

# Reflecting On the Past, Redesigning The Present and Redirecting the Future of Nursing Practice in Nigeria

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## Abstract:

Nursing is a significant part of a non-static health system that is responsive to the ever changing world which it exists to serve. This paper is apt and presented how to further align nursing practice with the speed of change in the health care system. It shows the core role of reflecting on the past to redesigning the current and future practice of nursing. Nurses must therefore be in the forefront in redesigning the present and redirecting the future of health care in Nigeria; at all levels and in all settings, in the interest of the people and the nursing profession.

**IJMNS**  
Accepted 21 April 2022  
Published 29 April 2022  
DOI: 10.5281/zenodo.6589963

**Keywords:** Reflecting, Past, Redesigning, Present, Redirecting, Future, Nursing Practice,



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## Introduction

The current rate of development in the health system is unprecedented. Globally, all countries are currently seeking to balance their economic and health goals through health system reform, improvement, and modification (Johnson, Stoskopf & Shi, 2018). The need to redesign healthcare processes for sustainable quality care is recognised worldwide (van Leijen-Zeelenberg et al., 2016). Nursing is a significant part of a non-static health system that is responsive to the ever changing world which it exists to serve. Nurses spend the greatest amount of time in delivering patient care as a profession, and with over 3 million nurses (ICN, 2021a); nurses constitute the highest percentage of a single group of health professionals in the health care work force locally and globally. The importance of the nursing profession to the health sector and humanity in general cannot be overemphasized. It plays an important role in the transformation of the entire health care system and the nursing profession itself (Fraher et al., 2015). Nurses are an unstoppable force.

In recognition of the critical role of nurses and midwives to achieving the Universal Health Coverage and other global agenda, since 2017, the theme of International Nurses' Day has been a call on nurses to lead. This year, it is *Nurses: A Voice to Lead a Vision for Future Healthcare*. Nurses are the heroes of our healthcare system, caring for both the sick and healthy, across the world (Keypath Education, 2020). Nigeria as a country stood tall in Africa and features prominently in global affairs but healthcare system has been suffering several down-falls. The health facilities in the country are grossly inadequate, especially in rural areas and this robs has been affecting the citizen of optimum health care). Despite the healthcare challenges in the country, nurses being the first point of contact with patients, are well positioned in the country to champion health care transformations which are needed for a strong and sustainable healthcare system (Ubochi et al. 2019).

The Scope of Nursing Practice describes the “who,” “what,” “where,” “when,” “why,” and “how” of nursing practice; and the answers to these questions provide a complete picture of the dynamic and complex practice of nursing, and its expanding boundaries and membership (O'Connor et al., 2012).

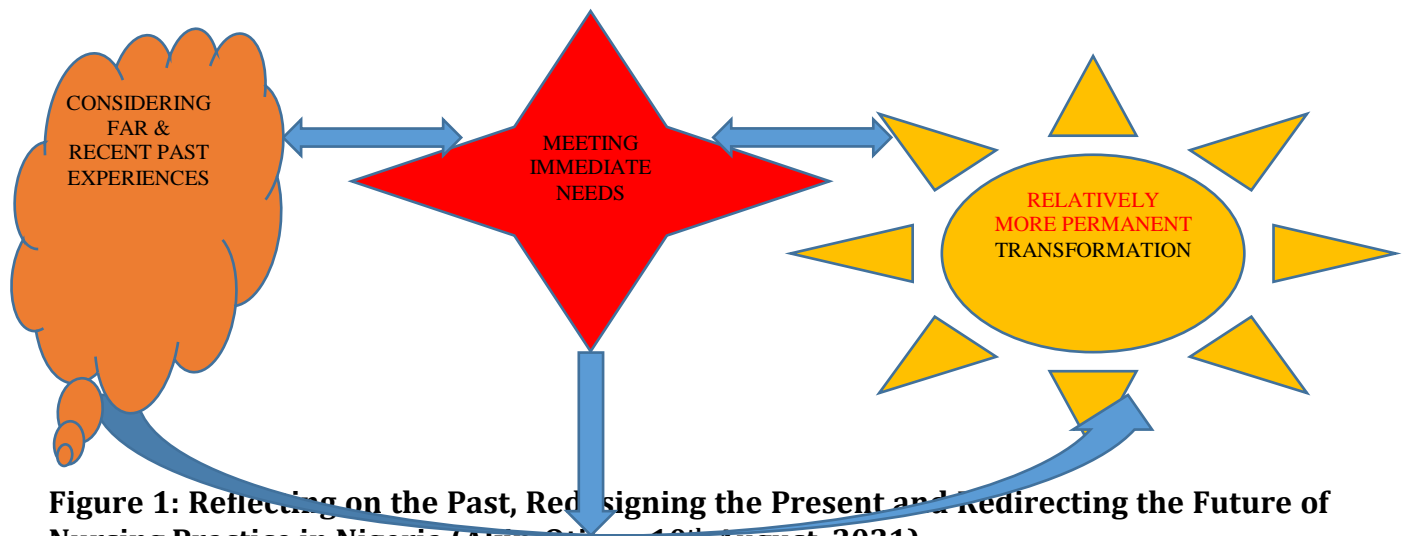
This paper is apt and presents how to further align nursing practice with the speed of change in the health care system. Figure 1 below is a diagrammatic summary of the paper. It shows the core role of reflecting on the past to redesigning the current and future practice of nursing. Each of the three components are discussed in details subsequently.

