of European Nurse Researchers.

Nursing Education Reform in Croatia

The last two decades, tagged the "years of

education," in Croatia such a remarkable diversity of programmes that gave birth to different schools offering varying courses of study with some under the umbrella of the Ministries of Education and Health, others are semi-private or private, in alliance with vocational and technology Institutes, Polytechnics, or even National and Private Universities. In addition, some of them offer two to four-year programmes. Studying is possible on a full-time basis, as "evening school" in addition to regular work, and even as "weekend" courses. There are five higher education institutions (polytechnics) with nursing studies and 23 Secondary Vocational Schools that are registered, and their numbers appear to be on the increase in Croatia (Kalauz et al., 2008).

Nursing Education in Poland and Spain

Changes in nursing education in Poland and Spain follows the American and European standard in terms of preparation and

implementation. Nursing Education Model complied with European standards is a disconnection of the previous system of Nursing Education taught at the Secondary School Level, and adjusting the organization and post-basic curricula of nurses and midwives to the actual needs of the society as well as for the nurses themselves (Sztembis, 2006). The uniform nursing education system in Poland that met European requirements motivated the Polish change agents. This change ensures the integration of Polish nurses with the nurses from Europe and other countries in their common endeavours to improve nursing care and health outcomes.

Nursing Education Reform in Iran

Nursing education in Iran has also undergone significant changes since its genesis with foreign missionaries over one hundred years ago (Rasoul, 2006). Following the 1979 Islamic revolution, nursing education has followed the

other countries in moving from an apprenticeship model of training to an academic model (Khamehseini & Deans, 2006). A series of transformative changes in nursing education specifically across the higher education system generally has resulted in nurses now being able to undertake study across all university-based programmes up to doctoral level. Contemporary nursing students now have access to internet, and they may pursue their doctoral studies in other countries. Despite the country economic and sociopolitical transformation, nursing education in Iran, continue to improve, although, much more needs to be accomplished to ensure that highly competent nurse practitioners continue to be produced in Iran (Tabari & Deans, 2006).

Nursing Education Reform in China

Nursing Education System in China have several

master (Allison, 1993). The
Haccababate nursing
programme in China started
a year later than the one in
US and Canada at the
University of Minnesota and
the University of British
Columbia respectively
(Kozier et al., 2000).

The first Master of Nursing
Degree Programme was
established at Beijing
Medical University 1992.
By 1998, China had five (5)
Nursing Programmes at the
Master level in the entire
country (Chang, 1999). All
of these five programmes
are affiliated with major
Medical Universities in
metropolitan cities. The
framework and foundation
of the first Doctoral
Programme in Nursing had
been laid out at Sun Yat-sen
University of Medical
Sciences and the first
doctoral class was
scheduled to start in 2000
(Sun Yat-sen University of
Medical Sciences, 1998).

Nursing Education Reform in African Continent

African Countries are still
mass-producing general

nurses for developed nations
to address nurse shortage
problems in their health
industries. Nursing
Education at tertiary level in
the continent is still at a
growing stage as evidenced
in various African
Countries. Nevertheless,
Africa has also witnessed
developments in nursing
education programmes.
These include the
introduction of
preregistration nursing
degree programmes,
postgraduate nursing
programmes, including
PhDs, eLearning nursing
programmes and curricular
reforms, such as the
introduction of competency-
based curricula. (Muraraneza et al., 2017)
These nursing education-
related developments are
aimed at improving the
quality of nursing and the
overall contribution of the
nursing profession to the
health of communities in
Africa. It is essential that
developments in nursing
education programmes in
Africa align with nursing
science and educational
theory. Quite majority of

nursing education and practice in African countries adopted American and European models, in which nursing educational programmes in the continent are faced with challenges that slow down the development pace (Champion, 2017).

