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Exploration of Facilitating Factors and Barriers to Professional Private Nursing Practice in Lagos State, Nigeria

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Abstract: *The world has become a global village and as such Nigerians and non-Nigerians who live in Nigeria must receive quality health care from legitimate health care providers including those operated by nurses in private practice. Nurses in private practice are faced with factors that either act as facilitators or barriers to their practice. This study was therefore designed to explore the facilitating factors and barriers to professional private nursing practice in Lagos State.*

A survey research design was adopted for this study while multistage sampling technique was used to select the administrative areas and 149 participants of this study. A self-designed and validated questionnaire was used for data collection. Reliability was tested through test-re-test and yielded a coefficient (index) of .891. Two research questions and one hypothesis were formulated and tested. Analysis of data was done using descriptive and inferential statistics, t-test, chi-square, and one-way analysis of variance fixed at the .05 significant levels.

Findings from this study showed that nurses' competence level was shown to be the most significant facilitating factor (M = 3.997, SD = 1.071, β = .101) followed by educational factors (M = 3.818, SD = 1.227, β = .089), professional factors (M = 3.799, SD = 1.118, β = .063), ethics and law (M = 3.756, SD = 1.307, β = .077), and lastly by personal factors (M = 3.539, SD = 1.402, β = .061). Among all the barriers, challenges from colleagues was shown to be the most prominent barrier (M= 3.149, SD = 1.001, R^2 = .159) followed by communal issues (M = 3.015, SD = 1.023, R^2 = .123), government regulations (M = 3.002, SD = 1.051, R^2 = .103), stigmatization/discrimination (M = 2.935, SD = 1.088, R^2 = .103), and lastly by challenges from patients (M= 2.707, SD = 1.099, R^2 = .107). The findings also revealed that 22% of the total variance in the facilitating factors to professional private nursing practice was accounted for by the barriers ($F_{(5,148)}$ = 7.540; R^2 = 0.22; P = .00).

The study concluded that there are many facilitating factors and barriers to private nursing practice. Based on the outcome of this study, it is recommended that the scope of practice issue for private nurses be looked into by the Nursing and Midwifery Council and States' Ministry of Health in Nigeria.

Keywords: *Barriers, Facilitating factors, Lagos State, Nurses, Private hospitals, Private nursing practice*

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I. Introduction

A nurse is a healthcare provider that helps to promote health, manage the patient physical needs, prevent illness, and treat health conditions. Nursing is a highly specialized profession which is constantly evolving to meet the patient diverse health needs. American Nurses Association (ANA, 2012) described nursing as the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations. Contemporary functions of a nurse include care giving, clinical and ethical decision making, patient protection and clinical advocacy, and case management (Rajamani, 2013). As care givers, nurses help clients regain health and quality of life, addresses the holistic health care needs of the clients, helps families to set goals and meet these goals, preserves client dignity, and accepts clients as a person and not merely a mechanical being. Nurses in private practice make important contribution to the health care needs of the populace in Lagos State however; their practices are constrained by the requirement for physician supervision and lack of prescriptive authority (USAID, 2008).

Healthcare in the 21st century is envisioned as equal access to healthcare delivery service for all people at all times and in every setting by the health care workers but making this happen has been a herculean task in Nigeria. Being a multidisciplinary service, healthcare delivery system pulls human resources of differing specializations together to achieve the goal of meeting the health needs of the people (Babiker, 2014).Among the professionals in healthcare service, doctors and nurses appear to be the most visible, with the latter being the closest to the clients (Mufti Samina, 2008). Nursing being the largest professionals in health care workforce applies knowledge, experience and skills to care for the various and evolving needs of patients (Hughes, 2008).

The integral structures of healthcare are changing globally where nurses are involved both in in-patient and out-patient settings, long-term care of patient in hospitals, public and community health, and other settings (Health IT Workforce, 2012; Agbedia, 2012).

Basically, large part of the demands of patient care is centred on the work of nurses (Hughes, 2008). Traditionally though, nurses are viewed as mere appendage of the physicians (Greenfield, 1999; Mercer, 2007; Hoeve, 2013) yet, they provide most of the 'salient' care, from initial baseline assessment of patients', drawing blood for laboratory investigations to ensuring the patient is comfortable and regains quality of life. However, all medical decisions are made by physicians; hence nurses are not seen and regarded as primary caregivers. The formalized arrangement that made nurses to be seemingly subservient to physicians in terms of initiating care giving notwithstanding, many nurses do have adequate training and competence to provide primary and preventive health care with demonstrable efficacy using a model of care that sees health as an expanding consciousness(Newman, 1983;Necor, 2014).

