

Yale University

EliScholar – A Digital Platform for Scholarly Publishing at Yale

Yale School of Nursing Digital Theses

School of Nursing

1-1-2015

Possibilities For Advanced Practice Nursing Through The Eyes Of Physicians: A Descriptive Qualitative Study In Enugu State, Nigeria

Gabriella Tayo Adjapon-Yamoah

Yale University, gabriella.adjapon-yamoah@yale.edu

Follow this and additional works at: <https://elischolar.library.yale.edu/ysndt>

Recommended Citation

Adjapon-Yamoah, Gabriella Tayo, "Possibilities For Advanced Practice Nursing Through The Eyes Of Physicians: A Descriptive Qualitative Study In Enugu State, Nigeria" (2015). *Yale School of Nursing Digital Theses*. 1021.

<https://elischolar.library.yale.edu/ysndt/1021>

This Open Access Thesis is brought to you for free and open access by the School of Nursing at EliScholar – A Digital Platform for Scholarly Publishing at Yale. It has been accepted for inclusion in Yale School of Nursing Digital Theses by an authorized administrator of EliScholar – A Digital Platform for Scholarly Publishing at Yale. For more information, please contact elischolar@yale.edu.

POSSIBILITIES FOR ADVANCED PRACTICE NURSING
THROUGH THE EYES OF PHYSICIANS:
A DESCRIPTIVE QUALITATIVE STUDY
IN ENUGU STATE, NIGERIA

Submitted to the Faculty
Yale University School of Nursing

In Partial Fulfillment of the Requirements for the Degree
Master of Science in Nursing

Gabriella Tayo Adjapon-Yamoah

May 18, 2015

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

Permission for printing, photocopying or microfilming of “title” for the purpose of individual scholarly consultation or reference is hereby granted by the author. This permission is not to be interpreted as affecting publication of this work or otherwise placing it in the public domain, and the author reserves all rights of ownership guaranteed under common law of unpublished manuscripts.

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

Abstract

Nigeria's critical health care needs and shortage of physicians have led to the independent practice of experienced registered nurses (RNs). These nurses practice without having studied a curriculum specifically geared toward this advanced level, which is not optimal for health outcomes. However, given that Nigeria has not adopted an official advanced practice nurse (APN) role, such training is currently not available.

APNs could provide a skilled, competent choice for Nigerian primary care, but the views of stakeholders like Nigerian physicians may impact official adoption of this role. This paper describes a sample of 12 physicians' knowledge and attitudes toward the possibility for advanced practice nursing in Nigeria.

The study design was descriptive and qualitative, including a demographic survey and in-depth interviews. Data were analyzed using qualitative content analysis. Krippendorff's thematic clustering technique was used to identify five inter-related themes: Nigeria Today and Tactics for Tomorrow, Critical Time for Nursing in Nigeria, Preserving the Hierarchy of Health care, Pervasive Fear, and Optimism: Hope for the Future. This study demonstrated that although several potential problems and current issues must be addressed before implementation of an advanced practice nurse role, it could very well be a positive and welcome change supported by physicians in Nigeria.

Keywords: Nigeria, Advanced practice nursing, Physicians, Qualitative methods, Krippendorff

1. Introduction

Across the globe, countries are struggling to deliver quality health care amidst a world-wide shortage of physicians. In the United States (US), the role of the APN evolved decades ago, with the notion that highly educated nurses could diagnose and manage common illnesses and increase access to health-care. Nearly 40 years ago, the Office of Technology Assessment (OTA) indicated that Nurse Practitioners (NPs) can safely deliver 90% of pediatric services and 75% of general primary care services; Certified Registered Nurse Anesthetists (CRNAs) can deliver 65% of anesthesia services, and Certified Nurse Midwives (CNMs) 98% of maternity services (OTA, 1986; IOM 2011). Since then, the widely successful role has spread internationally. However, most APNs are still educated and employed in English-speaking northern countries such as Australia and Canada; even though countries in the global south tend to have the greatest need for physicians, which may be contributing to the burden of morbidity and mortality from preventable illnesses in these nations. According to an International Council of Nursing (ICN) survey, no more than eight countries in the global south have adopted an official APN role. Only two of these, namely, Botswana and South Africa, are in Africa (Pulcini, Jelic, Gul, & Loke, 2010). Recently, Nigerian nurse leaders began to advocate for an APN role as well. This study contributes to filling the research gap on the potential benefits and pitfalls of adoption of this role as viewed from a physician's lens.

2. Background and Literature Review

In many countries, APNs have helped to bridge the gap in access to care created by a shortage of physicians (Cooper, 2001; Price, Patterson, & Hegney, 2006). In the US,

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

the term APN includes NPs, CNMs, CRNAs, and clinical nurse specialists (CNSs). They are traditionally educated RNs prepared at a master's degree level.

In Nigeria, there is no official NP role. Nevertheless, there are traditionally educated licensed RNs known as general private nursing practitioners (GPNPs) who practice at least at the primary care level (because of the general shortage of physicians and simultaneous shortage of coveted nursing jobs in urban hospitals); (Enyinnaya Ogbulafor, RN, personal communication, January 10 2014). Their true scope of practice has not been well studied. GPNPs are regulated by the following stipulations: they must 1) have 5 years' experience as an RN and at least two post-qualification certifications¹ 2) be able to contact an experienced physician in cases of emergency (AGPNP, 2014). The majority of GPNPs practice in "Nursing and Maternity Homes" operated by nurses (Dr. C. Ugochukwu, personal communication, January 29 2014).

Nurses leading their own clinics are undoubtedly diagnosing and managing medical conditions to some degree, but this expanded scope of practice is not included in basic nursing education. Further, as East (2014) noted in her study of the possibilities for advanced practice nursing in Kenya, the nurses who are more educated usually work in hospitals, while the less educated are employed in independent nurse-led clinics. This has grave implications for public health outcomes, given that much of preventive care occurs in outpatient primary health settings such as clinics.

It is reasonable to consider formalizing the APN role in Nigeria, which would require RNs desiring to practice at the APN level (diagnosis and management of common

¹ Post-qualification training may be in different specialties, such as peri-operative or pediatric nursing. Each training takes from 12-18 months. Nurses are not usually able to work at the same time, but some are able to get paid leave (Enyinnaya Ogbulafor, RN, personal communication, January 10 2014)

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

medical conditions) to be educated specifically for that role (Madubuko, n.d.).

However, not enough is known about stakeholders' attitudes toward advanced nursing practice, which is a necessary first step when health care reform is being discussed.

Despite the dearth of available research on advanced nursing practice in Nigeria, several studies emphasize Nigeria's shortage of physicians and the insufficient access to health care in the rural areas. Mejia (2004) explains that rich countries tend to be recipients of health care professionals donated by less wealthy countries. The prospect of a higher income drives health care professionals to migrate, leading to shortages in the donor countries. Though the continued recruitment of these health professionals has been labeled unethical and even criminal by some (McAllester, 2012), these allegations have not slowed the practice. Compounding the situation, even those practitioners who remain in their home countries tend to cluster in urban or more developed areas. Though there are undoubtedly many factors for Nigeria's high maternal mortality, infant mortality, and prevalence of preventable diseases (Tables 1 and 2, below); it is clear that the lack of access to quality health care is a substantial part of the problem (Ukwuozo, 2006).