Nursing Education evolution and in Reform South Africa

In South Africa, increasing professionalization and a shift to university education have been important features of the reform of nursing education (Searle, 1983; Rispel & Schneider, 1991). The first nursing school was established in 1877, following the standard hospital apprenticeship model of the time, and despite the efforts of its founder, it was placed under the jurisdiction of the Medical Council, instead of the Department of Education (Dlamini & Mashaba 1988). The establishment of the South African Nursing Council (SANC) in 1944 at least wrested control of nursing

education from the medical profession (Marks, 1994). However, a 3-year diploma at a hospital-based nursing college remained the only pathway to qualifying as a registered nurse (Uys, 1989). The first university nursing degree programmes in the country were introduced in 1956 but uptake remained relatively small (Ehlers, 2002). A more significant policy shift occurred in 1986 when all nursing colleges were required to become affiliated with university-based nursing departments, which placed them officially within the higher education system. At the same time, a new comprehensive-4 year curriculum (including general nursing, midwifery, community nursing, and psychiatric nursing) was introduced for the training of professional nurses in South Africa, which could be completed through a nursing college diploma or a university degree (Breier et al., 2009).

Since South Africa's democracy in 1994, there has been a renewed focus on

nursing education as part of the post-apartheid transformation of both the health and higher education sectors (Mekwa, 2010). The nursing education policy reforms have included the rationalization of nurse training institutions, changing the scope of practice of nurses, and revising nursing qualifications (Breier et al., 2009; Department of Health, 2013). The revision of nursing qualifications has been driven by changes within the profession and the imperative to align nursing qualifications with the new National Qualifications Framework (NQF) a comprehensive system for the classification and articulation of qualifications in the country (South African Qualifications Authority (2012). A key recommendation of the new nursing qualifications proposals is that registration as a professional nurse will require completion of a baccalaureate degree in nursing, rather than a nursing college diploma.

...Africa Nursing
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...number 50 of
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...the responsibility
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...of standard of
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...SANC), as it
...in various
...SANC, 1978).
...Africa nursing
...dated back to
...has experienced
...changes in
...to meet the
...national needs and
...These programmes
...divided into two
...series; the first being
...registration

...programmes, this comprises
...the following Nursing
...programmes (SANC; 1978).
...1. a comprehensive
...four-year diploma
...or degree
...qualification in
...general psychiatric
...and community
...health nursing and
...midwifery in
...accordance with

2. a two-year general nursing leading to registration as general psychiatric nursing
3. a two-year certificate programme leading to a qualification as enrolled nurse
4. a certificate programme leading to qualification as an enrolled auxiliary nurse duration of which varies depending on institution

While, the Post-registration programmes are run as prerequisite for Nursing Degree or as Post-Basic Certificates as follows:

1. Post-basic Degree programme leading to specialization in Nursing Education, administration, and community health nursing in combination of two to three years
2. Post-Basic Diploma programme leading to variety of diploma

above field or discipline in a comprehensive four year programme

3. Supplementary Basic Diploma
 4. Post-Basic Certificate (short courses)
 5. Honours and Master Degree both of which may be taken following any basic degree programme.
- Although, all post-registration programmes are controlled by the SANC regulation. (South African Qualifications Authority (2012).

Nursing Education in Kenya

In 1993, the Aga Khan University (AKU) in Kenya began the Advanced Nursing Studies Programme (AKU-ANS) (Aga Khan Development Network, 2011). Aimed at providing in-service training to nurses on the



job, this was developed at the request of nursing leaders and their respective governments, the programme offers continuing and higher education up to B.Sc.N level to working nurses, allowing nurses to remain at their workplaces while pursuing professional development. The Programme has since allowed practicing nurses to learn and apply new skills needed to improve the management and quality of patient care. It has also enabled in-service nurses to accumulate academic credits needed for career advancement. The programmes run in Kenya includes:

1. Diploma in Nursing Conversion, Enrolled Nurse - Registered Nurse - (EN RN): A diploma in nursing which has been offered in distance learning mode since 2006 in Tanzania aims to upgrade the knowledge

and skills of Enrolled Nurses to the level of Registered Nurses. The course takes 24 months (four semesters) to complete.

