

Reclaiming the Caregiver: A Strategic Blueprint for Nursing Professional Distinction in Nigeria

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Abstract

The Nigerian nursing profession is currently confronted with a profound identity crisis characterized by the systematic undervaluation of its clinical, scientific, and human contributions within the healthcare system. Although nursing constitutes the backbone of Nigeria's strained health infrastructure, its expertise is frequently misconstrued as basic supportive care rather than acknowledged as a distinct professional and scientific discipline. This persistent marginalization has contributed to severe workforce attrition, limited professional advancement, and the underutilization of nursing's potential to improve patient outcomes. This paper argues that addressing this crisis requires a fundamental paradigm shift away from role competition with medicine toward the deliberate reclamation and validation of nursing's sovereign domain - advanced professional caregiving grounded in scientific practice. Using an integrative multi-modal approach, the study critically analyzes Nigeria's nursing-related policies, legal frameworks, and empirical research published between 2021 and 2025, alongside a structured review of global Advanced Practice Nursing models. The findings reveal a "triple blockage" comprising weak strategic governance and regulatory imbalance, a disconnect between advanced practice policies and clinical implementation, and the epistemic and economic invisibility of nursing knowledge. Comparative analysis further identifies essential enablers of professional distinction, including robust legislation, clear role definition, and integration into healthcare financing systems. Based on these insights, the paper proposes a three-pillar national reform framework: strengthening authoritative nursing governance, establishing a legislated Consultant Nurse cadre with a protected scope of practice, and mandating standardized nursing care plans to demonstrate value. This reform

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agenda offers a practical pathway to restoring professional autonomy and reinforcing nursing's central role in Nigeria's health system.

Keywords: Nursing identity, Professional autonomy, Advanced practice nursing, Health Workforce Reform, NSDNM,



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Introduction

The Nigerian nursing profession is navigating a profound professional paradox. While constituting the largest and most critical frontline cadre within a resource-constrained health system, nurses are systematically positioned in a subordinate, auxiliary role rather than being recognized as autonomous experts with a distinct clinical and epistemological domain (Badejo et al. 2020). This identity crisis is not a recent development but the structural outcome of a healthcare architecture historically centered on medical dominance, a model that has failed to evolve in recognition of nursing's expanded clinical, intellectual, and leadership contributions (Ugwuegbu & Ogundeyin 1977). This legacy manifests as a tripartite constraint encompassing governance, clinical authority, and economic recognition which is now acutely exacerbated by a catastrophic workforce drain, with reports indicating over 75,000 nurses have emigrated in recent years (Federal Ministry of Health 2025).

Confronted with severe physician shortages, Nigerian nurses have pragmatically and ethically expanded their scope of practice into complex procedures, diagnosis, and prescription (Ogunfowokan et al. 2021). Yet, this necessary task-shifting has become a strategic trap. By seeking professional validation primarily through the acquisition of delegated medical functions, the profession inadvertently reinforces the biomedical model as the exclusive benchmark of clinical value, thereby cementing its own subordinate position and blurring essential professional boundaries (Harmer 2010; Ugwuanyi 2023). This dynamic perpetuates a public and institutional perception of the nurse as a "junior doctor," obscuring nursing's unique epistemological foundation in holistic care, therapeutic relationships, and the management of human responses to health and illness (Ikeh et al. 2024).

This paper argues that resolving this crisis demands a fundamental reorientation, now urgently framed by the launch of the **Nigeria Strategic Directions for Nursing and Midwifery (NSDNM) 2025–2030** (Federal Ministry of Health 2025). We contend that sustainable professional distinction and a coherent identity cannot be secured by competing on medicine's terms. Instead, they must be forged through the deliberate, evidence-based reclamation of nursing's sovereign domain: the science and expertise of professional caregiving. This argument is contextualized within a global discourse on Advanced Practice Nursing (APN). A comparative review reveals that Nigeria's struggle is part of a wider pattern; nations with strong, autonomous nursing roles (e.g., the United States, Canada, United Kingdom) demonstrate common foundational strategies, while countries facing similar challenges highlight the precise structural and policy pitfalls to avoid (O'Rourke et al. 2025).