Table 1: Nigerian Health Statistics

| Indicators | Both Sex | Source |
|---------------------------------|-------------------------|---|
| Life expectancy | 52 Years | United Nations Population Division, 2012 |
| Infant mortality rate | 78/1000 live births | UNICEF, United Nations Population Division and United Nations Statistics Division, 2012 |
| Crude mortality rate | 13.5 % | United Nations Population Division, 2012 |
| Under-5 mortality rate | 124/1000 live births | UNICEF, United Nations Population Division and United Nations Statistics Division, 2012 |
| Maternal mortality ratio | 550/100,000 live births | WHO, UNICEF 2008-2012 |

Table 2: Main Causes of Morbidity and Mortality in Nigeria

| Main causes of morbidity | Value (%) | Main causes of mortality | Value (%) |
|----------------------------|-----------|--------------------------|-----------|
| Malaria | 70.5 | Malaria | 53.9 |
| Diarrhoea | 14.2 | Diarrhoea | 17.1 |
| Dysentery | 5.50 | Pneumonia | 7.40 |
| Pneumonia | 4.76 | Dysentery | 4.90 |
| Sexually Trans Dis. | 1.96 | AIDS | 3.30 |
| Tuberculosis | 0.60 | CSM | 3.25 |
| Measles | 0.37 | Cholera | 3.20 |
| AIDS | 0.37 | Measles | 1.80 |
| Cholera | 0.36 | Neo-Natal Tetanus | 1.40 |
| Pertussis | 0.30 | Tuberculosis | 1.30 |

Source for Table 2: Nigeria Department of Public Health, Epidemiological Division, Federal Ministry of Health, 2006

Other articles discuss both attempted and untried solutions, such as the deployment of unlicensed community health officers (CHOs), also known as community health workers (CHWs) or community health extension workers (CHEWs) (Chimezie, 2013). These are individuals (usually members of a rural community) with no prior medical instruction who are briefly trained in basic principles of preventive health care and management of common illnesses. No studies have proven their impact on health outcomes, but CHOs are considered invaluable by their societies as a whole due to their connection to their community and their willingness to serve in areas considered unpopular by urban health care professionals (Dovlo, 2004). In terms of manpower, CHOs have undoubtedly increased access to health care (Lehmann, 2008); but the initiative may be inappropriate as a long-term plan due to CHOs' low scope of practice and training level (Ogbimi, 2004). Physician assistants (PAs) and APNs, by comparison, have been shown to achieve health outcomes and patient satisfaction scores that equal or exceed those of physicians when treating the same conditions (Landis, 2000; Cooper, 2001; Kuethe, Vaessen-Verberne; Mulder, Bindels, & van Aalderen, 2011; Laurant et al.,

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

2008; Luckes, 2009; IOM, 2010). APNs are of particular interest because against this backdrop, Nigerian nurses have been raising concerns that their professional development opportunities are inadequate (Ogbimi, 2004). It is a long-term approach that may very well be feasible for Nigeria, though the issue of attracting health care professionals in general to rural areas would have to be equally considered.

There is little formal data on physician responses to APNs in other countries, but a United Kingdom (UK) study on physician response to advanced practice nurses (Wilson, Pearson, & Hassey, 2002) exposed many general practitioners' (primary care physicians) concerns. These included physician job security, concerns about the adequacy of APN training, legal ramifications of APN malpractice, and the lack of authority and prestige associated with the word "nurse". The authors of this study noted that those physicians who had personally worked with APNs were more likely to support the role. Also, the physicians who considered APNs to be well trained were those who had greater knowledge of the APN training process.

Our objective in conducting this study was to explore the perceptions of physicians in Enugu State regarding APNs using qualitative analysis; a first step in understanding the possibilities of improving the Nigerian health care system through increased utilization of nurses educated at an advanced practice level.

3. Method

3.1. Study Design

The method chosen for this study was descriptive qualitative, using semi-structured in-depth interviews and a corresponding demographic questionnaire adapted

from Okrainec's study of male nursing student perceptions of nursing education (1994). The study was approved by the ethics committee of the participants' hospital of employment in Nigeria, as well as by the Yale University human subjects research review committee. Data were analysed and processed using qualitative content analysis and Krippendorff's clustering technique (2013). The interview questions were formed based upon current research findings and the overall aims of this study (see appendix A for demographic and interview questions).

3.2. Data Collection

Physician leaders of various departments at one hospital in Enugu State were approached about the study. They verbally discussed the study with coworkers and provided contact information of interested potential participants. Twelve potential participants were contacted by phone and given a brief description of the study. All 12 agreed to participate, and individual meeting times were arranged. On the day of the meeting, participants were introduced to the study, a written study description was reviewed, and oral informed consent was obtained. It was explained that they might withdraw from the study at any time without consequences.

The first author conducted all of the interviews, asking each participant all the questions on the prepared question list during a recorded interview. Clarifying questions were asked where necessary, such as "Tell me more about that" or "Can you suggest reasons why this is the case?" Following the interview, the written demographic questionnaire was completed by each participant (results in Table 3, below).

Recordings were stored in a locked location. Participants were assigned a number

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

at the time of selection. During data collection and onward, to ensure the privacy of participants, no identifying information was used except that number, which was stated at the beginning of each recording and written on each questionnaire.

Table 3: Demographic Data

| | Physicians |
|---|--|
| Age range | 32-61 |
| Age average | 44.75 |
| Sex | 7-male (58.3%) 5-female (41.7%) |
| Mother's highest educational preparation | Primary school-5 (41.65%) Secondary school-0 Diploma-4 (33.3%) Bachelor's degree-1 (8.35%) Master's degree-1 (8.35%) Ph. D-1 (8.35%) |
| Father's highest educational preparation | Primary school-5 (41.65%) Secondary school-0 Diploma-2 (16.7%) Bachelor's degree-5 (41.65%) Master's degree-0 Ph. D-0 |
| Experience abroad | Yes-8 (66.7%) No-4 (33.3%) |
| Region of birth | Rural-4 (33.3%) Urban-8 (66.7%) |
| Area of Practice | Community medicine- 4 (33.3%) Internal medicine-1 (8.35%) Obstetrics & gynecology- 1 (8.35%) Cardiology- 1 (8.35%) General practitioner- 1 (8.35%) Ophthalmology-2 (16.7%) Resident- 2 (16.7%) |

3.3. Data Analysis

Interviews were transcribed by and verified by the interviewer and an assistant. All participants' responses were entered into a single Word document. Comments unrelated to the research question were excluded from analysis. The authors initially read

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

the comments in their entirety from the transcribed document so that a sense of the whole could be determined. Passages related to the research question were selected to inductively code the document. Responses ranged in length from 13 to 1382-word responses per question, with an average length of 305.5 words per question. The total dataset was 17,109 words.

A line by-line analysis of transcripts was conducted, which entailed highlighting exact words, phrases, or sentences that related to the research question, noting unique and recurrent passages. These comments were then coded or labeled with a term that denoted the description of the quote; from these, categories were developed. Using Krippendorff's analytical technique of clustering (2013), the categories were clustered if they had shared characteristics, patterns, or attributes and collapsed. 232 categories were developed, which were collapsed into 44 clusters. From the clusters, five themes were identified, as described below. Dendrograms, or tree-like diagrams, were created to illustrate how data collapsed into thematic units. (Refer to Figure 1).