2. Bachelor of Science Degree in Nursing AKU-ANS also offers a two-and-a-half-year Bachelor of Science degree in Nursing. This programme is designed to give Senior Registered Nurses the opportunity to upgrade their diplomas to degree level, and to allow them to acquire the in-depth knowledge and skills necessary to understand and influence the development of health care reform in the country. The clinical practicums are conducted in the student's workplace under the supervision of staff trained by the AKU-ANS programme. AKU has Continuing Nursing Education Programme aimed at improving Nursing Education and Practice in East Africa

(INEPEA). The project is to establish a Knowledge Network of higher education institutions concerned with the training of nurses and midwives in Uganda, Kenya and Tanzania. The aim of the Knowledge Network is to design and develop a common curriculum that will ultimately strengthen health systems across the region. The project brings together AKU's Advanced Nursing Studies Programme, in Kenyatta University's School of Health Sciences, Makerere University's Faculty of Medicine and Zanzibar College of Health Sciences Aga Khan Development Network (2011).

Evolution of Nursing Education in Nigeria

The nursing for apprenticeship training started in Nigeria in 1900 by missionaries and government hospitals with standard six and secondary

four as entry qualifications for Midwives 11 and 1 with 1 year period in 1930 respectively (Adamu, 2011). In 1946, the Nursing Council of Nigeria was established and it laid down the requirements for education, examination and registration courses. The Council reviewed the admission requirements and training to a minimum of 3 years to a Registered Nurse certificate (RN). There was no basic Nursing training in specialty areas such as Obstetrics, Ophthalmic, Paediatrics, Orthopedics to mention a few (Adelowo, 2008).

In 1960, the Western Region government of Nigeria sent qualified nurses to train as Nurse Tutors while the technical aids afforded some the opportunity to have diploma and degree. The return of these few paved the way for the commencement of degree programme in nursing at Nigerian Universities. A dramatic shift in Nursing Education took significant trends in

Nigeria with the establishment of the Department of Nursing at the University of Ibadan in 1965 and started with the mandate to produce teachers and administrators for the African region in 1968. The categories of products in this department were prepared to teach in various institutions of nursing training programmes and as administrators to serve as managers in health care institutions. This programme improved nursing and also transformed the education and practice of the profession. (Jegede, 2004). Considering the growing population in the country and the increasing health needs among the population, there is dire need to train more manpower to cater for these challenges. The University of Ile-Ife (now Obafemi Awolowo University, Ile-Ife) in 1972, therefore, started the baccalaureate programme in Nursing in response to acute shortage of nurses in the health industry. This was in line with what operates in North

America. Today, there are two hundred and ninety (290) accredited basic and post basic nursing programs in Nigeria, 57 Departments of Nursing in various Universities accredited by nursing and midwifery council of Nigeria running the Bachelor of Nursing Science (B.N.Sc) programme in line with the Ile-Ife programme. This programme is now the accepted curriculum by the National Universities Commission (NUC) for University- Based Nursing Programme (NMCN; 2021). Presently about 75% of practicing nurses in Nigeria are holders of general nursing Certificate and Diploma, this percentage of nurses are eager to earn a degree in nursing and move to grade level 14 (Jegede, 2011). However, conventional programmes cannot meet the backlog of nurses willing to earn a degree owing to lack of space and inadequate manpower to teach in these institutions. The roles and contributions of the National Open University of

Nigeria in giving opportunities to nurses willing to earn a degree in nursing while on their jobs cannot be over emphasized (Adebanjo & Olubiyi, 2009)