Several factors however, influence nursing services and this include the international trends in nursing; health needs of the society; awareness of health needs of the society; economic condition; new knowledge and technological advancement; specialization; increase industrialization; government support to health programmes; increase private nursing homes, and development of nursing research (Solomon. 2015).In Nigeria, many economic and socio-political issues affect changes in the healthcare delivery system. As reform emerges in healthcare, the framework for the delivery of healthcare also changes in context (Lecky, 2015). Classical tasks of physicians that are progressively coinciding with those of other healthcare professionals bring into focus transformation of traditional and expanding roles of nurses (Delamaire, 2010). These changes have heightened awareness in approaches to healthcare as nurses are equally being seen as health care provider and systematically becoming conspicuous members of the healthcare team. Nigeria is in an era of healthcare reform where supplementary primary care practitioners are needed (Ogaji, 2016) and nurses' role as direct primary care givers to meeting this requisite demands progressively expanding role of nurses..

Emerging from the necessitated expansion of the healthcare system is incursion of nurses into private practice. This entry into private practice by nurses is a result of their education and the enabling law empowering such practice. The Act establishing the Nursing and Midwifery Council of Nigeria (Decree 83, 1992) was amended in 2004 by the National Assembly. The Act empowered the Council to determine attainable standard of knowledge and skill for a nurse or midwife registered under the Act to carry out nursing or midwifery care in accordance with the approved training curriculum by the Council. Such nursing care include preventive care, curative care, supportive care, and the to diagnose and treat simple medical and surgical conditions, evaluating nursing and health care, initiating and carrying out studies aimed at improving nursing and developing new techniques to meet healthcare needs of the people. In spite of the empowerment of the Act, nurses in private practice in Lagos faced with some barriers in implementing some health care deliveries in their centre. Health Service Reforms Law, (HSRL, 2006)categorized nursing facilities as nursing homes/convalescent centres; and maternity homes but not combining the practice in a single facility even where such facility is owned and operated by a registered nurse with requisite qualifications.

The development in health care delivery services and the constantly changing approach to disease management demand expanding the roles of professional nurses in health care delivery (Woo, 2017) especially those that ply their trades and render services in the community settings where client troops in droves and expect their health care needs to be met. Private nursing practice is however facilitated by multi-layered concept of professionalism in nursing, the dynamic changes in health workforce and the expanding roles of nursing from the domains of medical to nursing model-based intervention (care intervention nursing domain), (Brandsen, 2010) clients increased health demands, worsening socio-economic conditions, shortages of medical staff especially physician, and the need to shift to disease prevention and health promotion (Maartje., 2014) are some facilitators for enhancing the establishment of private practice among nurses.

Studies have shown that self-knowledge that gives an individual awareness of self and builds confidence in individual capabilities to make decisions is another area of strength that facilitates private practice among nurses as well as interpersonal skills and holistic care which is the basis of complementary role of nurses in medical model (Zamanzadeh, 2015; Ha, 2010; Tye, 2000). In spite of the empowering Act of the National Assembly that confers on nursing the power to undertake some prescribed healthcare services, the practice, particularly in urban settings like Lagos has been attacked, stereotyped and vilified by physicians.

Arguably, Lagos State, the economic centre of Nigeria is a rapid flourishing municipal in Africa which takes the seventh position in the world with a population of about 21 million (www.lagostate.gov.ng). In spite of the fact that Lagos is still broadly alluded to as a city; the present day Lagos is actually called Metropolitan. Because of industrialization and a guarantee of employments, it has attracted various people to itself. The population growth in the 1960s and 1970s was as a result of Nigeria's economic boom. It was the capital city of Nigeria from 1914-1991 when the capital was moved to Abuja on the 14th day of November, 199 by the then military government led by Gen. I.B. Babangida.