### Reflecting on the Past

Reflection is a naturally occurring phenomenon in everyday life of humans; although, it may not be documented or pursued to a change-producing conclusion. Questions are often asked by individuals, families, organizations or professional groups, about the appropriateness of actions or inactions; and their consequences. Reflecting on the past in this paper connotes a process of deliberately taking a critical look at nursing practice. It is important to look at the past; breaking down, considering, analysing and critiquing the who, what, why, when and



how of the events of that time, not only for the purpose of history, but, to improve nursing practice (Ette, 2017). Undoubtedly, history gives nursing a professional identity, and serves as a form of evidence for reflective practice; focusing on the unique contribution of nurses and nursing to the health of mankind (Smith et al., 2015).

**Reflecting on the Past****Redesigning the Present****Redirecting the Future**

**Figure 1: Reflecting on the Past, Redesigning the Present and Redirecting the Future of Nursing Practice in Nigeria (AKIN-OTIKO - 10<sup>th</sup> August, 2021)**

The process of reflection requires making sense of events that occurred in the past for the professional to learn and improve her practice for quality output, in the best interest of the consumers (Ingram & Fairley-Murdoch, 2019). It therefore involves describing, analysing, evaluating and drawing conclusions from nursing practice (Ingram & Fairley-Murdoch, 2019). The past of nursing practice dates back to the pre-Nightingale era, through the Nightingale era, to the post Nightingale era, including the immediate or recent past which is less than one year ago.

The nursing profession in Nigeria is dynamic and growing (Ajayi, 2019). It shares the same historical antecedents embedded in women, religion, politics, colonialism and limitations, as in other parts of the world. The profession is a leading caring profession, and it is as old as human existence (NMCN, 2017). Nursing in Nigeria has grown from the informal beginning, to an enviable status. It has developed its own language, rituals, arts and sciences from the physical, psycho-social and spiritual needs of the patients (NMCN, 2017). Modern scientific nursing is traceable to Florence Nightingale (1820-1910), who is usually described as the mother of modern nursing. At the seventy-second World Health Assembly in May 2019, the year 2020 was designated as the International Year of the Nurse and the Midwife in recognition of the 200th anniversary of her birth, and of the critical contribution of nurses and midwives to universal health. The Nursing and midwifery Council of Nigeria (NMCN) is charged with the sole responsibility of ensuring the delivery of safe and effective Nursing and Midwifery care to the public (NMCN, 2017).

Reflection is important to advance nursing practice (Galutira, 2018). Oftentimes, reflecting on the past focuses on what was wrong; this is not right. The analysis, diagnosis, planning etc. should be all-encompassing. Contextual factors influence quality of practice and they should also be considered in the reflective process. A lot has happened to the practice of nursing in the past; particularly in the past year with the COVID-19 pandemic; however, only a few have been identified for consideration in this paper. The issues discussed are: Demographics, Workplace environment, Staffing, Motivation and Satisfaction, Culture and Model of Care, Philosophical underpinning, and the image of nursing.

### **Demographic Trends**

At its informal beginning, the practice of nursing was mainly executed by women. As early as when Nightingale went for her formal training, the participation of males was obvious in the practice of nursing; because, the training school in Kaiserswerth, Germany attended by Florence Nightingale was founded by Theodor Fliedner (1800 - 1864). Religion used to be a factor though not provoking discriminatory care. The picture is different now with migration, early retirement, and unemployment creating an aging nurse workforce and gross shortage of nurses. The attractiveness of nursing, university based nursing education, growing opportunities for specialization and employment outside the country, encouraged more males to come into the profession. A recent circular from the Nursing and Midwifery Council of Nigeria (NMCN) encouraged the recruitment of more males into nursing training programmes. Only females were admitted into Schools of Nursing like UCH, LUTH, etc before; but by 1979, male students were admitted into UCH. Migration is no longer limited to the younger nurses, senior specialist nurses are also migrating, leaving the older nurses who would soon retire.