Nursing Education Reform in Nigeria

The need for nursing educational reforms in Nigeria was informed by the global health needs and efforts to meet up with challenges in the health sectors. Countries all over the world have continued to introduce reforms to improve health care delivery in their respective countries and to make health care delivery dynamic and responsive to the increasing demand for quality health services. The changing nature of amount of health problems, aging population, and rising public expectation, rising health costs often associated with insufficient resources and with increased emphasis on costly application of advance technology, inefficiency in the planning and priority setting, utilization and management

of health care system have made reform in nursing education necessary to accommodate these challenges in Nigeria Federal Ministry of Health, (2004). To achieve the set objectives or goals by various countries health reforms, it has become mandatory to introduce reforms in nursing education to properly equip nurses who are daily facing new challenges in their profession. The Honourable Minister of Health of Nigeria, Federal Ministry of Health, (2004) posited that the health sector reform in any country should be broad based, purposeful, and sustainable to address fundamental change in function, structure and performance of health system in order to deliver efficient, quality, affordable, accessible, effective, and equitable health care services to the populace and ultimately improve the health status of the people". This opinion is in line with the ICN and WHO position statements as well as tool guide and recommendation

on nursing education reform.

The current nursing educational reform in Nigeria is however, significant in the light of current health sector reform due to the changes in demand for quality nursing care, structure and performance of nursing education and practice in the areas of Primary Health Care and Millennium Development Goals (MDGs) as well as Sustainable Development Goals SDG (Amieva & Ferguson, 2011). This is a UN initiative to institutionalize access to and sustainable health care delivery services in areas such as eradicate extreme poverty and hunger, reduce child mortality rates, improve maternal health, combat HIV/AIDS, malaria, and other diseases, and ensure environmental sustainability, these can only be possible with university-based nursing education Amieva & Ferguson, 2011).

For Nigeria to be able to facilitate high quality care to the society, educational reform is believed to be the foundation upon which other reforms shall be executed. In view of the above, the following conditions are highlighted for successful nursing educational reforms in Nigeria:

1. A good nursing education curriculum,
2. Availability of qualified tutors/lecturers,
3. Availability of adequate modern facilities and other equipment,
4. Utilization of evidence-based practice,
5. Availability of adequate funding for research and implementation,
6. Conducive atmosphere for teaching and learning activities,
7. Effective nursing education and clinical managers.

8. Reliable and time-tested method of evaluation, and
 9. Adequate support for research and research utilization.
- (Fola et al, 2009)

Nursing and Midwifery Council Nursing Education Reforms in Nigeria

Nursing and Midwifery Council of Nigeria, was established by Decree No. 89 of 1979 (Registration Act). It is the only constituted regulatory body for the professional nursing and other nursing specialty practices in Nigeria. The primary objectives of the Council are to ensure high quality of Nursing and Midwifery education in Nigeria, maintain high standard of professional practice and to enforce discipline within the profession. Nursing Education in Nigeria takes cognizance of the National Policy on Education in developing sound educational principles which are essential to the preparation of Nurses to

function independently and/or as members of interdisciplinary and intersectoral teams (Adebanjo & Olubiyi, 2009). In 1964, a new nursing education syllabus was approved with the ultimate purpose of ensuring a uniform standard for the profession. Today, admission into Schools of Nursing carries the minimum requirement of five (5) credit passes at not more than 2 sittings in: Physics, Chemistry, Biology, Mathematics and English Language. The same requirements are applicable to University and Tertiary Matriculation Examination (UTME) (N&MCN, 2006).

Current Reforms in Nursing Education in Nigeria

In 2005, the Council proposed the reforms in nursing education which was unanimously adopted thus, charting a new course for a better and safer nursing practice in Nigeria. One of the reforms was to regulate the entry



