

CURRENT TRENDS & ISSUES IN NURSING IN NIGERIA



Edited by

PRISCA OLABISI ADEJUMO *RN. Ph.D. FWACN*

ADEBAYO OLAYIWOLA ADEJUMO *RN. Ph.D. FWACN*

Current Trends and Issues in Nursing in Nigeria

Edited by

Prisca Olabisi Adejumo RN, PhD, FWACN.

*Department of Nursing, College of Medicine,
University of Ibadan.*

and

Adebayo Olayiwola Adejumo RN, PhD, FWACN.

*Department of Psychology, Faculty of the Social Sciences,
University of Ibadan.*

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Primary Nursing: An Emerging Approach for Nursing Care Delivery in Nigeria

Chizoma M. Ndikom

Summary

Health care delivery system has evolved over time as a result of changes in the economy and increasing consumer awareness. This has resulted in many health professions trying various frameworks for delivery of care to ensure cost effective care and consumer satisfaction. Nursing has tried various frameworks of care delivery ranging from task oriented, team nursing, case nursing, Primary nursing etc. Each institution uses the method that is suitable and easily implemented. Of all the methods, primary nursing is the one that seems quite promising in the drive to achieve the goal of providing quality care and client satisfaction.

Primary nursing is defined as a management system in which the professional nurse assumes full responsibility for total patient care for a small number of clients. It is seen as a way of thinking and working with patients that challenges out dated traditional nursing hierarchies and support the way forward for professional nursing. Its advantages include consistency and continuity of care, client satisfaction, increased professional autonomy, job satisfaction and improvement in quality of nursing care. The disadvantages are difficulty in implementation, which could result from not having enough adequately prepared nurses who are ready to take up the responsibility.

Primary nursing framework is yet to be tried and implemented in most hospitals in Nigeria. It has been tried and found suitable where it was tested but it is yet to be embraced by nurses generally in Nigeria. It is emerging in Nigeria, and there is need to increase awareness about this framework so that it can be further explored as it is quite promising in moving nursing forward as it ensures professional autonomy, accountability and job satisfaction for nurses.

In conclusion, since this model is a way of moving the profession forward and improving client care, there is need to carry out objective analysis and put modalities in place for the implementation of this model to ensure client satisfaction and job satisfaction as well as professional growth.

Introduction

Trends in the economy and increasing consumer awareness have brought about changes in health care delivery approaches. Issue of consumer satisfaction has become paramount to most professions. The client is fast becoming a major stakeholder in the planning and delivery of health care. Provision of quality health care is the goal of every profession in the health care industry. As quality care is the means of achieving optimal health and client satisfaction. The changing methods of health care delivery using the National Health Insurance Scheme have brought about the need to determine the cost of health care given by nurses. Nursing profession in its quest to render quality care has moved from one framework for the delivery of nursing care to the other. In many counties, Primary nursing framework is being used with nursing process model to ensure that quality care is provided and client satisfaction is maintained. Examples of hospitals that practise primary nursing include: Boston's Beth Israel hospital (Bolman and Deal, 2003) Brookton Hospital, Norwood, Children's hospital Philadelphia (Espisto-Herr, 2009). Some countries like Poland are still working towards full implementation. The importance of this framework was demonstrated by the organization of a conference with the theme: Primary nursing: sharing vision and strategy by the university of California in 2006 (CHCM, 2008)

In Nigeria, there is no uniform framework for practice as each institution is using the framework that best addresses their needs in the presence of the available resources in terms of staff strength.

Thus, various frameworks are being used in the delivery of nursing care in Nigeria. To ensure client satisfaction, there is need to move from fragmented care using task allocation or functional nursing to individualized consistent care, using primary nursing. The need for client satisfaction brought a shift in paradigm in nursing practice. The shift was from totality Paradigm to simultaneous paradigm. According to Clarke and Clegg (2000) "A Paradigm is a philosophical or theoretical framework of any kind" While a paradigm shift is a change in basic assumptions within the ruling *theory of science* or the set of practices that define a scientific discipline during a particular period of *time* (Kuhn, 1996). According to Delaune and Launder (1998), "simultaneity paradigm sees the person as more than and different from the sum of the parts changing mutually and simultaneously with the environment as a freely choosing being, co-creating health through mutual interchange with the environment. The goal of nursing in relation to this paradigm, focused on quality of life from the person's perspective. The authority and prime decision-maker in regard to nursing is the patient, not the nurse". Providing quality care has enormous benefits both to the consumer and the provider. These benefits include personal satisfaction, personal protection, clinical learning, solving clinical problems, safe practice, greater client satisfaction etc (Donkor, 2001).

