

Commentary

Nurses as full partners in health research

Strengthening capacity for health research is well recognized as an important unmet need in low middle income countries (LMICs). Despite nurses' pivotal role in the provision of health care services and in reaching vulnerable groups in underserved areas in Nigeria, nurses are typically not involved in funded research as investigators. The past two decades resulting in many proposals for restructuring the delivery of health care. These health care system redesign efforts seek to address the current global burden of disease. Nigeria is an LMIC that bears a significant proportion of the global burden of disease. For example, Nigeria has one of the highest rates of maternal mortality in the developing world and this translates to 10% of women dying from pregnancy and childbirth related complications whereas it accounts for 2% of world population. The country has with a reported maternal mortality ratio of 608 per 100,000 live births in 2008 (Hogan, 2010) [1]. Like many nations, Nigeria has made concerted efforts to initiate and sustain health sector reforms over the past decade to address this health crisis. However, there continues to be growing recognition of the urgent need to take action that will improve and set future agenda for better health care for Nigerians.

In acknowledgement of nurses' steadfast commitment to high quality healthcare, this commentary raises the question; what contributions can nurses make to address the increasing demand for high quality and effective health care services? The US, Institute of Medicine (IOM, 2010) report acknowledges that "nurses' regular, close proximity to patients and scientific understanding of care processes... give them a unique ability to act as partners with other health professionals and to lead in the improvement and redesign of the health care system". Nurses are untapped visionary leaders armed with the knowledge, skills, and attitudes that could be the missing link to implementation of positive change in healthcare.

As the largest group of health workers, nurses form the 'backbone' of the health care system in Africa and the western world. In 2008, there were 224,943 nurses in Nigeria compared to 55,376 physicians in the country, a ratio of 4 nurses to every 1 physician (WHO 2010). Nurses are well-positioned to play a leading role in improving health care for Nigerians especially in areas such as maternal and infant health, and HIV/AIDS. Nurses form an integral part of the health care system because: 1) they are at the forefront of patient care and have prolonged engagement with patients and their families. They work around the clock and thus have a realistic inside view of issues from patient and health care provider perspectives. It is this 24/7 presence that fosters rich opportunities for nurses to generate important practice and research ideas and solutions; 2) nurses know when and whom to call from other health professionals. They work across disciplines and sectors of the health system with potential for high yield of pertinent health services and policy design innovations, and they know how to utilize those that work in their everyday practice; and, 3) evidence-based approaches are highly relevant to nursing practice and nurses are engaged in designing new ways of working that might lead to improvements in the quality of care (Asuquo, Etowa, et al 2013, Darmstadt 2010) [3].

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planning. Lack of evidence-based policies has been identified as a key factor in fuelling the health and health care crisis in Africa (Salmon & Rambo, 2002) [11]. According to Schryer-Roy and Campbell (2006) [12,13], "a strong evidence base, indicating efficiency, effectiveness and cultural appropriateness on any given issue, has not always informed the decision-making process" in this region. Similarly, Sitthi-amorn, and Somrongthong (2000) [14] assert that research and its publications do not necessarily translate into improved health outcomes unless they are interpreted into tangible practices and policies. Knowledge capacity is determined by the ability to manage, identify, use and apply relevant knowledge in health planning, decision-making and system development." Given the significant impact of policy on health outcomes, policies developed without nursing involvement may lack crucial information about system gaps and strengths (Edwards et al., 2006) [5]

The International Council of Nurses developed a policy-based interventions framework to address the global nursing shortage (Buchanan and Calman, 2004) [15]. The elements of this ICN framework include addressing health human resource issues in nursing such as recruitment and retention, deployment and performance, and utilization and skill mix. The report suggests that stakeholder involvement and leadership must be part of a sustainable response to the health human resource crisis, and that this involves building leadership capacity among nurses. This is consistent with recommendations from both WHO (2011) and the Pan American Health Organization (PAHO, 2004) [16,17]. Despite numerous recommendations from international and regional bodies (PAHO) to include nurses as participants at all levels of health system, their involvement is still quite rudimentary. Poor working conditions, lack of professional status, and the imbalance between supply and demand for nurses have contributed to the absence of nurses from health systems decision-making (Phalaze, 2003). Nurses' absence in these arenas is a concern because nurses have the potential to be one of the foremost links between the various governance systems and clinical practice settings (Edwards et al. 2006) [5-7].

Walker and Gilson (2004) [18,19] described nurses as "street-level bureaucrats" capable of influencing national health policies, such as the introduction of the "free care" policy in South Africa. While the "free care" policy aimed to improve equitable access to health services it led to significant and unanticipated negative consequences (work hours, morale, and pay) for nurses providing health services. These negative consequences might have been prevented if nurses were actively involved in the policy development process. Another study by Gilson, Erasmus, Kamuzora et al. (2006) [20] identified the effect of implementation-resistance from nurses and other health workers on equity-oriented policies. Similarly, a Nigerian nursing study revealed the marginal representation of nurses in policy making arenas and the negative impact this may have in policy formulation (Asuquo, Etowa et al 2013)

This study showed that only 9.3% of the 120 nurses in the study were involved in policy making. Increasing nursing involvement in policy

decisions are made to advance health systems to improve patient care