### **Workplace environment – physical and safety**

The hospitals might have grown from mere dispensaries and district hospitals, to specialist or teaching hospitals, with increased sizes and number of units / specialties over the years; however, poor maintenance and the non-purpose-built nature of most of the facilities make them unsuitable for safe and modern-day practice. Lack of water supply, poor electricity supply, aging floors and non-functional conveniences, lack of equipment and supplies for safe practice, etc. are common workplace features in Nigeria. All these expose nurses to actual infection or fear of possible infection / injury to self and family, causing psychological distress. It is pertinent to note positive developments and policies to enhance service delivery e.g., telehealth, diagnostic procedures, public-private-partnership arrangements to improve availability, access, and quality service delivery. The quality of nursing care in the country has been grossly affected by unconducive and unsupportive working environment, poor leadership, lack of equipment and instruments. (FMOH, 2014). Also the consumers are experiencing long waiting time (Emelumadu, 2012) and the hospital structures are dilapidated with filthy environment. (Nairaland, 2014).

### **Workplace - security**



Physical and psychological violence, as well as bullying among colleagues and other health workers have increased tremendously. The ugly trend of kidnapping nurses on their way to/from work or at work has made nurses in some places to withdraw their services on some shifts. Nurses and midwives have been caught in theatres of wars in the country with a few direct attacks on health facilities in conflict areas. Nurses' individual rights to not participate in strike actions were often met with threats and intimidation. The political will to maintain and sustain the health factor is lacking. Priorities not accorded health delivery system through budgeting. Our leaders have the wherewithal to seek medical help abroad hence not perturbed and unfortunately, most of the experts abroad making land mark achievements are Nigerians. Our environment has disenfranchised us from benefitting from their expertise.

### Staffing

Nigeria has about 240,000 nurses and midwives to a population estimated to be over 200 million. The country was ranked in 2017, as the 7th among 57 countries with critical shortage of health workers (The Nation News, 2017). Before the shortage was worsened by COVID-19 and increased migration, it was estimated by the Minister for Health in 2017, that by 2030, Nigeria would need 471,353 nurses and midwives to correct the deficit (The Nation News, 2017). Now, the shortage is not a challenge but a disaster. Nurses are fatigued from the long working hours. They experience burnout without any hope of relief. Some 32-bedded wards are manned by two nurses in the morning and one each on odd shifts. In worse case scenarios, a nurse or midwife manages more than one unit on odd shift. There is uneven distribution across levels of health care and settings. Nurses move from local to state to federal employments. Intervention strategies to improve access e.g., the use of young and retired nurses and midwives in the Midwives Service Scheme, was frustrated by lack of political will and commitment. In spite of the shortage of nurses in the workplaces, many qualified nurses are unemployed in the country. It is encouraging however, to note the high percentage of BNSc trained nurses, and the ongoing reforms in nursing education which have the potential of birthing clinical specialists and Advanced Nurse Practitioners in the country.

### Motivation and Satisfaction

Nurses were not compelled to care for and nurture other human beings. They saw their work as a calling. Nurses displayed caring personality and character traits becoming of professionals charged with the care of others. Strength was rather drawn from the joy of helping someone, compassion, and "enjoying my work". These things still motivate nurses as was visibly played out in the fight against COVID-19, and the resilience of nurses; at the expense of their comfort and family. Nurses have been severally commended all over the world for their bravery and sacrifice. Nurses, as part of the larger society, are motivated by monetary reasons, job security, positive client/patient care outcomes, recognition and commendation etc. Professional associations over the years have engaged in collective bargaining to ensure nurses were adequately rewarded for the services they rendered. Government policies. Appointment to key posts and policy making on nursing matters are done by non-nursing professionals or novices who don't know the nitty-gritty of the



profession hence outcomes are not favourable for practice, career progression and remuneration.