The atmosphere in Lagos metropolis since 1995 has been devastating for nursing practice and nurses in private practice when the State government came up with a Task Force on illegal health facilities which raided and dehumanized some private nurse practitioners. In the same vein, the Lagos HSRL (2006), Part 5, 67, 1 (a) places every health facility under the authority, regulation and control of a physician referred to as the Medical Practitioner in charge. This singular provision made private nursing practice almost difficult while some nurse employees were disparagingly regarded as auxiliaries by the public (Umar, 2017). Most physicians in private practice also erroneously see nurse-counterparts as auxiliaries or less qualified to operate such practice. Inadvertently, this makes public perception of nurses and stereotypes to be more devastating whereas (Adebayo, 2016) described health workforce to include those that play critical roles in achieving effective health care delivery; engaged in disease prevention, health protection, health promotion and management of human response in health-wellness continuum. This all-encompassing description obviously includes nurses as well as other professionals; but nurses' recognition as critical healthcare stakeholders is nonetheless problematic particularly due to the unresolved issue of autonomy(Adeniji, 2014) and troubled nurse-physician relationship(Greenfield, 1999; Mercer, 2007; Hoeve, 2013).

Research Questions

1. What are the factors that facilitate the establishment of professional private nursing practice in Lagos?
2. What are the barriers experienced in private practice among Nigerian private nurses?

Hypothesis

1. Barriers to professional private nursing practice will not significantly influence the facilitators to professional private nursing practice.

Conceptual Model

The transition of a nurse to private nursing practice is influenced by factors which include transition to personal meaning; level of prior preparation; medical environment supportiveness; personal knowledge and skills; personal and organizational expectations regarding the new role and also the levels of motivation in an ever dynamic process(Meleis, 2010). A qualified nurse that has acquired necessary knowledge and skills via variety of learning processes to become a competent health care provider can be motivated to become reflective(Schumacher and Meleis, 2010).

The role of a private nurse practitioners' is advanced, flexible and multifaceted due to the continuous changes in patient needs and health environments (Takase, 2012), this genre of nurse practitioners experience a role development process before being able to function with maximum effectiveness. Takase, (2012) using Hamric and Taylor's (1989) role development model reported positive and negative experiences engendered during role development. The findings also described role development as a complex process that is influenced by factors deriving from the work setting, personal characteristics and the nature of the independent practitioner's role.

The continuous developing of self-awareness supported by an enabling environment can lead to exploration of the innate entrepreneurial skill to establishing private nursing practice and finding ways to overcome the barriers in policy and regulation of the system. As a registered nurse, sometimes one just wants to do more in one profession. That's why so many are heading towards earning an advanced degree to become a nurse practitioner. In fact, according to Nelson(2017), more than 2000 Nurse Practitioner students completed their academic programs in 2015 in the United States, according to the American Association of Nurse Practitioners (AANP).Many times, the average nurse practitioner student has been practicing as a registered nurse for 10 years or so, says Ken Miller, president of the AANP. They just get to a point in their career that they want more autonomy.

Since no single discipline can handle health care services, the nurse practitioners are leveraging on the facilitators to picking up a lot of that primary care that needs to be done by owning their own private nursing practice across the country. In as much as there are two sides of a coin (Tonwe, 2016); private nurse practitioners ordinarily will experience both sides, that is facilitators' and barriers for personal and professional growth. Entry into independent nursing practice begins with the first anticipation of transition (facilitators and barriers) and ends when stability or healthy practice has been achieved.

Summarily, Meleis (2015) described the knowledge of sentiments, cues, and designs associated with new roles and identities as the ultimate goal of healthy transition. The Transition Theory is a middle-range theory that explains how transitions cause changes in identities, roles, relationships, abilities, and patterns of behaviour. Transitions are complex, occur as a natural process, and require periods of perplexity and reorientation during the process of finding oneself (Schumacher & Meleis, 2014). Furthermore, a strong support system including family, friends, and colleagues can subsequently influence the successful transition of

professional nurse to autonomous practice. Therefore, Meleis transition theory provides a theoretical framework for the successful transition of registered nurses to autonomous practice.