Consequently, we advance a tripartite reform thesis, designed for direct execution within the NSDNM's strategic framework and informed by international evidence. Building a distinguished and sustainable professional identity for Nigerian nursing necessitates simultaneous, interdependent action across three foundational pillars:

- a. **Governance and Regulatory Reformation:** Addressing the subordination embedded in leadership structures and regulatory inequities, directly aligned with **NSDNM Pillars 3 (Regulation/Ethics) and 4 (Leadership/Governance)** (Mbuthia et al. 2023). This mirrors the strong legal and strategic platforms underpinning all successful international APN models.
- b. **Clinical Authority and Career Reformation:** Translating policy into legislated reality by establishing a protected Consultant Nurse cadre with a defined scope of practice and integrated economic pathways, an imperative of **NSDNM Pillars 2 (Workforce Planning)**

and 6 (Service Delivery) (O'Rourke et al. 2025). This learns directly from the clearly defined and funded roles of U.S. Nurse Practitioners and UK NHS Consultants.

- c. **Epistemological and Economic Reformation:** Ending the systemic invisibility of nursing work by mandating the standardized nursing care plan as the core technology of practice, supported by **NSDNM Pillars 1 (Education) and 5 (Data Systems)** (Aniekwe et al. 2024; Wang 2022). This step is essential to generate the outcome data required for professional valuation and economic justification, as evidenced in mature APN systems.

This paper provides a diagnostic analysis of Nigeria's structural constraints, enriched by global comparison, and offers a prescriptive, nationally-aligned blueprint for transformative change. By strategically leveraging the NSDNM and applying critical international lessons, Nigeria has a pivotal opportunity to stabilize its nursing workforce, empower a new generation of clinical leaders, and establish an autonomous professional identity unequivocally grounded in the indispensable value of expert caregiving.

Methodology

This study employs an integrative, multi-modal analytical framework to deconstruct the systemic architecture constraining professional distinction in Nigerian nursing. Moving beyond a singular disciplinary lens, the methodology synthesizes **critical policy analysis, comparative legal review, epistemological inquiry, and health economics** with a **structured comparative analysis of global Advanced Practice Nursing (APN) models**. The temporal scope is focused on the contemporary policy window (2021–2025), a period culminating in the launch of the Nigeria Strategic Directions for Nursing and Midwifery (NSDNM) and aligned with the World Health Organization's renewed global mandate for nursing (World Health Organization 2025).

Data Collection and Analytical Framework

The investigation was structured around three primary, interconnected streams of data collection and analysis, each designed to interrogate a different dimension of the professional landscape.

Critical Policy, Governance, and Legal Analysis

This stream examined the formal structures governing professional authority, regulation, and leadership.

1. **Governance and Leadership Gap Analysis:** Applying analytical frameworks from seminal African health workforce studies (Mbuthia et al. 2023), we assessed Nigeria's nursing governance infrastructure. This involved evaluating leadership structures, strategic planning capacity, and ministerial engagement against the explicit aspirations outlined in the NSDNM and comparable models from other nations with evolving nursing sectors
2. **Comparative Legal-Architectural Analysis:** Utilizing a comparative health law and policy lens (Iyioha & Nwabueze 2015), we conducted a detailed dissection of the regulatory statutes governing the Nursing and Midwifery Council of Nigeria (NMCN) and the Medical and Dental Council of Nigeria (MDCN). Particular focus was placed on operational powers, jurisdictional authority, and the symbolic and practical implications of differing disciplinary tribunal structures (Onyemelukwe 2016). This domestic analysis was benchmarked against regulatory frameworks from a purposively selected set of comparator countries.
3. **Policy-Practice Contradiction Mapping:** We systematically mapped the advanced scope of practice and professional autonomy articulated in key documents including

the *NMCN Code of Professional Conduct* (2021) and the NSDNM against the documented on-the-ground realities of clinical practice, national task-shifting policy directives, and qualitative narratives from practicing nurses.

Epistemological and Economic Interrogation

This stream investigated how nursing's unique knowledge base is rendered visible or invisible within clinical and economic systems.

1. **Documentation as Epistemic Trace:** The implementation and sustainability of Standardized Nursing Care Plans (SNCP) were analyzed as the primary empirical indicator of nursing knowledge visibility. We synthesized findings from recent Nigerian studies documenting systemic barriers to effective nursing documentation (Aniekwe et al. 2024).
2. **Conceptual and Economic Valuation Analysis:** We examined the philosophical and theoretical foundations of "caring" as the core, distinct domain of nursing epistemology (Ikeh et al. 2024). This conceptual analysis was directly linked to a political economy examination of how the failure to codify nursing work in standardized, measurable terms contributes to its financial invisibility within hospital budgeting and national healthcare financing systems (Wang 2022).