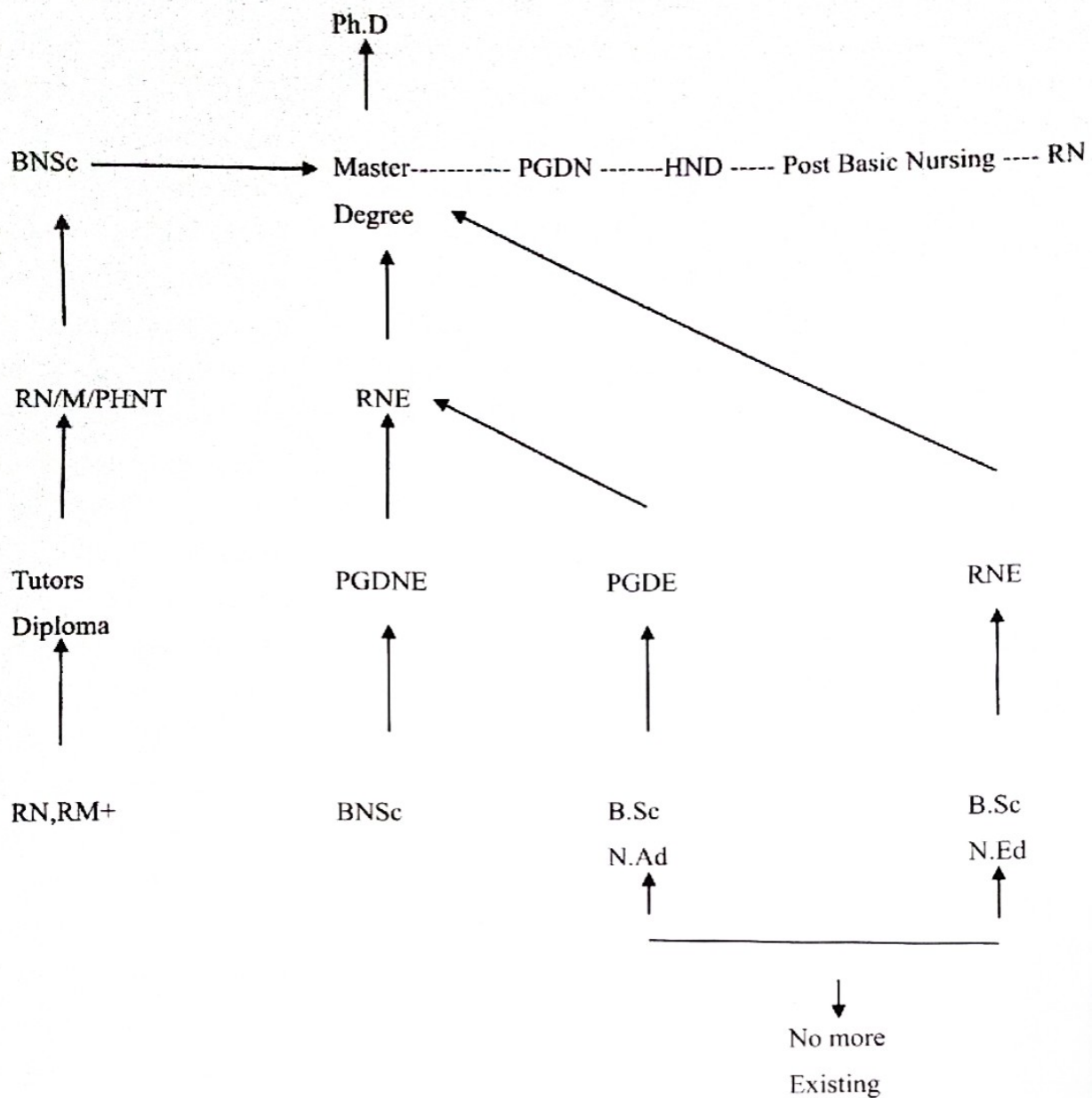
requirements for potential nurses to ensure a solid foundation for nursing training both at proposed mono-technique and at university level. It is now mandatory for nurses and midwives to continue to update their qualifications in line with the dynamism of health care delivery. It has been established in Nigeria just like other developed nations that for a quality health care, there is need for more non-traditional degree programmes to accommodate many nurses that have clinical expertise for a Bachelor degree and progression in nursing education (Olanrewaju, 2010). The current nursing education reform recognizes the fact that quite a large number of nurses who possess dual qualifications, that is, general certificate of nursing and post basic

certificate are yearning for degree in nursing. In other to respond to these needs, the Nursing and Midwifery Council of Nigeria has put in place number of nursing educational programmes for nurses to accomplish their goals. Among the programmes put in place was the Mandatory Continuing Professional Development Programme (MCPDP) designed to keep nurses updated on the new trends and innovations in nursing education and practice this also affords nurses opportunity for high level skilled professionalism (Adamu, 2011). The council has made the participation of nurses into the MCPDP a mandatory and a pre-condition for the license renewal.