To assure methodological integrity, an audit trail was created to record reflections, evidence of consistency in coding, and interpretations of data. The authors reviewed the audit trail and had discussions about selection of key characteristics, relationships, categories, and the development of themes until an agreement was reached.

4. Results

Five inter-related themes emerged from the data: Nigeria Today and Tactics for Tomorrow, Critical Time for Nursing in Nigeria, Preserving the Hierarchy of Health care, Pervasive Fear, and Optimism: Hope for the Future.

4.1. Theme One: *Nigeria Today and Tactics for Tomorrow*

Physician participant comments describe the current state of health care in Nigeria as one that is in need of reform. They note that “up to 70% of Nigerians live below a dollar a day—so they are dependent on government run hospitals”, where a significant proportion of health care is currently delivered. Their comments detail concern for those living in rural areas where they describe a widespread lack of health care manpower. As a result Community Health Officers (CHOs) were developed to provide care in primary health care centers, where “they have what they call the standing order that guides them”. They also note that nurses already assume increased responsibility in rural areas because of “manpower shortages”. Where there is restricted supply of MDs, many participants felt that the development of APNs would be “acceptable”. They provided examples of nurses in palliative care and midwifery in Nigeria as models of inter-professional collaboration that is effective. However, their experience with health care workers usurping their authority and leaving the rural areas and villages for the city has given them concern about this new APN role.

Their comments detail the current physician to patient ratio in Nigeria as unsustainable, and that the current provision of health care is localized to cities. Their comments also detail some cultural differences such as the current expectation that patients need to see a “doctor” when ill, which will impact the potential to develop APNs. Participants express an underlying suspicion that what works in other developed countries may not work in Nigeria. Additionally they note that currently, there are “grave

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

inter-professional problems in Nigeria...that necessarily shouldn't be there if there is adequate regulation and good clinical governance.”

Tactics offered by the participants include structural reform among internal players (councils, physicians, nurses, CHOs, and CHEWs) and external constituencies (patients, communities). Many of the physicians suggest that organizational support from the “Nigerian Medical and Dental Council and the Nigerian Medical Association” would facilitate acceptance and support of the APN role. A vast number of comments referred to the need to detail “regulations” that would specify “educational background”, “role”, “training”, “scope of practice”, and professional “limitations”, in order to avoid their anticipated inter-professional “conflict”. Their strategies suggest that cultural changes within Nigeria would be enhanced with “marketing” of the concept of APNs along with public education since the current attitude is that you need to see a “doctor” when ill. Additional structural changes include defining clearly geographical health districts for APN practice; in order to facilitate access to care for regions, maintain checks on patient management, and improve quality of care. Questions regarding final liability for APN malpractice must also be addressed. Finally, funding must be acquired to encompass the cost of training APNs, salary structures for the APN, and health care financing. The following comments support this theme:

“We have something like that in Nigeria here, it's just a question of nomenclature, they are called CHOs: the community health officers but they don't specialize in particular area so to say, but they are given the skills and the training they need to be the first line contact, especially in the villages where you might not have enough doctors.”

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

“But in Nigeria ...people move from anywhere to anywhere, you can move from even another state to decide to seek health care here. And for these nurse practitioners’ ... service to be effective, then you need to know where each nurse is and which population she is in charge of and who she is reporting to directly, so that if there is need for extra care for the patient, there will be a proper channel for the patient to move through, but we don’t have such now.”

“There is no viable provision now of health insurance, so that for those who at least are within the system and can be captured, to be able to provide. Because if nurse practitioners are going to give service, they will have to be paid, and any other—any form of service they give has to be quantified and paid. And health insurance is the only option that can give better cover. Nigeria’s health insurance is just growing and much more work has to be done on it...for viability’s sake.”

4.2. Theme Two: *Critical Time for the Identity of Nursing in Nigeria*

Physician participants express concern for the quality of nursing education in Nigeria, stating that present-day Nigerian nurses are less competent than those of the past. One participant perceives nurses as “sluggish” and “obese”; blaming strict, confidence-eroding certificate programs that do not yield “polished” nurse graduates like “the university programs”. Participants associate “basic” nursing with “performing tasks”, “caring closely” for patients, and “following orders” rather than making high-level decisions.

Though most of the physician participants are unfamiliar with the term “advanced practice nurse”, they express understanding of the concept. Participants believe that APNs are nurses who perform part of a physician’s role instead of the usual nursing

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

duties (“task shifting”); with increased decision-making and leadership. Most, however, are not familiar with the idea of nurses being specifically trained for that, instead believing that they are simply practicing “beyond their scope”. Physician participants express concern that Nigerian nurses are “ill equipped” to handle such a role.

Regarding the APN role in nursing education, some participants argue that physicians should be involved in APN education and a medical curriculum should be the starting point for APN training, since it would only be fair for APNs to go through the same “stress” as physicians if they are to practice at the same level. Other participants suggest that education be tailored to the desired scope of practice of APNs and developed by nurses themselves; as long as the curriculum is “clinically based” and “not just another certificate”. The following comments support this theme:

“If they could step up both the courses, course content, people that teach them”

“So I think that is where the work is: they, the nurses should go back and make sure they are competent in the basic training of nurses before they go on to nurse practitioner. Because as a nurse practitioner, you could be manning a whole facility on your own. You only call in the, eh, physicians, you know, when the need arises, okay? So...because I have a friend in the US, a doctor, a physician—she manages, she works in a facility just with a nurse practitioner. She goes in there like 2-3 times a week when she’s called, so I kept on asking her, who now takes care of it? Then she told me that the nurses had been trained in all that, but for you to have that training, you need the basic knowledge.”

4.3. Theme Three: *Preserving the Hierarchy of Health care*

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

Though physician participants state that APNs are greatly needed in Nigeria due to the shortage of medical professionals, they are concerned about the “threat” of equality among physicians and APNs, which might disrupt the “hierarchy” of health care. Participants state that it is essential for patient care that one group of professionals be ultimately responsible for decision-making. Participants tend to be biased toward working with female APNs, whom they believe would “easier to work with” and less “arrogant” than males.

Participants suggest that oversight and boundaries of practice are the keys to preserving the hierarchy of health care. Even if APNs and physicians perform similar roles, participants insist, there should be some disparity in power and scope of clinical practice; and physicians should be “at the helm”. Finally, participants state that APNs should be periodically monitored by physicians and required to refer cases beyond their scope. The following comments support this theme:

“If the system is patient centered then every effort should be made to properly define the lines of authority. Because that’s also what defines the strength of decision making and care that is given to the patient.”

“If we claim equality we will have problems”

“Now, a pediatrician is not—a clinician or consultant clinician, as I told you, talking from my example now—is not God per se. Whatever he knows, he learnt and he learnt from the prescribed curriculum he was trained with, combined with the experience and the practice given his competence. Now for that nurse, advanced nurse who has also chosen a specialized area and given her training or his or her training, there should be a curriculum, a limit, so as long as the person

is practicing within that limit not made to do the parallel things that consultants do or given the same power.”