Global APN Model Synthesis and Comparative Analysis

This crucial stream contextualized the Nigerian case within international discourse and extracted transferable lessons.

1. **Structured Global APN Landscape Review:** We conducted a structured, non-systematic review of APN development, regulation, and integration in six key jurisdictions: the **United States, United Kingdom, and Canada** (representing established, high-autonomy models); **Australia** (a strong model with regional variations); and **Germany and Sweden** (representing high-income European nations with historically constrained or medically-dominated nursing roles). This spectrum provided a continuum from highly established to contested and emerging models.
2. **Thematic Extraction of Strategic Enablers and Barriers:** From this comparative review, we extracted universal thematic enablers (e.g., the non-negotiable role of specific legislation, clarity in role differentiation between Nurse Practitioners and Clinical Nurse Specialists, the establishment of direct reimbursement pathways) and critical barriers (e.g., persistent medical resistance, unclear funding models, weak intra-professional consensus).
3. **Benchmarking for Contextual Application:** The established international models were analyzed not as blueprints for direct replication but as proof-of-concept demonstrations of essential structural and policy prerequisites. The documented struggles and slow progress in contexts like Germany and Sweden served as a salient cautionary mirror for Nigeria's current systemic challenges, while the successes of the U.S., UK, and Canadian models provided a target architecture for long-term strategic planning.

Synthesis and Integration

The final analytical phase involved the deliberate integration of findings from all three streams. Insights from the global comparative analysis were used to interpret the significance of gaps identified in the Nigerian policy and legal review. Similarly, the economic implications drawn from the epistemological analysis were framed within the successful reimbursement strategies observed in mature APN systems. This integrative synthesis produced the tripartite reform thesis presented in this paper, ensuring recommendations are simultaneously

grounded in local diagnostic evidence and informed by globally tested principles of professional advancement

Results

The integrated analysis reveals a deeply entrenched "triple blockage" constraining Nigerian nursing's professional advancement—a triad of interconnected structural deficits in governance, clinical authority, and knowledge valuation. Crucially, the global comparative review not only validates this local diagnosis but clarifies its specific nature and underscores the universal prerequisites for its resolution.

Pillar 1: The Governance and Regulatory Deficit

Nursing in Nigeria operates within a significant governance vacuum, lacking a powerful, directorate-level strategic office within the Federal Ministry of Health with the mandate and resources to drive the profession's agenda (Mbuthia et al. 2023). This leadership deficit is compounded by a regulatory architecture of historical disparity, where the Nursing and Midwifery Council of Nigeria's (NMCN) disciplinary tribunal holds demonstrably lesser jurisdictional authority and a different appellate pathway than its medical counterpart. As Onyemelukwe (2016) concludes, this structural inequity "underscores the lesser status of the nursing profession in the eyes of the law." The consequences are twofold: it symbolically communicates and reinforces a subordinate professional status, and it creates a tangible legal-risk environment that actively discourages practitioners from embracing autonomous, advanced clinical decision-making.

Global Contextualization: This absence of robust strategic leadership and equitable regulatory standing is identified as the primary, non-negotiable barrier. It starkly contrasts with the **United States and United Kingdom**, where strong professional bodies and specific legislative acts (e.g., the UK's *Nursing and Midwifery Order 2001*) provide the foundational platform for autonomous practice. The lesson is unequivocal: governance and regulatory reform is the essential first step, not an optional adjunct to clinical development.

Pillar 2: The Advanced Practice Implementation Chasm

Nigeria exemplifies a critical dissociation between policy aspiration and practical implementation. While the Consultant Nurse role is proposed in policy, it lacks the essential elements required for functionality: **a legal definition, a protected title, a nationally standardized scope of practice, and integration into the National Health Insurance Authority (NHIA) reimbursement scheme**. Consequently, highly educated and experienced nurses encounter a career ceiling, finding no formal, valued professional apex. This chasm exists due to precise, universal barriers identified in global implementation science (O'Rourke et al. 2025), all acutely present in the Nigerian context:

1. **Critical Lack of Role Clarity and Standardized Scope:** No nationally legislated instrument defines the Consultant Nurse's autonomous authority, leading to role ambiguity and dependence on institutional discretion.
2. **Persistent Inter-Professional Opposition:** Historical patterns of medical dominance manifest as resistance to granting nursing independent clinical authority, a dynamic documented in the Nigerian healthcare landscape (Badejo et al. 2020).
3. **Absence of Legally Protected Titles and Sustainable Economic Pathways:** Without a title protected in law and dedicated reimbursement mechanisms, these roles remain institutional cost centres rather than revenue-generating professionals, fundamentally undermining retention and scalability.