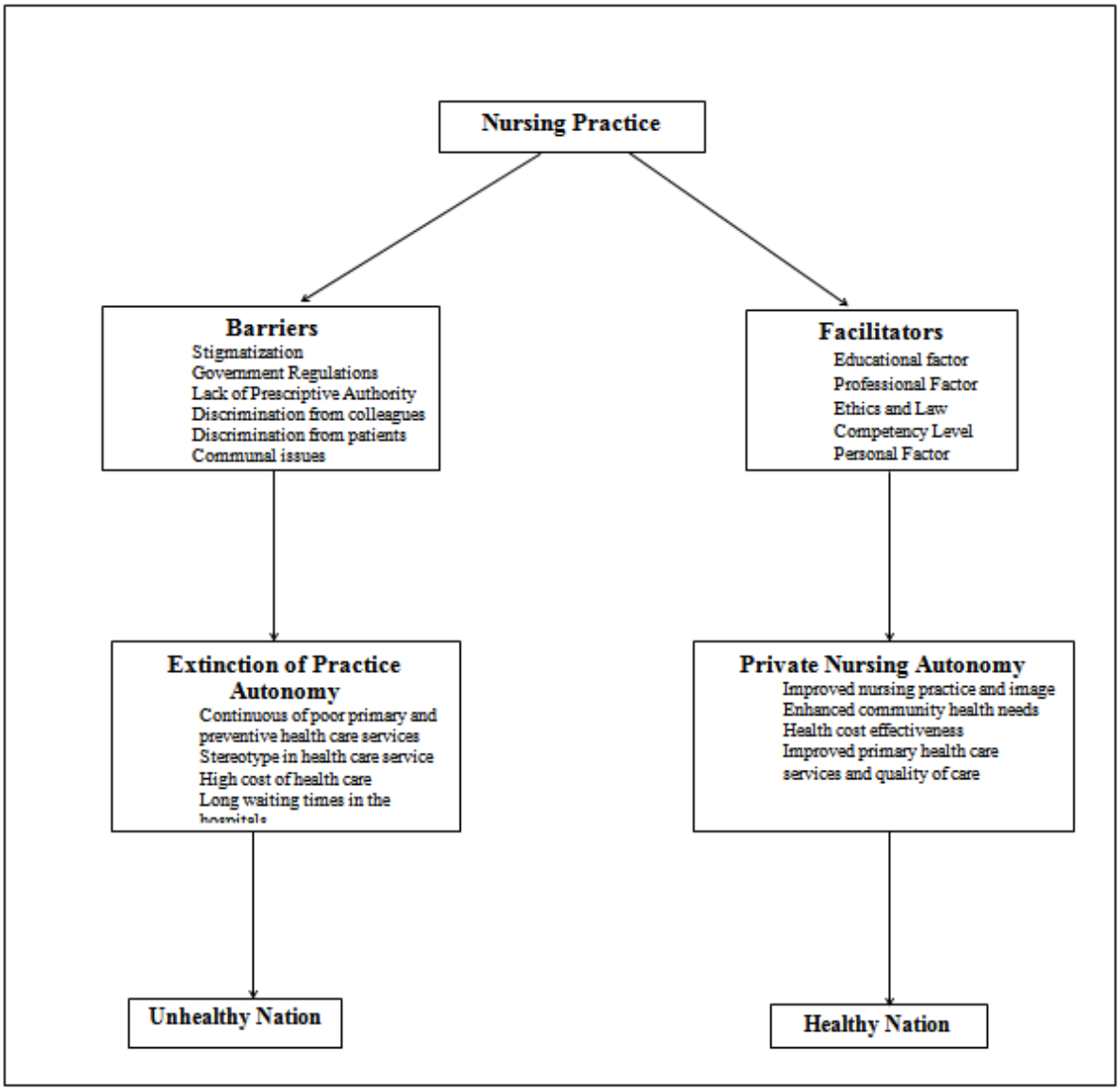

Figure 1: Conceptual model on barriers and facilitators to private nursing practice

II. Methodology

Research Design: For the purpose of this study, a survey research design (descriptive quantitative approach) was employed to identify the barriers and facilitators in private nursing practice. Barriers and facilitators were explored through the use of questionnaire.

Population: The population for the study comprised all the 242 private nurse practitioners' certified by the Council as professional nurses, licensed to practice and certificated by the Health Facility Monitoring and Accreditation Agency (HEFAMAA), Ministry of Health, Lagos State to practice and operate in Lagos State.

Sample size and sampling Technique: One hundred and sixty-two (162) respondents' participated in this study. These respondents comprised of all the 162 private practicing nurses from four (4) administrative zones in Lagos State. Cluster sampling method was used for the selection of 4 administrative zones from the 9 administrative zones in Lagos State. The selection was made based on the population of private facilities owned by nurses in the zones. The zones with the highest population of private facilities owned by nurses are Surulere, Apapa, Oshodi/Isolo, and Ifako/Ijaiye.Surulere has 40 private nurse practitioners; Apapa: 44; Oshodi-Isolo: 55; Ifako-Ijaiye: 23 totaling 162. The highest population in the other zones that did not participate in this study is

11. Total enumeration was used in the selection of the participants in the selected zones. The respondents attend meetings differently on Tuesdays, Wednesdays, and Thursdays in their various units. Likewise, in the administration of the questionnaire, total enumeration was adopted.