4.4. Theme Four: *Pervasive Fear*

Physician participants describe a pervasive fear that APNs will “overstep their boundaries”, refuse to “refer difficult cases”, and cause increasing complexity in an already burdened health care system. While they recognize that the current health care system is in need of reform in “rural areas”, they fear the possibility of “urban migration” of APNs. Their comments detail a fear of APNs “clashing with MD role”; even when they recognize the need for APNs in remote areas, they anticipate there will be additional conflict between CHOs and APNs. They note that “patients will suffer if there is a conflict of roles.”

Additionally, their comments detail a fear of “APN incompetency” and concern that “increased morbidity and disability” will result, which will ultimately “burden society.” Participants are also concerned that APNs’ salaries will drain limited financial resources. Their final concern is that there will be “chaos from too many roles”, and that control over health care may move to the patient. As one provider noted, “even the patient will start making choices or the patient could start defining who he or she saw and why he or he thinks he was not well treated or is not getting better okay, even when the treatment could have been the same.” The following comments support this theme:

“Within four, five years they are out from the rural community, even community health extension workers, everybody wants to come to town. So you may see a situation where the whole idea about improving access to quality care for the

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

majority of those living in the rural community is defeated, do you understand, they will still—because all of them will still bottle down to coming to town and that will further increase the likelihood of conflict with the doctors.”

“There can be abuse if the practitioners overstep their protocols.”

“We have general practitioners as doctors. We have specialists in every field. There’s where you get to as a general practitioner, you have to stop there, a specialist will take over, understand what I’m trying to say? So if it can be done in nursing practice, they can as well prescribe but know the kind of diseases you will manage and where to end because it’s always easy to start a thing but being able to stop is an issue.”

4.5. Theme Five: *Optimism- Hope for the Future*

Physician participants express admiration and appreciation for nursing, stating that the practice is “wonderful” but that more can be done. Almost all of the participants use the words “welcome” or “wonderful” when discussing the APN role, acknowledging that APNs are greatly needed and will improve access to affordable health care. Additionally, physicians imagine that APNs might free medical doctors to face the more difficult challenges in the health care system.

Regarding the concern about APNs exceeding their scope of practice, participants argue that “it has been tried before” successfully and use midwives as exemplars of trusted clinicians who manage normal birth and refer in case of complications. Participants explain that as long as a practitioner is “well trained”, being in one profession versus another is not relevant. Also, as some participants state, APNs and

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

physicians will not have the same scope of practice. Thus, competition should not be a problem. Physician participants express a desire for better “teamwork” in health care, lamenting that inter-professional conflicts have obstructed best practice. They describe the health care team as a “unit” where every professional has a place and developments in one area benefit all parties. Participants agree that APNs could practice independently, but should not do so without the collaboration of a physician to whom referrals could be made—because this decreases opportunities for teamwork.

Some participants state that if APNs are the right choice for Nigerians, the role “can be made to work” no matter the obstacles; even cultural mindsets regarding physician vs. nurse roles will change with time. The following comments support this theme:

“If they structure any part well and make it better, it’s going to affect the whole system in general.”

“Primary care doesn’t require you to be a doctor. It’s across the board, even to the primary health care workers, you know, everybody has his role to play. At this time, you want everybody to be well-equipped. We don’t have the manpower, especially in our rural areas, which contribute to uh—let’s say close to three quarters of the world’s blindness. If people are trained to do things that will help, better, you know. I mean, people should be well trained to help. Once the person will be able to practice it very well, you are—you are home and dry.”

“I still see a nurse as one integral part of a family, that are very, very much needed. Just like a whole body, you have the head, you have the eye, you have the nose, you have the mouth, you have the hand, so also are every other of health

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

professionals in the health system. Integration, respect for one another, appreciative of one another's work, will definitely get—...None, none, I repeat, none of all these health professionals can do it alone.”

“There is nothing that you want to implement you cannot, it's about restructuring the system, yes, so it's viable, I feel it's something that can be implemented.”

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

| SELECTED QUOTE FROM DATA → | CATEGORY → | CLUSTER → | THEME → |
|--|--|--|--------------------------------|
| "There's where you get to as a general practitioner, you have to stop there, a specialist will take over; understand what I'm trying to say? So if it can be done in nursing practice, they can as well prescribe but know the kind of diseases you will manage and where to end" | Parallel of NPs to GPs aids in understanding/acceptance | Encouraged by parallels to successful examples | Optimism : Hope for the future |
| "In Nigeria both trained midwife and even the traditional birth attendant, some give complete care to some women from perception of conception to post-natal care." | Confidence in midwives' management of normal and referral of abnormal | | |
| "If we just use the maternity, midwifery, obstetric care as an example; that is, that is clearly like what—it is an extension. The nurse practitioners will be like an extension of that practice if it's done properly." | Optimism—has been tried before | | |
| "Primary care doesn't require you to be a doctor." | Physician license not necessary for administering primary care | Debunking myth of dependence on physicians | |
| "Once the person will be able to practice it very well, you are—you are home and dry." | Value of practitioner more important than title | | |
| "It increases the capacity of the system to deliver services of a specialized nature, of an advanced nature, but not of necessarily at the physician's level" | APRNs a unequally trained but adequate provider | | |
| "Now, a pediatrician is not—a clinician or consultant clinician, as I told you, talking from my example now—is not God per se. Whatever he knows, he learnt and he learnt from the prescribed curriculum he was trained with, combined with the experience and the practice given his competence." | Physician is not "god" | | |
| "for that nurse, advanced nurse who has also chosen a specialized area and given her training or his or her training, there should be a curriculum, a limit, so as long as the person is practicing within that limit" | APRN scope of practice will come from their curriculum | | |
| "I think its high time you know, we stopped stereotyping things in terms of, 'it must be this way, it must be that way.' It's good to also look at other options and how can it assist in our own particular expertise." | Need to be open to other models of care in order to improve care | APRNs would improve access to quality healthcare | |
| "I think it is very important because it improves access to health and quality healthcare" | APRNs would improve access to quality healthcare | | |
| "make quality care accessible and affordable to most of the people especially in the rural areas" | APRNs would improve access to affordable healthcare | | |
| "It's a welcome development" | APRNs welcome development | APRNs welcome | |
| "it's a necessity in the advancement of medical practice and increasing the availability of practice" | Highly trained APRNs key to advancement and availability of medical practice | | |
| "if more people can come into managing of patients in terms of prescribing, not waiting for doctor, it's a welcome development" | Usefulness of APRNs—patients to be managed earlier and not waiting for physicians | | |
| "I think that if we adopt this concept then the nurse practitioner will be a very important person in the healthcare system." | APRNs important | APRNs needed to ease manpower shortage | |
| "the manpower is not enough to cater for the needs of the people. Now we want those who are close to the medical profession to now help." | APRNs needed to ease manpower shortage | | |
| "There is nothing that you want to implement you cannot, it's about restructuring the system, yes, so it's viable, I feel it's something that can be implemented" | Optimism—if APRNs are right choice for Nigeria, it can be made to work | Optimism | |
| "advantages will overwhelm the conflict" | Optimism—advantages will exceed problems | | |
| "that cultural belief that we have had right from time may take a little while to change" | Optimism—cultural mindset will change with time | | |
| "It can't be almost the same level, it is within their own scope" | APRN not a competitor—different scope of practice | Optimism- possible that in the future nurses could be running facilities; MDs used when care management is beyond the scope of responsibilities for APRN | |
| "as a nurse practitioner, you could be manning a whole facility on your own. You only call in the, eh, physicians, you know, when the need arises" | Optimism- possible that in the future nurses could be running facilities; MDs used when care management is beyond the scope of responsibilities for APRN | | |
| "Everybody can survive" | "Everyone can survive" | Trust that APRNs will refer difficult cases | |
| "Even now, even if they were not private practitioners, even if they were working within an unsupervised setup, they would still have to conduct all their protocols and all their procedures within the scope of their training." | Trust—just as RNs are trusted to stay within their scope, so can APRNs | | |
| "At least they can do one or two things and, if possible, refer the ones they cannot handle. Or handle the common simple ones, and eh, if there's anything else, refer." | Trust that APRNs will make referrals | | |
| "removing some of the responsibilities of the doctors and stepping it down to nurses and other healthcare workers so that doctors can face the more difficult challenges in healthcare system" | Changing responsibilities of MD will increase medicine's ability to face more difficult/challenges in healthcare system | There is a place for every health professional in health care | |
| "It's across the board, even to the primary health care workers, you know, everybody has his role to play" | There is a place for every health professional in health care | | |
| "just like a whole body, you have the head, you have the eye, you have the nose, you have the mouth, you have the hand, so also are every other of health professionals in the health system." | Desire for teamwork—healthcare team as a unit | Desire for organized teamwork/control—referrals | |
| "I would subscribe to a position where the advanced trained nurse, nurse has a primary center to cover and then has a referral line; whereby she or he can make referrals to the next center." | Desire for organized teamwork/control—referrals | | |
| "If they structure any part well and make it better, it's going to affect the whole system in general" | Dependent/interdependent relationship with APRNs, developments in one area will be shared | Inter-dependence/ Teamwork | |
| "I still see a nurse as one integral part of a family, that are very very much needed" | Appreciation for nursing profession | | |
| "So I believe that this and a lot more could be done. Nursing practice is a wonderful thing and I so much believe that it has a pride of place." | Nursing practice is wonderful but more can be done | | |
| "There must be a configuration of a team because medical practice is a team work" | Teamwork relationship must be delineated—essential for medical practice | | |
| "So that if those things are there, you know, respect for one another, you know, value for, for, for the next person and appreciative of the contribution of the next person to one particular patient, you will now see that our care, our practice will be a wonderful thing to do." | Must have respect and appreciation for all professions' contributions | | |
| "nursing profession can't try to struggle so much to be so much independent. Health is a team work. It's some level of independence but still in that integrated family of the health workers" | Lamenting that other healthcare professionals want to be independent consultants and leave the team | | |