4. **Global Contextualization:** This "pre-legislation" stagnation directly mirrors the protracted struggles observed in **Germany and Sweden**, where advanced nursing roles exist in limited, variable pockets but lack the cohesive national legal framework to flourish at scale. The chasm can only be bridged by emulating the approach of **North American models**, where distinct roles (e.g., Nurse Practitioner vs. Clinical Nurse Specialist) are legally defined with explicit scopes of practice, moving decisively from ambiguous policy to enforceable law.

Pillar 3: The Epistemic and Economic Invisibility of Nursing Work

The systematic underutilization of the Standardized Nursing Care Plan (SNCP) constitutes a form of professional epistemicide, erasing the unique clinical reasoning of nursing from the official patient record (Aniekwe et al. 2024). This renders nursing's contribution invisible to health system metrics, thereby framing it as a "cost" rather than a demonstrable "value driver" within the healthcare economy (Wang 2022).

1. **Documentation as Professional Erasure:** Empirical evidence is consistent: SNCP implementation in Nigeria is crippled by a lack of resources, time, and institutional prioritization (Aniekwe et al. 2024; Ojo 2023). When nursing assessments, diagnoses, and interventions are absent from the record, the profession's intellectual core is rendered invisible, reducing it to a set of observable tasks.
2. **The Inextricable Link to Economic Devaluation:** This epistemic invisibility has a direct and deleterious economic consequence. By failing to codify its interventions in a standardized, auditable language (e.g., NANDA-I, NIC, NOC), the profession systematically removes its work from the calculus of healthcare value. It cannot empirically demonstrate its impact on patient outcomes, length of stay, or complication rates, thus perpetually remaining a budget line item rather than a proven investment. This structural failure is a fundamental driver of poor remuneration and a key push factor in the "brain drain" (Olubukoye et al. 2024).
3. **Global Contextualization:** This epistemic invisibility makes meaningful economic integration impossible. In mature systems like the **U.S. and UK**, the value of Advanced Practice Nursing is proven through systematically collected outcomes data and is hardwired into financing and reimbursement models. Nigeria's failure to document its core work means it cannot even initiate the evidence-based conversation about value-based reimbursement that is standard practice in established APN systems.

Synthesized Global Blueprint for Action

The comparative analysis culminates in a clear, three-part blueprint distilled from the successes and failures of international models. These are not optional recommendations but sequential prerequisites:

1. **Legislation is Foundational:** A protected title and a scope of practice enshrined in specific legislation is the non-negotiable first step for autonomy and accountability. This is the critical differentiator between the thriving models of the **U.S./UK** and the stagnant progress in **Germany/Sweden**.
2. **Clarity Drives Integration and Reduces Conflict:** Distinct, well-defined advanced practice roles (e.g., differentiating primary care NPs from acute care CNSs) reduce interdisciplinary conflict, facilitate effective team integration, and enhance public understanding, as demonstrated in **North American** systems.
3. **Economic Integration Ensures Sustainability and Scale:** Advanced roles only flourish and scale when they are embedded within the healthcare economy via specific billing

codes, funding streams, and salary structures. This economic validation transforms roles from pilot projects into sustainable, attractive career pathways.

Discussion

To dismantle the identified structural barriers, Nigeria must execute a targeted reform program that directly applies lessons from global APN development within the authoritative framework of the **Nigeria Strategic Directions for Nursing and Midwifery (NSDNM) 2025-2030**. This national strategy provides the essential six-pillar blueprint for sector transformation, turning diagnostic analysis into actionable policy (Federal Ministry of Health 2025). This discussion outlines a synergistic three-part reform agenda, where each action pillar is designed to be executed through and reinforced by specific NSDNM strategic levers, ensuring local efforts are amplified by national mandate.

Reform Pillar 1: Establishing Authoritative Governance and Regulatory Parity (Operationalizing NSDNM Pillars 3 and 4)

The governance and regulatory deficit is the foundational blockage. Reform must begin by building the authoritative structures required to lead and safeguard the profession's advancement, directly activating **NSDNM Pillar 3 (Advancing Professional Regulation and Ethics)** and **Pillar 4 (Improving Leadership and Governance)**.

