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*A Publication of the Faculty of Nursing Sciences,
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In this edition, fourteen (14) manuscripts scaled through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: Knowledge and utilization of youth friendly services among adolescents in selected secondary schools in Akure, Nigeria; What students think about the e-Learning tool “Moodle” in Ahmadu Bello University, Zaria; Covid-19: awareness, anxiety and reasons influencing levels of anxiety among Nigerian nurses; Knowledge and attitude towards the transmission and prevention of covid-19 among nursing undergraduates of Osun State University, Osogbo; Outreach clinic services in the rural areas: an important means of improving maternal and child health services in developing countries; Sailing against the wind: the experience of a nurse leader on special national assignment in Nigeria; Perceived causes and effects of substance abuse among undergraduates at college of health sciences, Ladoke Akintola University of Technology, Ogbomosho; An appraisal of integrated health care model as panacea to promoting good quality health for all in selected hospitals in Nigeria; Effect of nursing staff shortage on hospital healthcare performance in Ladoke Akintola University Teaching Hospital Ogbomoso, Oyo state, Nigeria; Comparison analysis of nursing students' perception of quality of nursing programme in open distance learning with conventional face-to-face university learning; perceived utilization of electronic devices for nursing informatics practice among nurses in federal medical centres in Southern Nigeria; Awareness and acceptance of sexuality education among selected secondary schools students in Usiefrun Delta State; Awareness, perceived causes and effects of substance abuse among undergraduates at college of health sciences, Ladoke Akintola University of Technology, Ogbomoso and Socio-demographic characteristics of pregnant women and perception of the quality of antenatal services provided by midwives in south-south, Nigeria/

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SAILING AGAINST THE WIND: A NARRATIVE RESEARCH ON EXPERIENCE OF A NURSE LEADER ON SPECIAL NATIONAL ASSIGNMENT IN NIGERIA

BRIDGET OMOWUMI AKIN-OTIKO

ABSTRACT

Nurses serve in various committees within and outside the hospital, to attend to health and societal needs. The story presented in this paper is that of a nurse-leader who served on a government multidisciplinary crisis intervention committee in a health facility in South East Nigeria. Since the completion of the assignment, there has been high demand for documentation of the experience. The purpose of this paper therefore, was to share the experience with other nurse-leaders to benefit from, and be equipped, to be able to manage their leadership challenges in similar circumstances. A textual narrative approach, with modest quantitative and qualitative data, was adopted for the paper. The interaction between the nurse-leader and nurses in the facility was guided by Hildegard Peplau's theory of interpersonal relationship. Findings from the qualitative data showed that most of the expectations of the nurses were genuine; however, the quantitative assessment of the performance of the committee revealed its failure to meet nine out of the fourteen expectations the nurses identified at the qualitative phase. The modest achievements recorded by the committee were attributed to the challenges the committee members had to grapple with and their sacrifices. The implication of the findings for nurses' increased awareness of their rights and privileges, for nursing administration, personal value development and clarification, nursing education, and result-oriented nursing research were highlighted.

Keywords: nursing administration; nursing research; result-oriented

INTRODUCTION

The idiom, *sail against the wind*, means “to be trying to achieve something that is unlikely to succeed because most people would oppose it” (Cambridge University Press, 2022). To *sail against the wind* suggests achieving set targets without ease; but, through challenging and opposing situations (Farlex Dictionary of Idioms, 2015). According to Ward (2020), “the pessimist complains about the wind; the optimist expects it to change; the realist adjusts the sails”. Health is on the concurrent list in the Constitution of the Federal Republic of Nigeria (Federal Government of Nigeria, 1999); hence, tertiary, secondary and primary healthcare services are the responsibilities of the respective levels of government. When health workers in government health facilities go on strike, the government is expected to respond to the requests of the workers and ensure services are restored promptly in the interest of the suffering populace.

Unfortunately, prompt resolution is not often the case and the people are denied access to healthcare with its attending consequences. A total breakdown of the usual labour crisis management strategies is uncommon; but when it occurs, a total shutdown of the system may require an interim management team to be put in place for restoration of peace and services, in the interest of the people. It is a universally known and acknowledged fact that nurses constitute the largest percentage of single group of professionals in the health sector (WHO, 2022); therefore, a well-constituted intervention team in the health facility should include a nurse.