Instrumentation: To measure the barriers and facilitators' practitioners experienced in professional private nursing practice, the researcher designed a self-structured questionnaire using the Likert scale to elicit the respondents' views and descriptions to gather data for this study. Burns and Grove (2005) define data collection as the precise systematic gathering of information relevant to specific research objectives or questions. The questionnaire was designed to obtain information on socio-demographic characteristics and other variables stipulated in the objectives of the study. A five-point Likert scale (from strongly agree to strongly disagree) was adopted to elicit information on the barriers and facilitators in private practice.

Validity and Reliability of Instrument: Face and content validity were used to test the validity of the instrument. Extreme care was taken in designing the instrument to ensure that it met the demands of rigor in dealing with the objectives of the study. The questionnaire was stated in a clear and simple language to ensure consistency of response from the respondents. The actual questionnaire were administered to 10 private practice registered nurses involved in private practice in Sagamu Local Government Area of Ogun State on the 10th of January, 2018, same questionnaire was administered to the same set of practitioners on the 24th January. This test-retest was to check for the reliability of the study. The test-retest yielded a coefficient alpha value of 0.89.

Method of Data Collection: Data for this study were collected with the help of four (4) trained research assistants. One of these assistants was a registered nurse practitioner who understands the intricacies of nursing practice. The respondents were met at their various meeting venue to collect the data. After obtaining permission from the leaders, the researcher introduced himself and the purpose of the study to the participants.

Method of Data Analysis: Data obtained from the participants were analyzed using statistical package for the social sciences (SPSS) software version 23.00. Both descriptive statistics (frequency, percentages, means and standard deviation) and inferential statistics (Chi-square and Multiple Regression) were used for the analysis. All statistical analysis are set at 0.5% level of significance ($p<0.05$).

Ethical Consideration: In line with proper ethical codes, respondents were first asked for their willingness to participate in the study and those who gave consents were used as respondents for the study. General information, including the purpose of the study was explicit and simplified for the respondents to understand while the respondents were afforded the option of contacting the researcher to clarify any necessary information throughout the study. Privacy was assured and all data provided by respondents were treated with high degree of confidentiality and respect. Respondents were informed that there was no reward for participating and so that they could opt out if they so wish at any time. The informed consent contained an explanation of the study, information on confidentiality, requirements and rights of the participants, and risks and benefits of the study were clearly spelt out for the respondents by the researcher. The participants were then made to sign the consent form after receiving adequate information pertaining to the study. The questionnaire was distributed to the consenting participants and same were retrieved after ensuring completeness.

Institutional permission to conduct the study, proposal of the research project together with the informed consent and questionnaire were all submitted to the Research and Ethical Committee of Babcock University (BUHREC), Ilishan-Remo for ethical evaluation and approval as given in certificate no BUHREC 198/18 dated Feb. 28, 2018. The researcher was committed to strict confidentiality throughout the course of the study.

Results and Discussion of Findings

Findings from this study show that majority (64.4%) of the respondents were within the age bracket of 51-60 years and with a mean age of 53.6; 82.6% were males, 63.8% were Christians; 96.6% were married; 38.3% have practiced for 11-15 years; while the educational background revealed that all the respondents had the requisite RN/M to practice.

Table 2: Information on the factors that facilitate professional private nursing practice in Lagos State

Facilitators of Private Practice	Agree	Disagree	Indifference	Weighted mean	Std. Dev	β value
Educational Factor	119	7	23	3.818	1.227	.089
Professional Factor	111	18	20	3.799	1.188	.063
Ethics and Law	107	33	9	3.756	1.307	.077
Competency Level	126	23	-	3.997	1.071	.101
Personal Factor	97	33	19	3.539	1.402	.061

The outcome of the question on the factors that facilitate professional private nursing practice showed that educational factors, professional factors, ethics and law, competency level and competency level were significant enough in the facilitations of nursing practice. Among all the factors, nurses' competence level was shown to be the most potent factor (M = 3.997, SD = 1.071, β = .101) followed by educational factors (M = 3.818, SD = 1.227, β = .089), professional factors (M = 3.799, SD = 1.118, β = .063), ethics and law (M = 3.756, SD = 1.307, β = .077), and lastly by personal factors (M = 3.539, SD = 1.402, β = .061).