Figure 1 (above): Dendrogram illustrating the collapse of data into the “Optimism: Hope for the Future” theme

5. Discussion

These results have layered implications—some specific to Nigeria and some that may be generalized to the global context.

5.1. Support for APN Role

In the Nigerian context, the results suggest that physicians are supportive of the APN role and believe it may be a viable option to improve access to care in Nigeria. Health indicators in Nigeria have improved over the past few years, but infant mortality is still 75 out of 1000 live births, maternal mortality ratio is still 560 (one of the highest in the world), and life expectancy a mere 52 years for the average Nigerian (Table 1 on page 5). Nigerian physicians recognize that there is a need for non-physician providers given these realities and believe that APNs could ameliorate the current gaps in health care availability, especially in rural areas.

5.2. Concerns about APN Role and Ideas for Addressing Them

5.2.1 Interprofessional Conflict

Firstly, steps must be taken to resolve the current conflict between nurses and physicians in Nigeria. As some participants suggested, inter-professional education to promote understanding of roles and continued contact among all members of the health care team is key to achieving this goal.

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

Clear definitions of roles and practice scope are also important. As the physician participants advised, it is essential to consider the place of APNs in a health care system that has already employs non-physician providers (CHOs/CHEWs). There is indeed potential for "chaos" from "too many roles".

5.2.2. Reforming Nigerian Nursing Education

Secondly, there are issues in nursing education that may require further investigation and action before a new role can be introduced. Advanced practice nursing is new to Nigeria and, if considered, might not fit into the current system—a system that many of the participants already believe is ineffective in producing competent and confident nurses. Apart from adjustments that might need to be made to improve the current RN curriculum, an appropriate APN curriculum would need to be developed. Subsequently, a path to practice from the two current nursing education options (degree and certificate) would have to be carefully planned.

5.2.3. Involvement of Medical and Nursing Associations

In light of the inter-professional misunderstandings that participants highlighted, and considering that nurses and physicians are inextricably linked, it is advisable to invite physicians to participate in some of these developments. As participants noted, however, national medical organizations must also be included; along with national nursing organizations. History has shown that even when groups of physicians and nurses engage in discussions and reach consensus on policies, it may be the support of their parent organizations that determines whether implementation of such agreements will be successful. In 2011, American nurse and physician leaders drafted an agreement

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

regarding inter-professional education, but the dialogue eventually collapsed due to lack of full inclusion of key medical associations (Iglehart, 2013).

5.2.4. Developing National Institutions for Increased Regulation and Accountability

In terms of the more complex, institutional barriers to the implementation of advanced practice nursing that participants repeatedly referred to, more widespread change may be needed. Participants were concerned about the potential for malpractice, corruption, and lack of regulation; none of which are specific to advanced practice nurses, but are rather national issues. Stronger national institutions and a culture of internal accountability may go a long way toward decreasing the potential for abuse of the nurse practitioner role ; and for providing incentives to practice and remain in rural areas. The dearth of such institutional supports has been shown internationally to have crippling effects on health care policies that were otherwise sound (Lewis, 2006).

5.3. The Purpose of Nursing and Meaning of Advanced Practice

Finally, in the global context, the Nigerian physician participants have raised an important question: what exactly is the role and purpose of an advanced practice nurse? Though APNs seem to be viewed as acceptable providers of Nigerian health care, they are only accepted as an alternative to physicians when the latter, supposedly better option is not available. In fact, internationally, this is one of the main arguments made by proponents of the APN role: that there are not enough physicians (Auerbach, 2012; Stempniak, 2013; Sustaita, Zeigler, & Brogan, 2013). Is it appropriate, however, to extensively adjust a pre-existing profession for the sake of “filling in” for another?

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

The phrase “task shifting”, used by many participants, implies that an RN is not doing nursing, but rather borrowing physician practices when practicing as an APN. By definition, however, an APN is a professional who is practicing nursing at a highly advanced level; not a non-physician acting as a physician and practicing medicine. Some participants seem to view APNs as the latter, and it is possible that this is a widely held view elsewhere; hence the justifiable alarm at the disparate training levels for physicians and APNs. Perhaps there is need to clarify the definition of advanced practice nursing at an early stage among all healthcare professionals, and to keep the founding principles of nursing tightly connected to all elements of advanced practice nursing education; even as practicing guidelines shared with medicine are learned.