Proposed Action – Legislative and Structural Mandates:

Legislate a Directorate of Nursing and Midwifery Services: A non-negotiable first step is the legal establishment of a directorate-level office within the Federal Ministry of Health, led by a Director with equal authority to counterparts in medicine and public health. This entity would be mandated to produce, cost, and monitor the implementation of the NSDNM, providing the profession with a powerful, strategic voice at the highest policy table (Mbuthia et al. 2023).

Modernize the NMCN Act for Regulatory Parity: A focused campaign must advocate for amendments to the NMCN Act to achieve functional regulatory equity, particularly regarding the authority and standing of its disciplinary tribunal. This should be framed not as a professional grievance but as a **public safety and regulatory integrity imperative**, ensuring all major health professions are governed with commensurate rigor (Onyemelukwe 2016).

NSDNM Integration and Global Rationale: These actions directly fulfill the NSDNM's call to "strengthen regulation" and develop "leadership and professional development programmes" (Federal Ministry of Health 2025). This creates the strong leadership and legal platform upon which every successful APN model (e.g., the UK, U.S.) is built. Without it, Nigeria will remain in the cohort of struggling nations like Germany, where advanced practice lacks a coherent national framework.

Reform Pillar 2: Legislating the Consultant Nurse Cadre (Activating NSDNM Pillars 2 and 6)

To bridge the implementation chasm, Nigeria must transition from policy aspiration to legislated reality, directly leveraging **NSDNM Pillar 2 (Strengthening Workforce Planning, Deployment and Retention)** and **Pillar 6 (Closing Workforce Gaps to Improve Service Delivery)**.

Proposed Action – From Title to Tangible Role:

Pass a "Nigerian Consultant Nurse Act": This legislation must create a protected title and a clearly defined, legally sanctioned scope of practice. Learning from international models, the law should consider differentiating between roles such as **Consultant Nurse Practitioners** (focused on direct comprehensive care) and **Consultant Nurse**

Specialists (focused on systems leadership, education, and complex populations) to ensure role clarity and reduce interdisciplinary conflict.

Implement Mandated Pilot Programs with Embedded Research: Consultant Nurse roles should be piloted in federal tertiary institutions and selected primary healthcare centers. These pilots must include embedded health services research to generate robust Nigerian data on patient outcomes, cost-effectiveness, and system impact.

Secure Economic Integration via the NHIA: The evidence generated from pilots is the essential currency to negotiate the creation of dedicated reimbursement codes and salary structures with the National Health Insurance Authority (NHIA), transforming these roles from institutional costs into valued, revenue-generating professionals.

NSDNM Integration and Global Rationale: This pillar operationalizes the NSDNM's "National Retention Strategy" by creating financially attractive and secure career ladders, directly countering "brain drain" (Federal Ministry of Health 2025). It moves Nigeria from the ambiguous, stagnant model seen in Sweden toward the clarity of the U.S./Canadian systems. Economic integration is not an end goal but the mechanism that ensures role sustainability and scalability.

Reform Pillar 3: Mandating the Care Plan as the Engine of Visibility and Value (Leveraging NSDNM Pillars 1 and 5)

Ending epistemic and economic invisibility requires transforming the nursing care plan from a marginalized document into the core technology of practice, powered by **NSDNM Pillar 1 (Expanding Nursing and Midwifery Education and Certification)** and **Pillar 5 (Enhancing Workforce Data Systems and Evidence Use)**.

Proposed Action – From Documentation to Data:

Regulatory Enforcement of Standardized Language: The NMCN must issue a binding directive mandating the use of standardized nursing languages (NANDA-I, NIC, NOC) as a condition for licensure renewal and hospital accreditation. This must be integrated into all nursing curricula as part of the NSDNM's education expansion, ensuring new graduates are fluent in this professional lexicon (Federal Ministry of Health 2025).

Integration into National Digital Health Architecture: Nursing leadership must advocate to ensure Nigeria's evolving digital health infrastructure embeds the nursing process as structured, discrete data fields within Electronic Health Records (EHRs). This enables the aggregation of nursing-sensitive outcomes data at a national scale.

Data-Driven Advocacy and Public Re-education: Aggregated care plan data should fuel an annual "State of Nursing Care in Nigeria" report. This evidence base is crucial for demonstrating nursing's impact on key health indicators, guiding policy, and powering public communication campaigns to dismantle the "junior doctor" stereotype and rebuild public perception based on demonstrated value.