The individual is dynamic and the needs change over time thus nursing care cannot be static, it has to be reviewed continuously as the needs emerge. Thus, using this paradigm nursing care cannot be fragmented as the nurse aims at giving holistic care to the client. According to Kwadrans (2001) "One of the organizing principles of primary nursing is holistic care in which a human being is viewed as a biological, mental, social and cultural entity". The need to improve professional nursing practice in Nigeria calls for the review of framework of practice. Quality care from client's perspective cannot be achieved except, nursing care is individualized. Individualized care can be achieved through primary nursing. According to McMahon (1996), primary nursing had been proclaimed as a way of providing nursing care that benefits both client and the nurse. Primary nursing is the management system in which the professional nurse assumes full responsibility for total patient care for a small number of clients. It is a care delivery method based on decentralized decision making (CHCM, 2008).

Thus, various frameworks are being used in the delivery of nursing care in Nigeria. To ensure client satisfaction, there is need to move from fragmented care using task allocation or functional nursing to individualized consistent care, using primary nursing. The need for client satisfaction brought a shift in paradigm in nursing practice. The shift was from totality Paradigm to simultaneous paradigm. According to Clarke and Clegg (2000) "A Paradigm is a philosophical or theoretical framework of any kind" While a paradigm shift is a change in basic assumptions within the ruling *theory of science* or the set of practices that define a scientific discipline during a particular period of *time* (Kuhn, 1996). According to Delaune and Launder (1998), "simultaneity paradigm sees the person as more than and different from the sum of the parts changing mutually and simultaneously with the environment as a freely choosing being, co-creating health through mutual interchange with the environment. The goal of nursing in relation to this paradigm, focused on quality of life from the person's perspective. The authority and prime decision-maker in regard to nursing is the patient, not the nurse". Providing quality care has enormous benefits both to the consumer and the provider. These benefits include personal satisfaction, personal protection, clinical learning, solving clinical problems, safe practice, greater client satisfaction etc (Donkor, 2001).

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This chapter will review the frameworks for delivery of nursing care, concept of primary nursing, evolution of primary nursing, primary nursing model, role of the primary nurse, the advantages and disadvantages of primary nursing model, Primary nursing in Nigeria. Implications for nursing and recommendations will also be discussed.

Frameworks Used in the Delivery of Nursing Care

The frameworks used for nursing care in various health institutions are determined by local needs, and available resources. Various frameworks for care have evolved overtime as a result of changes and needs in the health care system.

Task allocation (functional) Nursing: Nurses are assigned to tasks. Work is allocated by listing task on a daily or shift basis. The nurses are responsible for the individual tasks they carry out, the tasks themselves assuming priority over the patient (Bowman and Thompson, 1995). The more complex task is given to the more highly trained and senior nurse. Relationships are avoided, there is no allowance for emotional support, close observations are less likely and important clinical changes often go unnoticed. In this system, care is fragmented as the focus is on completing a particular task or procedure.

This method is less expensive as it accommodates the services of the assistants and does not need so many registered nurses. Ensures task is completed quickly. Though tasks are quickly completed, patients' felt needs may not be met as care is fragmented and each person focuses on completing her own task. The model is easy to implement in various settings but does not provide holistic, client focused satisfying care.

Case Nursing or Total Patient Care Model: This is one of the oldest nursing models developed (Berman, Snyder, Koziar and Erb, 2008; Jacob and Cherry, 2002). A nurse is responsible for the total care of the client during a shift of 8 or 12 hours. The nurse assesses clients, plans, organizes and implements all care activities. The care activities include intervention like meeting self care needs, like activities of daily living, clinical therapy, psychological support and counselling. They manage specific clients during each shift. It is different from Primary nursing because a particular nurse is responsible for the client only for 8 hours.

