**AN ADDRESS PRESENTED BY THE NATIONAL PRESIDENT OF NATIONAL ASSOCIATION OF NIGERIA NURSES AND MIDWIVES (NANNM), NURSE ABDURAFIU ALANI ADENIJI ON THE COMMEMORATION OF THE FORMAL OPENING OF THE INTERNATIONAL NURSES WEEK ON 12TH MAY, 2014 AT THE BARCELONA HOTEL, WUSE II ABUJA.**

Protocols,

The leadership of the National Association of Nigeria Nurses and Midwives most heartily and humbly welcome all nurses and midwives both serving and retired, friends and well wishers of the Association from both within and outside the country to this occasion and further congratulate the entire nurses and midwives in the country for joining their counterparts all over the world to commemorate the International Nurses’ Week.

The International Nurses Week is an annual event marked every May 12 all over the world to celebrate the mother of modern nursing, Florence Nightingale on her birthday.

It is a special day and week set aside by International Council of Nurses (ICN) for its 130 affiliate member associations like ours, NANNM to reflect on the humanitarian and noble profession, and to assess the level of members’ performance towards the health needs of the consumers, and guided by the yearly “THEME” from ICN in Geneva, Switzerland.

If I may ask, and going by the 2013 ICN theme “Closing the Gap; Millennium Development Goals 87654321”. How successful and to what extent have we been able to close the gap individually and collectively? Has our performances, dedication to duty, educational and skill development and most importantly our attitude to work and public image moved us towards achieving the goals?

Has the employer(s) of Nurses and Midwives, the Governments at all the three (3) tiers shown and actualize the political will and/or roles and responsibilities sufficiently enough to close the gap toward the MDGs.

**THE NURSE WORKFORCE**

There are growing recognition that:

* Sufficient, adequately trained and motivated health workers are essential for the health of the world’s population (WHO 2006).
* Equitable access to necessary health services of good quality cannot be achieved without adequate number of appropriately prepared nurses.

The choice of ICN 2014 theme **“Nurses: A Force for Change; A Vital Resource for Health”** is therefore not a coincident. Investing in nursing can make a difference. A number of researchers have demonstrated that affordable nursing intervention can effectively contribute towards achievement of the MDGs as well as in reducing the burden of Non Communicable Diseases (NCD), (WHO 2013a).

The strengthening of the primary health care will be essential in addressing the burden of chronic diseases as well as in reaching the most vulnerable and marginalized members of the society and nurses will play a key role in this (Browne at al 2012).

It is however disheartening to note that despite this recognition many of the hospitals and clinics still remained under staff of nurses and midwives who in turn are often time undertrained and poorly equipped and abysmally remunerated.

To make best use of nurses in the health system, they should be encouraged and supported to perform at their highest potentials without any policy discrimination.

The World Health Assembly (WHA), the supreme decision making body of WHO has repeatedly recognized the essential need for strengthening nursing and midwifery services in achieving better health for individuals, families and communities (WHO progress report 2013b).

As the largest group of health professional who are the closest and often the only available health workers to the population, nurses have a great responsibility to improve the health of the population as well as to contribute towards achievement of the global development goals.

Indeed the Federal Ministry of Health in her publication of June 2013 on Nigeria health workforce profile accepted that Nursing and Midwifery personnel is the heart beat and most critical workforce in effecting changes in Nigeria health status. The government put total workforce for Nurses and Midwives at 249,566. This showed Nursing/Midwifery annual growth rate at 2.6% while Nigeria population growth rate is 3.2%. This implies negative growth rate. This is definitely higher in margin now as many schools of Nursing/Midwifery are losing their accreditation due to lack of meeting the set standard.

It is essential that Nigerian leaders focus on Nigeria nursing workforce as key priority for achieving better health for all Nigerians. The current Midwives Service Scheme (MSS) and the Sure-P health programme and their success story that is the positive effect (reduction) on the nation’s maternal and infant mortality is evidently and abundantly clear.