The outcome of this study is similar to prior studies of Zamanzadeh (2015), Ha (2010) and Tye (2000) that self-knowledge that gives an individual awareness of self and builds confidence in individual capabilities to make decisions is another area of strength that facilitate independence nursing practice as well as interpersonal skills and holistic care which is the basis of complementary role of nurses in medical model.

Also, the outcome of this study on nurses' competence level is in line with the evidences that amidst all challenges from all quarters, nurses have been engaging in private practice in Nigeria to exhibit their professional competence and relevance, fulfill personal entrepreneurial aspirations and demonstrate socially responsible nature of their profession (Onyemelukwe, 2016). The findings also supports previous studies that frustration over hospital bureaucracies (Ojo, 2010), the desire to function in an expanded nursing role (Omolola, 2014) with greater autonomy (NSW Ministry of Health 2014), the achievement of greater professional and personal fulfillment (Akin–Otiko, 2014), and the belief that nurses have more to contribute (Akin – Otiko, 2014, Ojo, 2010) have also informed the incursion into private practice among nurses. Nurse practitioners in private practice are offering a variety of direct nursing services to the public, and believed they would address the shortage in health workforce, ameliorate clients' route to services, offer economical care with focus on populations at risks, extending distance services to rural and underserved communities; render training and clinical savvy to other health professionals; and meet the ever changing dynamics of healthcare services.

Table 3: Information on the barriers influencing professional private nursing practices

Barriers to Private practice	Agree	Disagree	Indifference	Weighted mean	Std. Dev	β value
Stigmatization	91	37	21	2.935	1.088	.107
Government Regulations (lack of prescriptive authority, physician supervision)	104	32	13	3.002	1.051	.103
Challenges from colleague	120	12	17	3.149	1.001	.159
Challenges from patients	88	37	24	2.707	1.099	.107
Communal Issue	99	25	25	3.015	1.023	.123

The outcome of the question on the barriers influencing professional private practices among Nigerian nurses showed that stigmatization, government regulations, challenges from colleague, challenges from patients and communal issues were dominant barriers on professional private practices among Nigerian nurses. Among all the barriers, challenges from colleague was shown to be the most prominent barrier (M= 3.149, SD = 1.001, R^2 = .159) followed by communal issues (M = 3.015, SD = 1.023, R^2 = .123), government regulations (M = 3.002, SD = 1.051, R^2 = .103), stigmatization (M = 2.935, SD = 1.088, R^2 = .103), and lastly by challenges from patients (M= 2.707, SD = 1.099, R^2 = .107)

These findings lend credence to numerous barriers that are inhibiting nurses from offering their services as private practitioners. Some of these according to research include lack of direct reimbursement for nursing services (Nursing and Midwifery Council of Nigeria, 2009; Adejumo & Adejumo, 2009), minimal nursing autonomy (Ojo, 2010), female socialization (Chukwunwendu, 2014), lack of prescription writing privileges (Ojo, 2010), and insufficient exposure to the concept of being self-employed (Omolola, 2014).

Also, this finding lend support to that of Dill, Pankow, Erickson, and Shipman (2013) who reported that the majority of participants in their study reported factors that limited private practice, including restrictions imposed by states, hospital policy restrictions, and limitations experienced in work settings. Recent research examining consumer preferences of care and acceptance of advanced roles for professional nurses supported the evolving role of professional nurses and greater acceptance of this role to enhance access to care.