This method ensures the client receives holistic care from one nurse during a shift. The nurse practises with some level of independence as she is accountable for her activities. On the other hand the implementation is quite difficult and expensive as large number of nurses is needed to give total and individualized care. According to ANA (2001) "In the early 1990's, management consultants advocated for the development of a model called Patient Focused Care. However, for many, this model resulted in an increase of nursing aides and a decrease of professional nurses".

Progressive Patient Care: Patients are assigned according to their level of dependency to geographical area of a ward/unit where a team of nurses deliver the care. The ward is usually divided into intensive care, average care and minimal care. Nurses with higher level of competence work in the intensive area.

Team Nursing: The purpose of team nursing is to maximize the use of available nursing skills making them more readily available to patients. Usually wards are divided into two teams, although there may be more than two. The least task is given to the least experienced staff member while the most complex is given to the more skilled member of the team.

Patient Allocation: In this system, patients are allocated to nurses at every shift. They render care to patients assigned to them for that shift. This is different from primary nursing because the allocation is done on daily basis.

Task allocation, team nursing and even patient allocation methods of nursing are not wholly supportive of individualized and humanistic care (Evans, 1998). These approaches are easier to implement but they cannot be used to achieve the goal of individualized quality care.

Primary Nursing: Primary Nursing is a method of nursing practice which emphasizes continuity of care by having one nurse to provide complete care for a small group of in-patients within a nursing unit in a hospital (Wikipedia, 2007). This chapter will focus more on primary nursing.

Concept of Primary Nursing

Primary nursing is defined as the nurse's responsibility for the continuum of care including the maintenance of health, client evaluation, management of symptoms and appropriate referrals (Cherry and Jacob, 2002). Primary nurses are professionally accountable for their own practices, and are responsible for their patient's continuity of care (CHCM, 2008). One nurse is

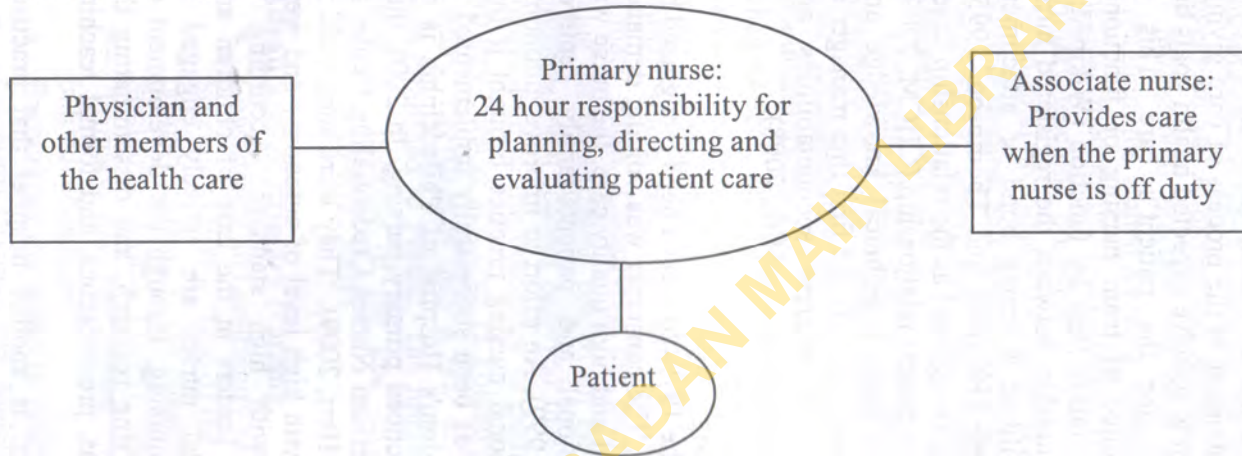
responsible for coordinating all nursing care: the initial assessment, the planning, implementation of intervention, the evaluation and assumption of accountability for the outcome of nursing care and the post care follow up (De Santis, 1986). Primary nursing includes 24 hours responsibility and accountability for nursing care of a small group of patients by one nurse (De Santis, 1986).