**WORK ENVIRONMENT**

A study by Alken et al (2011b) noted the effect of nurse staffing is conditional upon the work environment and alternatively that the effect of the work environment is condition on nurse staffing. They were able to demonstrate that in hospitals the better the nurse environment the lower the odds on deaths and failures in hospitals across the entire nurse staffing. Human resources for health in Nigeria as published by Federal Ministry of Health in June 2013 show that within year 2002 to 2005 the number of Nurses that migrated out of Nigeria doubles the number of Nurses produced for the 3 consecutive years.

This work can be complemented by a Nigerian study (Ayamolowo et al 2013) which considered the relationship between job satisfaction and work environment of a primary care nurse. It also concluded that a healthy work environment was an important factor in improving work satisfaction, reducing turnover intention and improving care.

Government is called upon to consider an improved work environment as essential ingredient to strengthened health care workforce for a better or an improve health needs of the population.

**TEAM – BASED HEALTH CARE**

Team – Based Health Care is an essential tool for constructing a more patient-centered, coordinated and effective health care delivery system.

The principal is that:

* Goals are shared to reflect patient and family priorities.
* Roles are defined for clear expectation for each team member’s function, responsibilities and accountabilities which optimizes the team’s efficiency and often make it possible for the team to take advantage of division of labour thereby accomplishing more than the sum of its part.
* Mutual trust among team members is earned, creating strong norms of reciprocity and greater opportunities for shared achievement.
* Effective and consistent channels of communication which are accessed and used by all team members across all departments.
* Measurable processes and outcome for timely feedback on successes and failures in both the functioning of the team and achievement of the team’s goals. These are used to track and improve performance immediately and overtime.

These principles have completely disappear in Nigeria health sector either because of the erroneous believe that some health professionals are unimportant in the team membership, or due to the discriminatory leadership styles of those in the helm of affairs in the health institutions.

The disharmony in the health sector is selfishly creating gaps on daily bases because the leadership in the institutions have no concern for majority of staff who are not their professional colleagues or members of their professional association; a situation that is not collaboratively working to achieve the institutions’ objectives for the patients and communities.

**UNIFIED SCHEME OF SERVICE FOR NURSES/MIDWIVES AND INTERNSHIP PROGRAMME FOR GRADUATE OF BNSC.**

It is a cheering news that after three and a half decades of legal battles in and out of Industrial court of law between the National Association of Nigeria Nurses and Midwives and the Federal Ministry of Health, the Ministry under the leadership of Professor Onyebuchi Chukwu and the labour friendly Minister of Labour and Productivity, Chief Chukwu Emeka Wogu, at last accepted National Industrial Court of Nigeria (NICN) judgment on professionalization of nursing and recommended that nurses and midwives should have a unified scheme of service.

This is the last Struggle required of us to entrench the sanctity and professional status of our professional examination, registration, certification and licensing like other professional bodies e.g. Law School to Lawyers, ICAN/ANA to Accountants, Nigeria Institute of Town Planners to Town Planners and last but not least COREN to Engineers. The solution lies in working towards realization of IAP Award so that the efforts of our heroes would not be in vain.

Similarly the Honourable Minister of Health supported and recommended to the Office of the Head of Civil Service of the Federation that internship programme for graduates of Bachelor of Nursing Science be accommodated into the scheme of service for financial remuneration of the would be interns. The huddles on this is the entry point of would be interns. We however call on our young graduate of BNSc student to be proactive but law abiding and follow the path of dignity in pursuing the issue.

These two important professional issues have again been forwarded as memoranda by NANNM for the consideration and approval of the Special Committee of the National Council on Establishment (NCE) set up by the Head of Civil Service of the Federation.

At this juncture, we call on the major stakeholders in Nursing as recently constituted especially Nursing and Midwifery Council of Nigeria the regulatory authority of the profession and whose position and pronouncement has implications on the professional development of nursing in Nigeria, to continue to support these two issues by forwarding its own memoranda to the Special Committee through the Ministry of Health and the OHCSF as it did before, to justify the reason for a unified scheme of service for nurses and midwives including the appropriate placement of intern nurses in the proposed scheme. At the recent stakeholders on actualization of professional status for Nursing profession in Nigeria, all stakeholders agreed to a unified scheme of service that takes care of all cadres of Nurses/Midwives in Nigeria without discrimination.