NSDNM Integration and Global Rationale: This action directly supports the government's investment in "digitizing school accreditation" and building a culture of "evidence use" (Federal Ministry of Health 2025). It generates the irrefutable, quantitative data on nursing-sensitive outcomes that is the foundational currency for evidence-based policy and value-based reimbursement in all mature APN systems abroad.

The Imperative of Integrated, Funded Execution

The launch of the NSDNM is a pivotal enabling step, but as stakeholders caution, its success hinges on a "clear implementation framework and funding commitment" (University Graduates of Nursing Science Association 2025). The profession's role is now threefold:

Architectural Participation: Nurses must secure authoritative representation on the national and state-level Technical Working Groups (TWGs) tasked with NSDNM implementation to ensure they are the architects of their own professional future (Federal Ministry of Health 2025).

Seizing Political Momentum: The profession must leverage current political momentum, including government recruitment drives, to advocate that new positions are structured as the advanced, autonomous roles defined by this reform agenda.

Synergistic Advocacy: These three reform pillars are mutually reinforcing within the NSDNM framework. Strong governance enables advanced roles; standardized care plans generate the data that proves the value of consultants and justifies regulatory investment. Pursuing them in concert creates a powerful, synergistic engine for comprehensive professional transformation.

Conclusion

The future of Nigerian nursing is no longer a subject for abstract debate but a clear strategic choice informed by decades of global precedent. The profession stands at a decisive juncture: it must consciously transition from a fragmented, subordinate "developing model"—mirroring the protracted struggles seen in contexts like Germany and Sweden—to an integrated, autonomous "established model," informed by the legislated successes of the United States, United Kingdom, and Canada. The Nigeria Strategic Directions for Nursing and Midwifery (NSDNM) 2025–2030 provides the essential national vehicle for this transformation; the empirical record of global Advanced Practice Nursing (APN) evolution provides the validated roadmap.

The integrated, non-negotiable prescription derived from this analysis is threefold and sequential:

Forge the Governance Spine: Professional autonomy is impossible without strategic agency and regulatory parity. This requires the immediate establishment of a powerful **Directorate of Nursing and Midwifery Services** within the Federal Ministry of Health and a concerted advocacy campaign to modernize the Nursing and Midwifery Council of Nigeria (NMCN) Act. This creates the authoritative platform from which all other reforms are launched and defended.

Legislate the Clinical Apex: To create a respected, retained specialist cadre, Nigeria must pass a "**Consultant Nurse Act**" that defines protected titles and scopes of practice. This legislation must be followed by mandated pilot programs with embedded health services research to generate local outcome data, which in turn must be used to secure dedicated reimbursement pathways within the National Health Insurance Authority (NHIA). This transforms advanced practice from a policy concept into a financially sustainable and prestigious career destination.

Operationalize the Knowledge Core: The distinct value of nursing must be made visible and monetizable. This demands the regulatory enforcement of **standardized nursing language** (NANDA-I, NIC, NOC) across education and practice, its integration as structured data within national digital health infrastructure, and the strategic use of aggregated outcomes data to demonstrate nursing's measurable impact on patient care and system efficiency. This shifts nursing from an invisible cost line to a demonstrable value driver.

This conclusion is not academic speculation. It is the direct translation of global evidence from the World Health Organization (2025) and comparative health systems research (O'Rourke et al. 2025), regional diagnostics on health workforce governance (Mbutia et al.

2023), and decades of Nigerian scholarly critique into a coherent, actionable manifesto perfectly synchronized with national policy.

The call to action is unequivocal and extends to every stakeholder: from individual nurses and professional associations to the NMCN, the Federal Ministry of Health, the National Assembly, and international development partners. Executing this blueprint is a strategic investment in Nigeria's health system resilience, stability, and quality. By deliberately learning from global peers—emulating their foundational triumphs and avoiding their documented pitfalls—Nigeria can bypass years of costly trial and error.

The ultimate goal is to reclaim the sovereignty of the nursing profession by unequivocally establishing the sovereignty of its core contribution: expert caregiving that is scientifically articulated, legally protected, economically valued, and recognized as indispensable to the health of the nation. The diagnostic is complete, the comparative lessons are clear, and the aligned policy framework is in place. The blueprint is now definitive; the imperative for concerted, courageous action is immediate.

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Authors' Contribution Statement

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