According to Evans (1998) "Primary nursing is a way of thinking and working with patients that challenges out dated and traditional nursing hierarchies and supports the way forward for professional nurses". Primary nursing presents a structure in which the care planner and the principal care giver are the same person with focus of helping the clients to make her own decision and greater professional autonomy for nurses. According to CHCM (2009), "In Primary Nursing, a therapeutic relationship is established between a registered nurse and an individual patient and his/her family. The relationship is initiated by the nurse and is in effect for the length of the patient's stay in a service unit".

One crucial component of this therapeutic relationship is the clarity of the RN's acceptance of responsibility for decision making regarding the nursing care the patient receives during his/her stay. Another crucial component is that the relationship is known to the patient, family, and other members of the team. The primary nurse does not provide all of the care, but rather identifies the patient's unique health needs and priorities, establishes an individualized plan of care, and communicates the plans to other members of the team.

Primary nursing focuses on the nurse-patient relationship, strengthens accountability for care, and facilitates patient and family involvement in the planning of care (CHCM, 2009). Primary nursing is different from Primary Health Care and Primary Care. Primary nursing involves one to one relationship at any level of health care while primary health care is the initial level of service provided to client including assessment and prevention services.

Primary Nursing Model



Source: Cherry, B and Jacob, S.R. (2002) *Contemporary Nursing Issues and Management*. St Louis: Mosby

FLC

This model shows that the primary nurse is at the centre of the interaction between the physicians, other members of the health care team and Associate nurse and the patient hence she serves as the coordinator and the collaborator in the process of care giving. She works together with them to achieve expected health goals but she is directly responsible for the patient's care. This is distinguished from the practice of team nursing or functional nursing by dividing patients rather than by function (Wikipedia, 2007). This change in relationship between the registered nurse and the patient should facilitate a strong bond or attachment between the patient and nurse (Bowman and Thompson, 1995). The model of primary nursing is regarded as the relationship based model as it improves the nurse patient relationship (CHCM, 2009). The primary nurse uses the nurse's technical knowledge and management skills. The primary nurse is the first line manager of the client's care with all its inherent accountabilities and responsibilities (Berman, Snyder, Kozier and Erb, 2008).

Evolution of Primary Nursing

Primary nursing evolved in the 1970s to meet a need recognized by the consumers and the nurse. The consumer was voicing demands for more humanistic, efficient and high quality care, the nurse was asking to practice professional and patients/family centered nursing (Cherry and Jacob 1999). An effort to improve autonomy and quality care in professional nursing practice brought it into existence. Primary nursing has been successfully implemented in various hospitals. The Children's Hospital of Philadelphia is an example of centers that practiced primary nursing. In 2004, they were recognized by the American Nurses Credentialing Center as a Magnet hospital (Esposito-Herr, 2009). They were successful in practising primary nursing with high level of autonomy and were recognized as practising with high standard. According to Esposito-Herr (2009) "As leaders in the care of children and families, Children's Hospital nurses are actively engaged in developing the science of nursing, through the development of evidence-based practice, nursing research, and disseminating the findings through publications, presentations, and formal teaching activities.

Beth Israel (BI) hospital is another hospital that practised primary nursing. In addition to its reputation as a leader in the field of medicine, Beth Israel Hospital (BI) is recognized both nationally and internationally for its professional nursing practice model

(primary nursing) and the quality of its nursing care. Under the leadership of Joyce Clifford, R.N., Ph.D., Vice President for Nursing and Nurse-in Chief, the nursing division at BI successfully developed and implemented primary nursing in 1974. This model of professional practice has been adopted widely in hospitals throughout the United States. Located in the center of the Boston's medical metropolis, Beth Israel Hospital served as one of the primary teaching hospitals for the Harvard School of Medicine. The hospital provides a full range of acute care services, including multiple medical and surgical specialties, psychiatry, obstetrics and gynaecology, emergency care, and a Level I trauma service (Bolman & Deal, 2003).

Elements of this model of nursing practice at BI include: continuity in nurse patient relationships over time; twenty-four hour accountability for nursing care; admission-to-discharge accountability for a patient by one nurse who cares for that patient when present; case-based management of care through the use of nursing care plans as well as direct communication between caregivers and associate nurses who provide care in the absence of the primary nurse, consistent with the plan of care developed by the primary nurse. Underlying the primary nursing model was the value the organization placed on the clinical practice of nursing. Organizational leaders believed that nursing makes an important contribution to the outcomes of patient care. On the other hand, Primary nursing appeared in Poland in the mid 1990s of the 20th century. Up till now only a few works on primary nursing have been published in Poland. The implementation has not been very successful because of the low level of the nurses' autonomy (GoRajek- JozWik, 2004).