The lack of consensus regarding the meaning of the APN role may stem from a similar lack of general public understanding of nurses, their purpose, their education’s rigor, and their place in the health care team. Popular culture tends to obscure what exactly nurses do. A qualitative UK study of high school students who originally wished to do nursing and changed their minds uncovered troubling perceptions of the profession that are clearly absorbed at an early age. Teens made statements such as: “In another episode of Casualty – some nurses are portrayed as brainless, sex mad bimbos out to try to romance doctors and get a doctor for a husband”; “Nurses do not use sciences. They care for patients, whereas a doctor uses the sciences to help cure people” ; “I could see nursing being appealing to pupils with lower grades – they could get in to do a degree whereas before university would have been closed to them” (Neilson & Lauder, 2008). Other students expressed concern that nursing could not be taken as seriously as medicine given the lower level of educational requirements (similar to what a participant of this

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

study noted). It is troubling that a profession that is undoubtedly an integral part of the health care system is viewed with disdain and evidently poorly understood.

A 2011 Iranian study revealed that nurses feel their capabilities are not acknowledged and that they are not as supported as physicians by the health care system in general (Vaismoradi, Salsali, Esmaeilpour, & Cheraghi, 2011). And with limited understanding of the science of nursing, it is impossible to understand, define, or discuss the advanced practice nursing role. Considering that physician and nurse attitudes toward one another determine success or failure of their communication regarding patient care (Bryon, Gastmans, & de Casterle, 2012), and that these groups will continue to work together, addressing popular conceptions of nursing to strengthen mutual understanding and respect among future health care team members should be considered a priority.

6. Limitations

The main limitation of this study is that its participants were drawn from a single hospital in a single state of Nigeria, a country which has several discrete regions and over thirty states. Due to lack of contacts and security concerns related to traveling to different health care institutions, a single hospital was chosen, but it must be stressed that these results may only reflect the views of physicians at this hospital or in this state.

Secondly, all the authors who analyzed the data are nurses, which introduces a bias in interpretation.

7. Conclusion

At an appropriate time period and following certain stipulated conditions, advance practice nursing may be welcomed to Nigeria by physicians. Many are enthusiastic and

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

optimistic about this possibility, because there is great need for additional health care providers to reduce the national gaps in health care provision; especially in rural and primary health care. Physician concerns include fear of malpractice, fear of conflict with APNs in system already fraught with nurse-physician conflicts, possible “chaos” from “too many roles”, possible disruption of the health care hierarchy, and fear of inadequate APN educational preparation. Other issues to address are institutional barriers, lack of unified understanding about nursing roles, and changing needs in the nursing profession as a whole. Given the current poor health outcomes in Nigeria and the ever-increasing demand for health care within a constrained economy, it is reasonable to suggest that APNs may be a solution worthy of concerted efforts to address the above.

References

Association of General Private Nursing Practitioners of Nigeria (AGPNP)

Website: <http://www.agpnpnigeria.org/>

Auerbach, D. I. (2012). Will the NP workforce grow in the future? new forecasts and implications for health care delivery. *Medical Care*, 50(7), 606-610.

doi:<http://dx.doi.org/10.1097/MLR.0b013e318249d6e7>

Bryon E, Gastmans C, & de Casterle BD. (2012). Nurse-physician

communication concerning artificial nutrition or hydration (ANH) in patients with dementia: A qualitative study. *Journal of Clinical*

Nursing, 21(19-20), 2975-2984. Retrieved from

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=22642618;>

http://wa4py6yj8t.search.serialssolutions.com/?url_ver=Z39.88-

[2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft.genre=article&rft_id=info:doi/10.1111%2Fj.1365-](http://wa4py6yj8t.search.serialssolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft.genre=article&rft_id=info:doi/10.1111%2Fj.1365-)

[2702.2011.04029.x&rft_id=info:pmid/22642618&rft.issn=0962-](http://wa4py6yj8t.search.serialssolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft.genre=article&rft_id=info:doi/10.1111%2Fj.1365-2702.2011.04029.x&rft_id=info:pmid/22642618&rft.issn=0962-)

[1067&rft.volume=21&rft.issue=19&rft.spage=2975&rft.pages=2975-](http://wa4py6yj8t.search.serialssolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft.genre=article&rft_id=info:doi/10.1111%2Fj.1365-2702.2011.04029.x&rft_id=info:pmid/22642618&rft.issn=0962-1067&rft.volume=21&rft.issue=19&rft.spage=2975&rft.pages=2975-)

[84&rft.date=2012&rft.jtitle=Journal+of+Clinical+Nursing&rft.atitle=Nurs](http://wa4py6yj8t.search.serialssolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft.genre=article&rft_id=info:doi/10.1111%2Fj.1365-2702.2011.04029.x&rft_id=info:pmid/22642618&rft.issn=0962-1067&rft.volume=21&rft.issue=19&rft.spage=2975&rft.pages=2975-84&rft.date=2012&rft.jtitle=Journal+of+Clinical+Nursing&rft.atitle=Nurs)

[e-](http://wa4py6yj8t.search.serialssolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft.genre=article&rft_id=info:doi/10.1111%2Fj.1365-2702.2011.04029.x&rft_id=info:pmid/22642618&rft.issn=0962-1067&rft.volume=21&rft.issue=19&rft.spage=2975&rft.pages=2975-84&rft.date=2012&rft.jtitle=Journal+of+Clinical+Nursing&rft.atitle=Nurse-)

[physician+communication+concerning+artificial+nutrition+or+hydration+](http://wa4py6yj8t.search.serialssolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft.genre=article&rft_id=info:doi/10.1111%2Fj.1365-2702.2011.04029.x&rft_id=info:pmid/22642618&rft.issn=0962-1067&rft.volume=21&rft.issue=19&rft.spage=2975&rft.pages=2975-84&rft.date=2012&rft.jtitle=Journal+of+Clinical+Nursing&rft.atitle=Nurse-physician+communication+concerning+artificial+nutrition+or+hydration+)

[%28ANH%29+in+patients+with+dementia%3A+a+qualitative+study.&rft](http://wa4py6yj8t.search.serialssolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft.genre=article&rft_id=info:doi/10.1111%2Fj.1365-2702.2011.04029.x&rft_id=info:pmid/22642618&rft.issn=0962-1067&rft.volume=21&rft.issue=19&rft.spage=2975&rft.pages=2975-84&rft.date=2012&rft.jtitle=Journal+of+Clinical+Nursing&rft.atitle=Nurse-physician+communication+concerning+artificial+nutrition+or+hydration+%28ANH%29+in+patients+with+dementia%3A+a+qualitative+study.&rft)

[.aulast=Bryon](http://wa4py6yj8t.search.serialssolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft.genre=article&rft_id=info:doi/10.1111%2Fj.1365-2702.2011.04029.x&rft_id=info:pmid/22642618&rft.issn=0962-1067&rft.volume=21&rft.issue=19&rft.spage=2975&rft.pages=2975-84&rft.date=2012&rft.jtitle=Journal+of+Clinical+Nursing&rft.atitle=Nurse-physician+communication+concerning+artificial+nutrition+or+hydration+%28ANH%29+in+patients+with+dementia%3A+a+qualitative+study.&rft.aulast=Bryon)