### Culture and Model of Care

In the early past, the focus of nursing was patient care and following doctor's orders. Nurses in Nigeria had a culture of *work until you close or there is no more to do*; break times were not routinely observed. Nigerian nurses organized their duties using case nursing, functional nursing, primary care nursing or team nursing; however, the most prevalent and preferred in most settings was the functional (Agbedia, 2012), non-individualized, task-oriented approach. This may be rooted in the problem of poor staffing. Irrespective of the model of choice, quality of care and patient safety were essential. Approaches that encourage enhanced nurse-patient interaction and job satisfaction require more personnel, modern technological support and adequate supplies. Evidence from research informed institutional and/or national review of processes. Nurses in Nigeria function within the legally recognized scope of practice of nursing, and within all relevant legislation under the supervision of the NMCN; and violators were disciplined appropriately. Roles, responsibilities and accountability of nurses have increased over the years for a broad range of patients in the hospital and other care settings. More clinical nursing specialty fields and tasks from various intervention and task shifting policies have put more responsibilities on nurses. Automated systems currently being fought by nurses in some developed countries in a bid to retain humanity in their patient-nurse relationship is not yet an issue in Nigeria. Nigerian nurses can therefore, learn from the experiences of others and mitigate the effects.

### Philosophical underpinning

Bevis (1989), described four philosophical phases of nursing with a conclusion that vestiges of each are still with us today. The phases are: Asceticism, Romanticism, Pragmatism, Humanistic Existentialism (Bevis, 1989). Nursing in Nigeria has moved from the primitive phase of absolute self-denial and near slavery (asceticism), romanticism (physician-linked identity), pragmatism (unguided devolution of responsibilities), to the phase of humanistic existentialism, where the patient is at the centre of care, and he is given well thought out quality care within the available resources. Nurses are proud to be called nurses and earn whatever titles they desire or bear.

### Image

The image of nurses has been ambivalent depending on the person's experience or the reported experiences of others. Some see nurses as highly skilled, intelligent, overworked professionals; while, the image of nurses as low-level hospital workers and doctors' appendages fills the social media. Some describe nurses as angels, others describe them as tyrants. This quote by ICN on nurses during the COVID-19 pandemic, sums up the true position of the nurse.



Tragically, many nurses sacrificed their very lives. They have faced violence and abuse; they have continued to work sometimes without adequate protection and without decent pay; they have been separated from their loved ones; and praised as heroes. But nurses are human. They are not angels or superheroes. They have the same needs and rights as everyone else. They are skilled, knowledgeable, highly educated professionals who provide people-centred holistic care throughout the life journey. (ICN, 2021b)

### **Strategies for Redesigning and Redirecting for Quality Practice**

Reflective practice is fundamental to redesigning and redirecting for quality client care at all levels, and in all settings. Studies have shown that; when effectively carried out, reflective practice is capable of producing positive outcomes; such as, personal and professional development, improved quality of care, and improved care outcomes (Galutira, 2018). By reflecting on their experiences on life and on nursing, nurses have gained further insights into the support they offered, and developed skills to support patients. (Berter, 2010)

Before redesigning the present or redirecting the future, it is pertinent to appreciate the role of contextual issues in shaping the health system, influencing the experiences of nurses, and determining the quality of life of the patients. In Nigeria as a country, there are still regional variations in challenges to quality nursing practice. The depressed economy, frequent strike actions in the health sector, terrorism, banditry and insurgency, extreme poverty, unemployment and underemployment, distressed population, injustice and inequalities, wide gap between the government and the governed, lack of social amenities, information mismanagement, illiteracy, etc. bedevil the country in varying levels of intensity across the country and among people groups. All these and more, have implications for the redesigning and redirecting processes.

### **Redesigning the Present**

The present is a state that does not remain for a long period of time before transforming into the envisioned future, or withdrawing into the past. The present responds to the current needs and expectations of the society. Redesigning the present would involve a lot of trial and error if lessons from the past are not considered. For example, in handling the COVID-19 pandemic, experiences from pandemics in the past were immediately recalled and reflected upon to develop clinical protocols, educate the public, restructure facilities, train personnel, and treat victims. As the pandemic continued, experiences of the recent past with the COVID-19 and its emerging variants are used to continuously redesign the management protocols and preventive strategies. Nurses must be responsive and articulate to keep pace with the speed of changes in the health system and redesign the scope of nursing practice to reflect the day-to-day needs of the people and the profession.