Advantages of Primary Nursing

- Consistency and continuity of care: According to Gray and Smeldley (1998), "One of the most important advantages of primary nursing is the consistency and continuity of care". Similarly, Evans (1998) found out from a study that "Primary nursing allows nurses to provide consistent individualized care".
- Encourages the nurse to practise with greater professional autonomy (Evans 1998, Melchoir Halfen *et al*, 1999).

- Improves nurse-patient relationship as consistency leads to establishment of rapport between primary nurse and patient.
- Increases patients satisfaction- The patient is able to enjoy individualized care. A study of Outcomes of implementing primary nursing in the care of people with chronic lung diseases by Jonsdottir (1999) revealed that close relationships with patients, continuity of care, reports of satisfied and secure patients, centrality of individual patient's needs, constant refinement of the system, sensitivity to staffing load and ambitious and responsible nurses were the major themes identified.
- Job satisfaction is achieved through primary nursing. Increases amount of challenges, decision-making and opportunities for using initiative, seeing work through and subsequently job satisfaction (Manley, Cruse, and Keogh, 1996).
- Improvement in the quality of nursing care as clients' needs are easily identified and managed. A study in Nigeria on evaluating the impact of primary nursing practice on the quality of nursing care revealed improved quality of care. (Achibong, 1999)

Disadvantages of Primary Nursing

- Implementation may be difficult because the primary nurse is required to practise with a high degree of responsibility and autonomy. Polish nurses have been having difficulty implementing the model fully and successfully (GoRajek-JozWik, 2004)
- An inadequately prepared nurse may not be able to make necessary decisions or communicate effectively with the health care team members.
- The registered nurse may not be willing to accept 24-hour responsibility required in primary nursing.
- The number of nurses required for this model of care may be difficult to recruit and train. Shortage of nurses has been a major factor that has hindered implementation of primary nursing in many centers.

Role of the Primary Nurse

The primary nurse;

- Assumes 24-hour responsibility for planning, directing and evaluating the patient's care.
- While on duty, the primary nurse provides total patient care.
- While off duty, an associate nurse who follows the care plan established by the primary nurse takes over the care of the patient.
- The primary nurse is notified if any problem or complications develop and directs alterations in the plan of care.
- Maintains clear communication between all members of the health care team and serves as a coordinator.
- Gives supportive counselling and teaching.
- Is family oriented and values holistic care.
- Uses nursing process as the methodology for practice to:
 - Assess health status, response to illness, resources, strengths and weakness, coping behaviours and the environment.
 - Diagnose human responses to actual or potential health problems and continually seeks validation of client care problems.
 - Plan for therapeutic intervention in collaboration with the client.
 - Intervene to assist clients, encouraging clients to participate in his care as much as possible.
 - Evaluate with the clients, the effectiveness, comprehensiveness and continuity of the intervention.

Primary Nursing and Case Management

A new trend in Health care delivery using managed care approach is Case Management. Case management describes a range of models for integrating health care services for individuals or groups. According to Berman *et al*, (2008) "It involves multidisciplinary teams that assume collaborative responsibility for planning, assessing needs, and coordinating, implementing and evaluating care for groups of clients from pre admission to discharge or transfer and recuperation. It is used as a cost containment strategy in managed care". This approach emerged

because of the need for cost containment and accountability because of the health insurance scheme and third party payment.

ANA (2001) has defined nursing case management as “a dynamic and systematic collaborative approach to providing and coordinating health care services to a defined population. The goal of case management, whether internal or external, is to focus attention on the quality, outcomes, and cost of care throughout the patient’s episode of illness and to assist the patient to move through the continuum of care (Cherry and Jacob, 2002). The process of case management is to identify and facilitate options and services for meeting individuals’ health needs, while decreasing fragmentation and duplication of care and enhancing quality and cost-effective clinical outcomes. Patient outcomes should be achieved within a specified time frame while using available resources as efficiently as possible to decrease costs. To be relevant in the case management approach nurses need to practise using primary nursing frame work in order to meet up with demands of case management approach to health care delivery.