**NURSING EDUCATION REFORMS**

One of the greatest challenges of Nursing Profession in Nigeria is our system of Education. The present situation has a lot of limitation characterized by non availability of adequate number, and evenly distributed higher institution of learning for nurses in Nigeria, drastic shortage of qualified personnel while many nurses are willing to further their education. This precarious situation has led many nurses to go into the volatile issue of studying “allied courses” to Nursing, the implication of what we are battling with till today.

The stakeholders have however resolved to assist the Association and Nursing and Midwifery Council of Nigeria in designing a more pragmatic abridged programme to provide an academic link for willing and eligible graduate of our schools of Nursing to be able to scale-up and further their education without let or hindrance. The solution lies in pursuance of Degree courses in Nursing Sciences for our professional growth and development. While concerted efforts are on going and at advanced stage on actualization of NBTE programme to provide academic certification for our Registered Nurse Programmes.

Open and Distance learning is another way out of our education bottle-neck in Nigeria. Therefore, the National Open University is a welcome development and all hands are on deck to clear the problem of accreditation while the graduate of the institution should not entertain any fear.

However, following series of complaints from some nurses that their Managements especially in some of the teaching hospitals refused to accept the validity of the degree certificates awarded to nurses by the National Open University of Nigeria for the successful completion of the nursing programme, NANNM reported the matter to the Board of the Nursing and Midwifery Council of Nigeria.

The Board deliberated on it, resolved and directed the Management of the N&MCN to write a circular to convey the validity of the certificate as the progamme was approved by the National University Commission.

The current suspension of admission into the school for want of a re-new accreditation is another challenge before NANNM and would be pursued accordingly with the cooperation of the N&MCN. The Nursing and Midwifery Council of Nigeria is also working towards undertaken accreditation visit and ensure that the programme meet the expected standard.

**JOHESU DEMANDS AND THE SEEMING UNWILLINGNESS OF THE GOVERNMENT TO IMPLEMENT THEM.**

The seeming unwillingness of the Government to correct the wrongs, issue enabling circulars, direct compliance and implementation of agreements and court judgments as the case may be on the various long and unmet standing demands and rights of members of JOHESU has again entered a disputed situation even as the matters were transferred to the Office of the Secretary to the Government of the Federation.

It is presently gathering a fresh momentum for an industrial action. The position and discriminatory pronouncement of the government even as we address you today has not portray the expected role of a bridge builder among health professionals.

The issues in disputes include:

1. Lopsidedness and unlawful Constitution of Boards of Managements of various tertiary health institutions.
2. Increase in Retirement Age of Health Workers from 60 to 65years.
3. Promotion of Officers from CONHESS 14 to 15 as Directors.
4. Circularization of Proper Placement of Intern Medical Laboratory Scientist on CONHESS 8.
5. Implementation of Skipping of CONHESS 10 and payment of its accrued arrears.
6. Issuance of appropriate Circular on Consultancy for other Health Professionals.
7. Issuance of Circular and Payment of Specialist Allowance to deserving Officers.
8. Abolition of the post of Deputy CMAC.
9. Adjustment of Collective Bargaining Agreement of 2009 as it was done for NMA in the same sector in January, 2014.
10. Appointment of CMDs/MDs of Teaching Hospitals in accordance with the extant laws and the need to give consideration to permanent staff of the hospitals rather than the University based personnel.
11. Advertorial for Appointment of CMDs/MDs should no longer be skewed in favour of one professional group but made open to all competent and qualified Health Professionals.

In view of the failure of the Federal Government to accede to and fully implement our demands as itemized above, the Joint Health Sector Unions (JOHESU) and the Assembly of Health Professional Associations (AHPA) at their joint meeting held on 30th April, 2014 at the Medical and Health Workers’ Union of Nigeria Secretariat, Abuja, resolved to give a 15 day ultimatum beginning from Friday 2nd May, 2014.