### **Redirecting the Future**





Redirecting the future is a more permanent strategy towards ensuring enduring sustainable processes for delivering quality care to the consumers. Nursing was the first profession in the health industry to form an international organisation with the International Council of Nurses (ICN) formed in 1899 (NMCN, 2017). Ongoing transformation of nursing practice in Nigeria is a product of both local and international initiatives; although, innovations must be contextually relevant. In view of the strong international collaboration, nursing practice in Nigeria, though not perfect, is not seriously far behind the standards set by the ICN and domesticated by the NMCN. An effectively redesigned/redirected nursing practice should be:

- Safe: Avoiding injuries to patients from the care that is intended to help them
- Effective: Providing services based on scientific knowledge to all who can benefit
- Patient centered: Providing care that is respectful of and responsive to individual preferences, needs, and values
- Timely: Reducing waits and undue delays for patients
- Efficient: Avoiding waste of supplies, ideas, and energy
- Equitable: Providing health service that does not vary in quality because of personal characteristics, gender, ethnicity, or socioeconomic status (Danesi, 2019). Most health facilities are grossly decimated which may negate best practices. The option is to close down some inactive units and merge others is suggested.
- Essential skills for effective redesigning of the present, and sustainable redirecting of future practice include:
  - i. Data management skills
  - ii. Reflective and critical thinking skills
  - iii. Collaboration, networking and advocacy skills
  - iv. Political engagement and involvement capability.
  - v. Intra and inter-professional recognition and team work
  - vi. Responsive and flexible regulatory framework
  - vii. Generativity and mentoring skills
  - viii. Transformational leadership skills
  - ix. Resilience
  - x. Advocating to address social injustice (Rosa, 2017)
  - xi. Development of their personal spirituality and influencing their clients/patients spirituality positively.
  - xii. Nurse leaders to work on strategies on how best nurses' remuneration can be increased to solve the problem of brain drain which is ravaging nursing practice in the country a bit. Nurses' wages should be commensurable to the tasks performed.
  - xiii. The nursing workforce require innovations to attract and retain the required staff. Their remuneration should be competitive. There is a need to explore how to create



the right mix of nurses in the right locations, specialties, and practice settings (Fraher, et al., 2015). A safe and enabling workplace environment must be promoted (ICN, 2021a); not only to enhance productivity, but, to guarantee all round safety and security of nurses. Nurses, like other humans, cannot reach their full potential if they are besieged with basic needs; hence, the need to address foundational issues affecting nurses (ICN, 2021a). Traditional hours of service should be reviewed and modified where necessary. Opportunities for continuing professional development and higher education are increasing; Nigeria should intensify efforts at meeting the ICN target for 80% of nurses having BNSc in 2020 and 200% increase in admission to higher degrees – MSc, PhD particularly, DNP without compromising standards.

Review of processes in client care should be evidence-based. Research, nursing theories and tested approaches to client care should redirect care. Machines and robotic care are important in healthcare, but they must not constitute hindrances to nursing presence (NYSNA, 2021). Documentation of services should be with a vision to use the data to improve services through research and reflective processes. Instruments to evaluate the effectiveness of nursing care delivery systems should be developed and utilized. Nurse-led facilities and advance practice opportunities are long overdue in the country. There is the need to align nursing with new funding strategies and update policies to support new and effective models of care. In view of the fact that many professional groups in the health sector share several areas of common ability, active inter-professional and multi-sectorial networking and collaboration for expanded and flexible boundaries of scope of nursing practice are critical.

As staffing improves, patient-centred, individualized and holistic approach to care should be adopted for better nurse-patient relationships and improved image of nursing. Flexible hours of service may attract retired nurses. Enlightened and empowered public, that is capable of being active partners in their own care should be mobilized and encouraged to take greater responsibility for their health and wellbeing.

### Image of Nursing

**The public needs to continually be enlightened on the role of nurses; while nurses need to become media experts taking full advantage of the media to promote the image of nurses and nursing. Nurses must utilize the media as a tool to lead the future of healthcare in their locations. Nurses must visibly participate in interdisciplinary teams (ICN, 2021a) and community development activities.**

### Conclusion

Nurses belong to the profession with the widest understanding of the people and their health needs; hence, the importance of nurses' contribution to efforts aimed at addressing various health issues and building healthier communities (ICN, 2021b). Nurses must therefore be in the forefront in redesigning the present and redirecting the future of health care in Nigeria; at all levels and in all settings, in the interest of the people and the nursing profession.



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#### Cite this article:

**Author(s)**, ADEYEMO, Cecilia Olusolape, AKIN-OTIKO, Bridget Omowumi (Ph.D.), ALOGBA, Omosola Caroline, (2022). "Reflecting On the Past, Redesigning The Present and Redirecting the Future of Nursing Practice in Nigeria", **Name of the Journal:** International Journal of Medicine, Nursing & Health Sciences, ([IJMNHS.COM](http://IJMNHS.COM)), P, 47 –58. DOI: [www.doi.org/10.5281/zenodo.6589963](http://www.doi.org/10.5281/zenodo.6589963) , Issue: 2, Vol.: 3, Article: 5, Month: April, Year: 2022. Retrieved from <https://www.ijmnhs.com/all-issues/>

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