According to Cherry and Jacob (2002) “The framework for nursing care management includes five components; assessment, planning, implementation, evaluation, and interaction”. These components are in line with the components of nursing process which is the model for implementing primary nursing. Though various nursing care delivery frameworks could be used with case management framework, primary nursing seems to be the most appropriate as it focuses more on individualized holistic care by a primary nurse. The primary nurse could serve as case manager as clinical knowledge and experience is required in carrying out the case management role. Nigeria has introduced national health insurance and nurses need to take their stand and adopt a framework of care delivery that will meet the client’s need and also ensure accountability.

Primary Nursing in Nigeria

It is interesting to note at this point that though not much has been documented about the practice of primary nursing in Nigeria, it is being evaluated in some places. Archibong (1999) evaluated the impact of primary nursing on the quality of care received by patients in a 37-bedded acute medical-surgical, mixed sex ward in a Specialist Hospital in Eastern Nigeria. The results showed a significant improvement in the quality of nursing care with primary nursing practice. It is still possible to introduce primary

nursing to other settings since it has been found to have a positive influence on client satisfaction.

Nurses in Nigeria need to embrace this approach in order to ensure client satisfaction and improved health status as well as improve the quality of nursing. The nursing leaders need to rise up like the leaders in Beth Isreal hospital as this frame work will improve care delivery. The need for change has to be accepted and steps taken by nurse manager to achieve it. This is important because of the need to improve the standard and quality of nursing care. Achibong (2002) reported that "Primary Nursing practice brought the greatest improvement in quality of nursing that addresses the individual needs of the patient, while the smallest improvements were in the area of physical care elements of routine, technical nursing care". This shows that the use of primary nursing frame work will ensure that nurses practice with high level of competence as professionals.

There are various challenges that must be tackled to achieve the goal of implementing primary nursing. These are issues of nursing management, resources for practice, administrative support, political will as well as policy re-orientations. The nurse leader needs to look into these and start planning for the desired future for professional nursing. There must be management support as without it progress cannot be as the management is in position to change and implement policies and ensure resources are provided. The need for proper staffing cannot be overemphasized because inadequate staffing is a major setback in the implementation of primary nursing.

Implications for Nursing

The need for improvement in the quality of client care cannot be over emphasized. Hence, there is need for nurses to embrace avenues that could improve client care and professional growth. This has implications for nurse managers and nursing professional bodies in Nigeria. McMahan (1996) opined that "The future goal of fully implementing primary nursing will however provide great opportunity for improving patients care". There is need for every setting to adopt this model of client care since patient allocation and task allocation are not yielding the expected results. There is need to change in philosophy, culture and roles in order to accommodate new developments.

According to Clifford (1988) in ANA (2001) "time has shown that nurses will no longer accept the mere performance of tasks as

their practice goal outcomes. Nor will they remain in systems that promote fragmented, uncoordinated care leading to dissatisfaction for everyone - the patient, nurse, and hospital. Instead, nurses seek opportunities to provide comprehensive, professional care through a system that allows for continuity of patient care as well as the opportunity for them to maximize their knowledge and skill". ANA (2001) suggested that "there should be a change from a functional/team delivery system of care to a system that provides for a comprehensive, coordinated approach to patient care required the best prepared, i.e., the registered nurse, rather than the least prepared to be placed in the most direct and constant care relationship with patients and families. It is this relationship with patients that must be preserved for the future if a balance is to be struck between the goals of cost and quality in health care. This nurse-patient relationship is, of course, the underlying principle of primary nursing".

The nurse leader should rise up to plan and implement the primary nursing system in collaboration with other nurses. Bray (1996) stated that, "The process of introducing this system requires prior planning involving all members of staff". It is important to ensure that clients know the nurses responsible for their care. According to a study by Thomas, *et al* (1996), "patients who could identify a nurse in charge of their care reported more positive experiences of that care". Nurses must be in agreement before the system can be effective and make impact.

Nurses must be trained to understand how the framework operates and also be competent to plan and implement patient's care. To meet with the required competence, in-service education should be organized regularly by the continuing education unit in various nursing services department and participation in the programme should be compulsory. Also continuing education specialized in clinical areas should be encouraged because autonomy can only be achieved with knowledge and skill. More nurses should be encouraged to receive advanced preparation through university education. Also framework for practice should be emphasized in basic nursing curriculum so that the students will be able to understand the framework with which they give care.