It is our hope and desire that the Honourable Minister would take necessary steps to ensure that our demands are met on or before Friday 16th May, 2014 in order to forestall the impending avoidable industrial action.

**STATE OF THE NATION**

Our profound appreciation goes to all health professionals and indeed rescuers for putting in more selfless efforts and extra hours of sacrifice at their duty post at this devastating and trial period of security challenges in our country.

We call for the unity of the country more than ever before to be able to tackle common enemies of the nation.

Finally, as we consider the nurses and how we act as a force for change, then we need to critically assess our own personal responsibility. If we are unhappy with how nurses are viewed or treated in the workplace then we have an obligation to do something about it. We have to recognize our own responsibility over the image of nurses and how the public view us. We are vibrant and active members of many communities; we link on extensive networks yet all too frequently the media tell a different story; if we only portray an image of negative stories then we are part of the problem.

We need to use International Nurses Day to “change the picture; to reinforce how a skill nurse response can transform lives, families, communities and indeed the country. We need to mode this message not just on this day but from this day onward.

On this day of action, be prepared to describe:

* How you have made a difference.
* How our team has made a difference.
* How our nurse association has made a difference.
* How our government CAN make a difference.

It is pertinent to comment on some issues of paramount importance that will have implication on either the health of the care givers and that of Nigeria citizenry.

The authority of the Federal Ministry of Health (FMOH) should know that without harmony there cannot be progresses, efficiency will not be attained and quality and standard of practice will be drastically affected. I therefore wish to call on the Honourable Minister of Health Professor Oyebuchi Chukwu and the President Commander of Armed Forces of Nigeria His Excellency Dr. Goodluck Ebele Jonathan respectively not to underrate the issue of harmonious relationship within health workers. Therefore Nigeria Nurses calls for immediate and prompt conclusion of Alhaji Yayale Ahmed led Presidential Committee on harmony in health sector to be followed with release of the report and immediate implementation of the much expected report. The Honourable Minister was given the task of restoring harmony, if we are yet to achieve that then we have not succeeded.

Nigerian Nurses and Midwives are not against reforms that are genuinely and sincerely motivated but we will not be in support of any of such reforms that are ill-motivated and will not take into consideration right and privileges of each professional groups and will not guide against our professional autonomy or incurson into our professional jurisdiction and scope of practices.

Today, it is a danger signal that Nurses and Midwives are no more allowed to carry out what their curriculum of training empowers them to do like Midwives taking delivery of the new born babies or carrying out core antenatal care, dressing of wounds and taking part in ward round for review of patients cases, setting up and giving of intravenous drugs and many other clinical duties that fall under the purview of our professional duties.

We equally wish to draw caution that our health care services must not be on experimental basis. The issue of Universal health coverage, private-public partnership policy in health sector, introduction of training of Para-medics must be thoroughly looked into to ensure that every stakeholder are carried along to ensure good outcome. Otherwise there are enough area of conflict yet to be resolved and we must not multiply them.

Medical tourism cannot be curbed through merely introduction of Surgeon General; we must do things not only with passion of doing new things but with all the desired dexterity it deserved. Today Nigeria health sector is enmeshed with the riddle of who is medically qualified and who is not, the politics, the myths and reality of this issue has tied us down to a standstill. This is traceable to imposition of one professional group over others. Where then lies harmony that we’re looking for? A situation where appointment of eligible specialist/consultant and chief executive of our teaching hospital is seen as birth right of a group and a taboo to other eligible professionals.

Finally, Nigerian Nurses joined other people in appealing to the Nigerian government not to politicize the security of lives and properties of Nigerians as no development can occur in a state of insecurity. Boko-Haram saga should be addressed squarely and put an end to this menace while the lives of the abducted school girls is very precious to us. Their continued disappearance is capable of prompting an alarming health hazard.

Thank you for sparing your time.