METHODOLOGY

Narrative research or story telling is a qualitative research approach — (McAlpine, 2016). The naturalist narrative research design adopted for this paper was to provide opportunity for detailed account of the author's experience — (McAlpine, 2016), so that others may appreciate the assignment undertaken by the nurse leader and learn as much as possible (Wang & Geale, 2015). The flexibility of narrative research framework (Squire et al., 2013), like most qualitative researches, was considered most appropriate by the author for the paper. Data from the author's unstructured journal of daily activities during the assignment — (McAlpine, 2016), official letters of engagement and exit, electronic and print media materials and web pages, as well as, data from a survey of opinions of nurses in the facility, were utilized in the reporting process. 'Narrative turn', is a concept that makes people's stories acceptable as a source of empirical information (Bruce et al., 2016).

It is suggested that both thematic and case centred approaches be utilized for analysis, to highlight features of interest in the setting and in the people involved (Bruce et al., 2016). Themes in this paper were identified from an initial focus group discussion (FGD) on the expectations of the Interim Management Committee by the nurses in the facility. One hundred and thirty-nine (139) nurses participated in the FGD in fourteen groups. Similarly, themes were identified from the nurses' opinions about why the Committee succeeded or did not, in open ended responses in a survey conducted towards the end of the life of the Committee in which 461 nurses participated. Detailed methodology for the focus group discussion and survey were reported in an earlier publication (Akin-Otiko et al., 2019). Ethical Approval to conduct the study was granted by the Ethical Committee of the Federal Medical Centre Owerri vide letter FMC/OW/HREC/123. Validation of the author's daily journal, letters, print and web materials cited, was done by another person; while, the final manuscript was validated by a member of the Interim Management Committee. Hildegard

Peplau's theory of Interpersonal Relations (Currentnursing, 2012) was used to structure the paper (Creswell, 2009).

Here is Hildegard Peplau description of the relationship between the nurse and the client: The nurse helps the client to identify his challenges, and right from the beginning of their encounter, they work collaboratively towards the same goal. Both the nurse and the client assume various roles and responsibilities at different phases of the relationship. Peplau identified four phases of the relationship between the nurse and her client as: orientation, identification, exploitation and resolution phases. All through the phases, the nurse assumes different roles as the occasions require; for example, a stranger, a teacher, a counsellor, an advocate, a researcher etc. (Currentnursing, 2012). As a theory of interpersonal relationship, it relates well with the assignment of the author on the Interim Management Committee; hence, the appropriateness of the choice of the theory. The author was the “nurse”; while, the nurses in the facility were the “client”.

The Invitation and Inauguration

On 9th July, 2014, I retired from the Federal Ministry of Health, Abuja Nigeria as a Director of Nursing Education, having spent 35 years in service. On Wednesday, 16th December 2015, in the afternoon, I received a phone call from the Permanent Secretary (PS) in the Federal Ministry of Health, Abuja Nigeria. She informed me of the Ministry's decision to give me an assignment. The assignment was for somebody of proven integrity, who could not be easily compromised. This quality was required in view of the prolonged tussle between the government and the labour unions in the Federal Medical Centre, Owerri, which had led to the shutdown of the facility by the government. Consequently, the citizens had been denied healthcare services, and the government wanted to reopen the facility under an interim management team. I requested for some time to pray and be sure I was led by God

to accept the assignment. The response was *you better pray, but we have made up our minds that you are the one for the job.*

The crisis at the Federal Medical Centre had been a regular feature in the media, and appeared scary. The core of the PS's call was the urgent need to reopen the facility because *people were dying*. I was encouraged by my siblings to take up the assignment. My youngest brother, a Catholic priest said, *see it as a mission field, ...*; as far as he was concerned, if even it meant dying in the process. The call was followed up by a written letter of appointment dated 18th December, 2015.

Following the decision of Government to dissolve the Management of the Federal Medical Centre, Owerri, and constitute, an Interim Management Committee, I am pleased to inform you that the Honourable Minister of Health has approved your appointment as Head, Nursing Department of the Interim Management Committee (IMC) for the Centre with effect from 21st December, 2015 for Six (6) months. (Signed by the PS)