The model shown below was designed as pathway in

achieving educational qualifications desirous of a professional nurse to cope with challenges of health needs of the growing population. The current reform in nursing education in Nigeria provide opportunity for nursing education for Registered Nurse to proceed to Higher National Diploma (equivalent to degree) and later to a year Post Graduate Programme as a - pre qualification for Master Degree Programme and consequently for doctoral degree programme. Similarly, some universities in Nigeria have began the assimilation and affiliation of some Schools of Nursing to their neighbouring University Institutions leading to award of B.N.Sc degree.

Pattern of Nurse Education Preparation (Past and Present)



Source: Sowunmi Olanrewaju, (2010) (Modified, 2011)

Highlight of the current structure of the nursing education reform in Nigeria

The nursing education reform in Nigeria takes the following dimensional

A. Basic nursing education programmes pp a roach which is divided into two categories;

a. The first being pre-registration programmes, this is a 3 to 6 months programme aimed to

prepare the students for rigorous academic Nursing Programmes called NPTS while the second category is Hospital final preparing the nursing students for indexing which qualify the candidate for Nursing and

Midwifery Council final examination leading to the award of General Basic Nursing Certificate (N&MCN; 2006).

b. four years nursing programme leading to the award of Ordinary and Higher National Diploma (OND & HND).

B. Post basic nursing education programmes approach which is hospital-based and university-based programmes.

1. Hospital-based post basic nursing education programme:

a. these are comprehensive 12-18 months certificates in various nursing clinical oriented specialties

b. there is also 12-18 Months training leading to

the award of diploma certificate in general psychiatric and community health nursing and midwifery in accordance with N&MCN regulations depending on the specialties

2. The University-based nursing education programmes;

a. five years nursing degree programme for student admitted through Joint Admission Matriculation Board of Nigeria have fulfilled the basic university admission requirement of five credit pass in science courses tagged UTME admission.

b. Four years nursing degree programme for student who have qualified as registered nurse or registered midwife and registered with nursing and midwifery council of

Nigeria tagged Direct Entry (D.E) admission.

c. Two years post graduate diploma in nursing education, nursing administration, community health nursing, Mental health and Psychiatric nursing, Maternal and Child health nursing and Medical and Surgical nursing.

d. One and half years post graduate Master degree programmes in nursing education, nursing administration, community health nursing, Mental health and Psychiatric nursing, Maternal and Child health nursing and Medical and Surgical nursing.

e. One and half years abridge nursing programme for holders of Higher National Diploma in nursing.

Comparative analysis of Nigeria Nursing Educational Reform with Other Countries

Nursing Practice started at the rudimentary level and in traditional manner in all countries of the world. Health services are rendered to immediate members of the communities by family members (most of who were mutually women) and traditional medicine men, these traditional health care practices were then handed down from generation to generation as a form of heritage. The members of the family, who practiced this form of health care involved the family members as form of education and training for continuity of care. Modern Nursing Education could be traced to Europe and America by the establishment of Basic Nursing Schools in various developed and developing countries. This is to produce health manpower to cater for the health needs of the increasing human population in these

countries. Countries that run Basic Nursing Schools operate the curricula that run for three years, although, countries like Spain, China, Kenya and Sierra Leone in addition, operates two years Nursing Programme that leads to the award of Enroll Nursing Certificate. In Nigeria, a similar programme (Community Health Officers Programme) is run by Colleges of Health Technology established in 1978 to train manpower to cater for Primary Health Care Services in the country. Nurses also take advantage of such programme to obtain a certificate in community health as a post basic nursing certificate to be relevant in primary health care facilities.