There is need to accept this model and then plan how to modify it to suit our setting with the available human resources. The professional bodies like National Association of Nigeria Nurses and Midwives should be involved in carrying out studies on ways of implementing this framework. It is possible to start with

model centers then modify based on findings and implement in most centers. There is increased responsibility in the use of the model. To ensure effectiveness, efficiency and uniformity in the use of the model, there is need to develop an audit tool to monitor implementation. Preliminary findings from study by Ryan and Logue (1998) suggest that, "The audit is a useful indicator of the extent to which the crucial elements of primary nursing are present or absent in any clinical setting".

Recommendations

- Primary nursing should be implemented as a model for nursing practice in health institutions in Nigeria. As the model promises to contribute to the improvement in the quality of care rendered to clients. The Nursing and Midwifery council of Nigeria as well as the National Association of Nigeria Nurses and Midwives should be involved in the implementation in Nigeria. It should commence from tertiary institutions as model centers.
- To achieve the goal of implementing primary nursing, regular workshops and seminars should be held to improve client care in all the health institutions to sensitize the nurses and other stake holders in order to ensure successful implementation. The nurses should be motivated by their leaders to participate in the workshops.
- More specialist courses in nursing should be commenced to ensure adequate supply of manpower for this model. A specialist in a field will function with greater autonomy and competence. Thus nurses should be allowed to specialize at post basic level. Nurse Managers should ensure that the nurses function in the areas of their specialty.
- Continuing education should be encouraged especially at the university level. To achieve greater autonomy nurses should have degree in nursing. Thus nurses should be encouraged to go for university education.
- The nursing leaders should ensure that more nurses are employed where manpower is not sufficient. This will ensure that time factor and lack of manpower will no longer be excuses for non implementation of primary nursing framework.

- Nurses' consultancy unit should be established in each institution in order to facilitate implementation of primary nursing models and other new developments in nursing.
- The leader should ensure that current journals are supplied to various units so that the nurses will have access to updated information. Nurses should be encouraged to read journals in order to acquaint themselves with developments in the profession and health care system.
- More researches should be carried out on the impact of this model on nursing care and client satisfaction. Health institution should start the research with some wards or units.
- Nursing audit units should monitor implementation. Some institutions have nursing audit units that monitor implementation of nursing process, they can also monitor the implementation of primary nursing when it is accepted by the institutions.

Conclusion

This chapter reviewed primary nursing as an emerging approach for nursing care delivery in Nigeria. Primary nursing is defined as a management system in which the professional nurse assumes full responsibility for total patient care for a small number of clients. It was seen as a way of thinking and working with patients that challenges out dated traditional nursing hierarchies and support the way forward for professional nursing. Various frameworks for Health care delivery system have evolved over time as a result of changes in the economy and increasing consumer awareness. Also, the advent of health insurance, third party payer and the need for cost containment have brought the need for accountability.

The Nursing profession has tried various frameworks of care delivery ranging from task oriented, team nursing, case nursing, Primary nursing etc. Each institution uses the method that is suitable and easily implemented. Of all the methods, primary nursing is the one that seems quite promising in the drive to achieve the goal of providing quality care and client satisfaction. Though it is difficult to implement, it fits into the trend and changes in the health care delivery system. It can be used with the case management health delivery model adequately.

Nursing profession needs to prepare for full implementation of this model in Nigeria because it places a demand on the

competence of the nurses as they will function independently. Though there may be some difficulties in the implementation, which could result from not having enough adequately prepared nurses who are ready to take up the responsibility. It has the advantages of consistency and continuity of care, client satisfaction, increased professional autonomy, job satisfaction and improvement in quality of nursing care.

This framework should be implemented and evaluated in more hospitals in Nigeria. It is emerging in Nigeria, and there is need to increase awareness about this framework so that it can be further explored as it is quite promising in moving nursing forward as it ensures professional autonomy, accountability and job satisfaction for nurses. There is need to carry out objective analysis and put modalities in place for the implementation of this model to ensure client satisfaction and job satisfaction as well as professional growth.

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