Table 4: Summary of Multiple Regression Analysis of the influence of barriers to professional private nursing practice on the facilitators to professional private nursing practice

Model	Unstandardized Coefficients		Standardized Coefficients	t	p-value
	B	Std. Error	Beta (β)		
(Constant)	5.102	.555		19.482	.000
Education	.140	.123	.148	2.206	.023
Professionalism	.203	.171	.133	3.119	.007
Ethics and law	.111	.155	103	2.657	.000
Competency	.156	.198	171	3.876	.000
Personal	.099	.104	.086	1.953	.011
Source of variation	**Sum of Squares**	**Df**	**Mean Square**	**F-Ratio**	**P**

Regression	147.030	5	29.407	7.540	0.00
Residual	557.700	143	3.900		
Total	704.730	148			
R = 0.478; Multiple R^2 (Adj.) = 0.22; Stand error estimate = 1.981					

The barrier to professional private nursing practice was found to influence the facilitators individually. It was found from the Table that competence level was much more affected by the barriers (β = .171, t = 3.876) followed by educational factors (β = .148, t = 2.206), professional factors (β = .133, t = 3.119), ethics and law (β = .109, t = 2.657), and lastly by personal factors (β = .086, t = 1.953). However, the barriers to professional private nursing practice were found to yield a coefficient of multiple regressions (R) of 0.478 and a multiple correlation square of 0.22. This shows that 22% of the total variance in the facilitators to professional private nursing practice was accounted for by barriers. The Table also indicates that the analysis of variance of the multiple regression data produced an F-ratio value significant at 0.00 level ($F_{(5,148)}$ = 7.540; P = .00). Therefore, the hypothesis that stated barriers to professional private nursing practice will not significantly influence the facilitators to professional private nursing practice could not be sustained.

The result revealed that barriers to professional private nursing practice will significantly influence the facilitators to professional private nursing practice. The identified barriers to professional private nursing practice in this study were found to contribute 22% of the total variance in the facilitators to professional private nursing practice. The implication of this finding is that barriers to professional private nursing practice have something to do with the facilitators that promote professional private practices. The problem so far could be attributed to a lot of controversies related to variance in Lagos State Health Reforms Law, 2016 regulation of practice, issue of professional autonomy, challenges from patients and colleagues, and many more.

III. Conclusion

The role of professional private nursing practice continue to evolve in response to changing societal and health care needs as consumers in all setting seek increasing services, professional private practice have an opportunity to claim a significant core of health care delivery through the facilitators and at the same time being limited by the barriers. The study has identified education, professional factors, ethics and law, competency level and personal factors as the factors that facilitate the establishment of professional private nursing practice. Among all the facilitating factors, nurses' competence level was shown to be the most potent factor. On barriers, stigmatization or discrimination, government regulations, challenges from colleague or patients and communal issues were compelling factors. Challenges from colleagues were shown to be the most potent barrier factor.

The findings revealed the influence of the barriers on the facilitators of professional private nursing practices in the study area. It is therefore important to note that the identified barriers to professional private nursing practice in this study were found to contribute 22% of the total variance in the facilitators to professional private nursing practice. Yet restrictive practice environments continue to limit professional private nursing practice in Lagos State and other states in Nigeria. Though, there are increasing opportunities for nurses with advanced practice skills, yet it becomes important to resolve the scope of practice issues for NPs to gain the needed public support to expand their role to meet much needed primary care services in Nigeria.

The study concluded that professional nurses serve as health care resources, interdisciplinary consultants, and patient advocates. The autonomous nature of advanced clinical practice of private nurses requires accountability for outcomes in health care. Ensuring the highest quality of care requires certification, periodic peer review, clinical outcome evaluations, a code for ethical practice, evidence of continuing professional development and maintenance of clinical skills.

IV. Recommendations

The study has revealed the barriers and facilitators experienced by nurses in private practice in Lagos State. While the facilitators must be enhanced the barriers must be weakened to sustain the practice. This study therefore, makes the following recommendations.

1) Professional nurses should ensure nursing recast or re-brand its role as practitioners, partners and caring leaders and re-establish and reset its values, behaviours and relationships with patients/clients for public acceptability, satisfaction, and respect.
2) Governments at all levels in Nigeria, managements of health care institutions, policy makers and other stakeholders should reverse the current under representation of nursing at all levels of management and policy making by including nurses at policy and decision making levels for the common good of the society we all serve.
3) Nursing regulatory authority should ensure nursing education move completely into university so that graduate registered nursing work force will be developed for providing quality evidence-based care for a rapidly changing society. Also, nursing profession should identify robust funding streams for nursing

education at undergraduate and postgraduate levels and create structured career pathways and appropriate remunerations for higher education and status.

4) Managers of the nation health services should define health care services in whole and not equating health care services with medical services which form parts of major barriers to professional private nursing practice. It should be noted also that nurses in private practice are not extending their scope but expanding the role of nurses to specifications in line with the NMCN and ICN dictates.

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