Post-Basic Nursing Education Programmes are available for nurses who have completed Basic Nursing Education program to specialize in their areas of interests such as Ophthalmic, Peri-operative, Anesthetics, Orthopaedics,

Community Public Health and Psychiatric Nursing programmes. These programmes operate in some countries with little modifications aimed at meeting the American standard. Nursing Education Programme initially started with enrollment of secondary school leavers or its equivalent, this led to the award of certificate in Nursing. The programme runs for one and half years in virtually all the countries under the British colony including Nigeria. The students of this programme are exposed to skills and art of caring for the client. Most of these programmes are hospital-based aimed at providing enough manpower to work in the Hospitals. The Nursing Education reform takes cognizance of abridged programmes leading to the award of Degree in Nursing in countries like Croatia, Poland, China and South Africa. This was designed to encourage nurses to further their education, most



especially those in service. In Nigeria, similar nursing education programmes were proposed in the past to introduce a six months and one-year abridge programme for nurses with Bachelor Degrees and Masters in health related fields to a full fledge degree in nursing at their corresponding discipline, unfortunately this has not been implemented.

The Nigeria nursing educational reform has introduced a Higher National Diploma Nursing programme as an abridged programme that will accord about 70% of nurses the opportunity to further their nursing education to degree and master's degree level. The modalities are also put in place by the Council in collaboration with the National Board for Technical Education (NBTE) for the upgrading of the schools of nursing to mono-techniques, for the award of the Higher National Diploma (HND) in Nursing. This measure was

well thought of by the Council and Stakeholders in Nursing Education, most especially the National Association of Nigeria Nurses Midwives to move the nursing education forward. The Bachelor of Science Degree in Nursing was offered in most developed and developing countries based on the desired needs of nurses for higher education and demand for quality and efficient health needs of the fast growing population of the respective countries. The Bachelor of Nursing degree programmes are run for two to three years in some countries like Spain, Croatia and other developed countries as well as South Africa, Kenya and Ghana in the developing countries. However, in Nigeria, the National Universities Commission (NUC) operates a five-year Nursing Degree Programme leading to award of Bachelor of Nursing Science Degree for the graduate of secondary schools and four years for holders of Registered Nurse

and Midwife certificates as generic and direct entry candidates respectively.

Considering the educational needs of the nurses in the country, the Federal Government of Nigeria introduced the National Open University with Nursing Programme incorporated to cater for majority of nurses who are in the services of the various health institutions in Nigeria. Subsequently, Nursing Science Degree by Distance Learning is now operational at some universities in the country. This programme was designed by the Obafemi Awolowo University Ile-Ife, Osun State. This programme also gives opportunity to more nurses to pursue higher education while at work. Post Graduate Nursing at Master and Doctoral levels have been operational in most European and American Countries. These programmes offer highly specialized education and research-oriented

programmes to nurses at various categories. The Post Graduate and Doctoral (Master and Doctoral programmes) in Africa particularly in Nigeria, 73 universities are also been run in the Nigeria though many Universities running the programmes are faced with challenges of manpower and facilities to operate (N&MCN; 2022).

CONCLUSION

Nursing Education has undergone several reforms and transformations in Nigeria, although, several reports and recommendations submitted by the committees constituted by the Federal Ministry of Health and the Nursing and Midwifery Council of Nigeria has not received favourable

attention, hence, implementation of most nursing education programmes had been crippled. The committee constituted in 1978 charged with the responsibility of looking into the issue of Basic Nursing Education in Nigeria recommended that Nursing Education should be upgraded to colleges of nursing to replace the existing schools of Nursing and Midwifery by the Federal Government of Nigeria (Adamu, 2011). These newly established institutions are to be administratively and financially autonomous as well as have the powers to award a degree in nursing, unfortunately no meaningful action was made to achieve this.

The Nursing and Midwifery Council of Nigeria favours degree awarding institutions to be affiliated to the existing Schools of Nursing but only less than 10% of the existing Schools of Nursing could meet the Nigerian Universities Commission (NUC) criteria for affiliation with universities (N&MCN, 2006). The Polytechnic option was taken as a short-term approach after so many years of deliberations. Nursing Council and Heads of Nursing Institutions have these challenges to ensure that nursing education is detached from the traditional influence of the Ministries of Health and some individuals in the health industries in Nigeria if nursing education is to progress in Nigeria.

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