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

- Chimezie, R. O. (2013). A case study of primary health care services in Isu, Nigeria. (Ph.D., Walden University). ProQuest Dissertations and Theses, Retrieved from <http://search.proquest.com/docview/1351985958?accountid=15172>
- Christmas, K., & Hart, K. A. (2007). Workforce shortages are a global issue. *Nursing Economics*, 25, 175-7. Retrieved from <http://search.proquest.com/docview/236935604?accountid=15172>
- Cooper, R. A. (2001). Health care workforce for the twenty-first century: The impact of non-physician clinicians. *Annual Review of Medicine*, 52, 51-61. Retrieved from Medline database.
- Dovlo, D. (2004). Using mid-level cadres as substitutes for internationally mobile health professionals in Africa. A desk review. *Human Resources for Health*, 2, 7. doi: 10.1186/1478-4491-2-7
- East, L. A., Arudo, J., Loeffler, M., & Evans, C.M. (2014). Exploring the potential for advanced nursing practice role development in Kenya: a qualitative study. *BMC Nursing*, 13 (1), 33. doi: 10.1186/s12912-014-0033-y. eCollection 2014
- Garba, S. N., Ayaji, A. D., Abdul, A. J., Isa, A., Tukur, B. M., & Francis, I. (2007). Factors influencing post basic and university education among nurses in Kaduna State, Nigeria. *West African Journal of Nursing*, 18, 94-100. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=c8h&AN=2009752622&site=eds-live>

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough?: An experiment with data saturation and variability. *Field Methods*, 18, 59-82.

doi:10.1177/1525822X05279903

Iglehart, J. K. (2013). Expanding the role of advanced nurse practitioners--risks and rewards. *New England Journal of Medicine*, 368(20), 1935-1941.

Retrieved

from <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=23675663>; [http://wa4py6yj8t.search.serialsolutions.com/?url_ver=Z39.88-](http://wa4py6yj8t.search.serialsolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft_genre=article&rft_id=info:doi/10.1056%2FNEJMhpr1301084&rft_id=info:pmid/23675663&rft.issn=0028-4793&rft.volume=368&rft.issue=20&rft.spage=1935&rft.pages=1935-41&rft.date=2013&rft.jtitle=New+England+Journal+of+Medicine&rft.atitle=Expanding+the+role+of+advanced+nurse+practitioners--risks+and+rewards.&rft.aulast=Iglehart)

[2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft_genre=article&rft_id=info:doi/10.1056%2FNEJMhpr1301084&rft_id=info:pmid/23675663&rft.issn=0028-](http://wa4py6yj8t.search.serialsolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft_genre=article&rft_id=info:doi/10.1056%2FNEJMhpr1301084&rft_id=info:pmid/23675663&rft.issn=0028-4793&rft.volume=368&rft.issue=20&rft.spage=1935&rft.pages=1935-41&rft.date=2013&rft.jtitle=New+England+Journal+of+Medicine&rft.atitle=Expanding+the+role+of+advanced+nurse+practitioners--risks+and+rewards.&rft.aulast=Iglehart)

[4793&rft.volume=368&rft.issue=20&rft.spage=1935&rft.pages=1935-](http://wa4py6yj8t.search.serialsolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft_genre=article&rft_id=info:doi/10.1056%2FNEJMhpr1301084&rft_id=info:pmid/23675663&rft.issn=0028-4793&rft.volume=368&rft.issue=20&rft.spage=1935&rft.pages=1935-41&rft.date=2013&rft.jtitle=New+England+Journal+of+Medicine&rft.atitle=Expanding+the+role+of+advanced+nurse+practitioners--risks+and+rewards.&rft.aulast=Iglehart)

[41&rft.date=2013&rft.jtitle=New+England+Journal+of+Medicine&rft.atit](http://wa4py6yj8t.search.serialsolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft_genre=article&rft_id=info:doi/10.1056%2FNEJMhpr1301084&rft_id=info:pmid/23675663&rft.issn=0028-4793&rft.volume=368&rft.issue=20&rft.spage=1935&rft.pages=1935-41&rft.date=2013&rft.jtitle=New+England+Journal+of+Medicine&rft.atitle=Expanding+the+role+of+advanced+nurse+practitioners--risks+and+rewards.&rft.aulast=Iglehart)

[le=Expanding+the+role+of+advanced+nurse+practitioners--](http://wa4py6yj8t.search.serialsolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft_genre=article&rft_id=info:doi/10.1056%2FNEJMhpr1301084&rft_id=info:pmid/23675663&rft.issn=0028-4793&rft.volume=368&rft.issue=20&rft.spage=1935&rft.pages=1935-41&rft.date=2013&rft.jtitle=New+England+Journal+of+Medicine&rft.atitle=Expanding+the+role+of+advanced+nurse+practitioners--risks+and+rewards.&rft.aulast=Iglehart)

[risks+and+rewards.&rft.aulast=Iglehart](http://wa4py6yj8t.search.serialsolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft_genre=article&rft_id=info:doi/10.1056%2FNEJMhpr1301084&rft_id=info:pmid/23675663&rft.issn=0028-4793&rft.volume=368&rft.issue=20&rft.spage=1935&rft.pages=1935-41&rft.date=2013&rft.jtitle=New+England+Journal+of+Medicine&rft.atitle=Expanding+the+role+of+advanced+nurse+practitioners--risks+and+rewards.&rft.aulast=Iglehart)

[le=Expanding+the+role+of+advanced+nurse+practitioners--](http://wa4py6yj8t.search.serialsolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft_genre=article&rft_id=info:doi/10.1056%2FNEJMhpr1301084&rft_id=info:pmid/23675663&rft.issn=0028-4793&rft.volume=368&rft.issue=20&rft.spage=1935&rft.pages=1935-41&rft.date=2013&rft.jtitle=New+England+Journal+of+Medicine&rft.atitle=Expanding+the+role+of+advanced+nurse+practitioners--risks+and+rewards.&rft.aulast=Iglehart)

[risks+and+rewards.&rft.aulast=Iglehart](http://wa4py6yj8t.search.serialsolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft_genre=article&rft_id=info:doi/10.1056%2FNEJMhpr1301084&rft_id=info:pmid/23675663&rft.issn=0028-4793&rft.volume=368&rft.issue=20&rft.spage=1935&rft.pages=1935-41&rft.date=2013&rft.jtitle=New+England+Journal+of+Medicine&rft.atitle=Expanding+the+role+of+advanced+nurse+practitioners--risks+and+rewards.&rft.aulast=Iglehart)

[risks+and+rewards.&rft.aulast=Iglehart](http://wa4py6yj8t.search.serialsolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft_genre=article&rft_id=info:doi/10.1056%2FNEJMhpr1301084&rft_id=info:pmid/23675663&rft.issn=0028-4793&rft.volume=368&rft.issue=20&rft.spage=1935&rft.pages=1935-41&rft.date=2013&rft.jtitle=New+England+Journal+of+Medicine&rft.atitle=Expanding+the+role+of+advanced+nurse+practitioners--risks+and+rewards.&rft.aulast=Iglehart)

Institute of Medicine. (2010). The future of nursing: Leading change, advancing health. Retrieved from

http://books.nap.edu/openbook.php?record_id=12956&page=R1

Jennings, N., Lee, G., Chao, K., & Keating, S. (2009). A survey of patient satisfaction in a metropolitan emergency department: Comparing nurse practitioners and emergency physicians. *International Journal of Nursing*

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

Practice, 15, 213-218. doi:<http://dx.doi.org/10.1111/j.1440-172X.2009.01746.x>

Krippendorff, K., (2013). Content Analysis: An Introduction to its Methodology, 3rd edition. Sage Publications, Inc, Thousand Oaks, California

Kueth, M., Vaessen-Verberne, A., Mulder, P., Bindels, P., & van Aalderen, W. (2011). Paediatric asthma outpatient care by asthma nurse, paediatrician or general practitioner: Randomised controlled trial with two- year follow-up. Primary Care Respiratory Journal, 20, 84-91. doi:<http://dx.doi.org/10.4104/pcrj.2011.00003>

Landis, N. T. (2000). Patient outcomes comparable for primary care physicians, independent nurse practitioners. American Journal of Health- System Pharmacy, 57, 424. Retrieved from Medline database.

Laurant, M. G., Hermens, R. P., Braspenning, J. C., Akkermans, R. P., Sibbald, B., & Grol, R. P. (2008). An overview of patients' preference for, and satisfaction with, care provided by general practitioners and nurse practitioners. Journal of Clinical Nursing, 17, 2690-2698. doi:<http://dx.doi.org/10.1111/j.1365-2702.2008.02288.x>

Lehmann, U. (2008) Mid-level health workers: The state of the evidence on programmes, activities, costs and impact on health outcomes: A literature review. World Health Organisation

Lewis, M. (2006). Governance and Corruption in Public Health Care Systems. Center for Global Development. Working Paper Number 78. Retrieved from

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

http://www1.worldbank.org/publicsector/anticorrupt/Corruption%20WP_78.pdf

- Lukes, E. N. (2009). Patient satisfaction with nurse practitioner and physician services in the occupational health setting. *AAOHN Journal*, 57, 307.
doi:<http://dx.doi.org/10.3928/08910162-20090729-08>
- Madubuko, G. (2003) Nurse Practitioner/Advanced Nursing Practice Development in West Africa: A Proposal
<http://international.aanp.org/pdf/WestAfrica.pdf>
- Martyn, K. K., Martin, J., Gutknecht, S. M., & Faleer, H. E. (2013). The pediatric nurse practitioner workforce: Meeting the health care needs of children. *Journal of Pediatric Health Care*, 27(5), 400-405.
doi:<http://dx.doi.org/10.1016/j.pedhc.2013.03.005>
- McAllester, M. (2012). America is stealing the world's doctors. *The New York Times*. Retrieved from
http://www.nytimes.com/2012/03/11/magazine/america-is-stealing-foreign-doctors.html?_r=0
- Mejia, A. (2004). Migration of physicians and nurses: A world wide picture. *World Health Organization Bulletin of the World Health Organization*, 82, 626-30. Retrieved from
<http://search.proquest.com/docview/229550531?accountid=15172>
- Neilson GR, & Lauder W. (2008). What do high academic achieving school pupils really think about a career in nursing: Analysis of the narrative from paradigmatic case interviews. *Nurse Education Today*, 28(6), 680-690.

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

Retrieved

from http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=med5&AN=18501480;http://wa4py6yj8t.search.serialsolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:med5&rft.genre=article&rft_id=info:doi/10.1016%2Fj.nedt.2008.03.008&rft_id=info:pmid/18501480&rft.issn=0260-6917&rft.volume=28&rft.issue=6&rft.spage=680&rft.pages=680-90&rft.date=2008&rft.jtitle=Nurse+Education+Today&rft.atitle=What+do+high+academic+achieving+school+pupils+really+think+about+a+career+in+nursing%3A+analysis+of+the+narrative+from+paradigmatic+case+interviews.&rft.aulast=Neilson

Office of Technology Assessment. 1986. Health technology case study 37: Nurse practitioners, physician assistants, and certified nurse-midwives: A policy analysis. Washington, DC: US. Government Printing Office.

Ogbimi, R. I. (2004). Professionalism in nursing: Problems and solutions in the Nigerian health care delivery system. *West African Journal of Nursing*, 15, 28-32. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&AuthType=ip&db=c8h&AN=2004205077&site=ehost-live>

Okeke, J. O. (2008). Shortage of health professionals: A study of recruitment and retention factors that impact rural hospitals in Lagos State, Nigeria. (D.H.A., University of Phoenix). ProQuest Dissertations and Theses,

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

Retrieved from

<http://search.proquest.com/docview/304330486?accountid=15172>

Okrainec, G. D. (1994). Perceptions of nursing education held by male nursing students. *Western Journal of Nursing Research*, 16, 94-107.

doi:10.1177/019394599401600108

Pulcini J, Jelic M, Gul R, & Loke AY. (2010). An international survey on advanced practice nursing education, practice, and regulation. *Journal of Nursing Scholarship*, 42(1), 31-39. doi:10.1111/j.1547-

5069.2009.01322.x

Stempniak, M. (2013). Closing the primary care gap. *Hospitals & Health Networks*, 87(3), 45-52. Retrieved

from <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=23617120>

Sustaita A, Zeigler VL, & Brogan MM. (2013). Hiring a nurse practitioner: What's in it for the physician? *Nurse Practitioner*, 38(11), 41-45.

doi:<http://dx.doi.org/10.1097/01.NPR.0000435783.63014.1c>

Ukwuozo, R. C. (2006). Access to health care services in Nigeria: A case study of Imo State. (Ph.D., Capella University). ProQuest Dissertations and Theses, Retrieved from

<http://search.proquest.com/docview/304908179?accountid=15172>

Vaismoradi M, Salsali M, Esmailpour M, & Cheraghi MA. (2011). Perspectives and experiences of Iranian nurses regarding nurse-physician communication: A content analysis study. *Japan Journal of Nursing*

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

Science: JJNS, 8(2), 184-193. Retrieved from http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=22117582;http://wa4py6yj8t.search.serialsolutions.com/?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=info:sid/Ovid:medl&rft_genre=article&rft_id=info:doi/10.1111%2Fj.1742-7924.2011.00173.x&rft_id=info:pmid/22117582&rft_issn=1742-7924&rft_volume=8&rft_issue=2&rft_spage=184&rft_pages=184-93&rft_date=2011&rft_jtitle=Japan+Journal+of+Nursing+Science%3A+JJNS&rft_atitle=Perspectives+and+experiences+of+Iranian+nurses+regarding+nurse-physician+communication%3A+a+content+analysis+study.&rft_aulast=Vasimoradi

- Wijers, N., Schoonhoven, L., Giesen, P., Vrijhoef, H., van der Burgt, R., Mintjes, J., Wensing, M., & Laurant, M. (2012). The effectiveness of nurse practitioners working at a GP cooperative: A study protocol. *BMC Family Practice*, 13, 75. doi:<http://dx.doi.org/10.1186/1471-2296-13-75>
- Wilson, A., Pearson, D., & Hassey, A. (2002). Barriers to developing the nurse practitioner role in primary care—the GP perspective. *Family Practice*, 19, 641-646. doi:10.1093/fampra/19.6.641

POSSIBILITIES FOR ADVANCED PRACTICE NURSING IN NIGERIA

Appendix A: Interview Questions

Interview questions

- 1) What do you know about nurse practitioners or advanced practice nurses?
- 2) What is your opinion about this nurse practitioner role?
- 3) Do you think that this role would be a viable option for Nigeria?
- 4) Why or why not?
- 5) What would have to change to make this a viable (or more viable option) for Nigeria?
- 6) ***Is there any information that you think I neglected to ask that you would like to share?***