I departed Akure, Ondo State in South West Nigeria on Sunday 20th December, 2015, to attend the inauguration of the Committee. The Interim Management Committee (IMC) was inaugurated on Monday, 21st December, 2015, at the Conference Room of the Federal Ministry of Health, Abuja. By Tuesday, 22nd December 2015, we departed Abuja (the Federal Capital Territory in North Central part of Nigeria), for Owerri (South East Nigeria). Right from day one, on arrival in Owerri, we knew we were going to face challenges, but we were determined to ensure that the people had quality health care services restored unto them. Accommodation was uncertain; and frequently changed without proper arrangement. The honourarium was not immediately available for members' comfort; yet, the team was determined to succeed. At the meeting with the first citizen of the State, when it was my turn for a handshake, he held my hand for a while and said, *there is a daughter of Zion among you.*

The team leader responded, *yes, she is our prayer warrior*. He then said, *you need someone like that on this team*. That further confirmed the dangerous nature of the assignment. The introduction and meeting with the prominent members in government were soon concluded, and the work commenced in earnest on Thursday 24th December, 2015 (Christmas eve) with the team's official meetings with professional groups and unit heads; as well as, assessment of the state of the facilities in the Federal Medical Centre.

The Orientation Phase

At the orientation phase, according to Hildegard Peplau's theory of interpersonal relationship, both the nurse and the client are strangers working together to define the problem. The nurse assists the client through the assessment process, to effectively communicate his problems and expectations, while, the nurse provides the relevant information about the available and required services to support the client (Currentnursing, 2012).

My first meeting with the nurses was held on Tuesday 29th December 2015. The atmosphere was tensed, the expectations were high as there were verbalised fears about my safety, alone, in the midst of the nurses. Personally, I was not scared because I was sure of the ethics of the profession, and believed that nurses could not be so aggressive and unmanageable under the prevailing circumstances. My identity as a nurse needed to be cleared (because I was referred to as doctor in previous meetings), and my mission for the nurses as a member of the Interim Management Committee (IMC) needed to be made very clear *ab initio*. Therefore, I appeared in my white nurse's uniform at the first meeting.

The meeting started with prayers, and songs after which I introduced myself. I sang some choruses in Igbo language, although, I am from the Yoruba tribe. I invoked the ascetic philosophy (Bevis, 1989) of the nursing profession in the interest of the patients who are the core of nursing practice; and promised an

open-door policy with no restricted access to me. It was obvious from the reactions and responses of the nurses, that they were not happy about the strike actions and the eventual shut down of the Federal Medical Centre. The resultant unfavourable consequences to the community, particularly, the irreparable loss of lives was undesirable. Having established a functional level of rapport, I proceeded with the formal assessment process through focus group discussion on the expectations of the nurses and identification of specific needs of the various nursing units.

Five hundred and five (505) nurses from all the ranks, representing 70.6% of the 715 nurses in the Federal Medical Centre attended the maiden meeting. One hundred and thirty-nine of them voluntarily participated in focus group discussions in ten homogenous (ranks) groups. The remaining nurses worked in groups according to their wards / units to specify the needs and what needed to be done to make the system work again. This process, in line with Hildegard Peplau's theory of interpersonal relationship, entailed asking questions and assisting the client to appreciate his problems

and the need for help. Charting a way forward at the maiden interactive session, the eleven Terms of Reference (TOR) that were given to the Interim Management Committee (IMC) by the government were shared with the nurses, and the weekly nurse-managers meeting was reactivated to keep the interaction open.

The Identification Phase

During Hildegard Peplau's identification (second) phase, it is important that the nurse and the client agree on the problems and the intervention strategies. The client identifies with the management team and develops a sense of belonging while the nurse promotes the positive behaviours exhibited by the client in the process (Currentnursing, 2012). What the nurses expected the IMC to do during its six months tenure, as gathered from the focus group discussions at the maiden meeting held on 29th December, 2015, are summarized in Table 1 under fourteen (14) themes.

Table 1: What nurses wanted the Interim Management Committee to do

SN	The Interim Management Committee (IMC) should:
1	Critically and honestly look into the problems of the hospital and give appropriate solution
2	Promote nurses as and when due
3	Harmonize salary of nurses with that of their colleagues in other tertiary hospitals
4	Correct anomalies in staff payment system
5**	Sponsor nurses for in-service training / conferences
6**	Allow younger nurses to do BNSc
7	Pay all arrears promptly
8**	Make staff welfare a priority
9**	Present unbiased report to Government on the hospital
10	Provide all work materials
11	Upgrade the hospital to a teaching hospital
12**	Organize meeting between young workers and Management
13	Refund money spent by all who went for in-service training
14	Abolish contract staff

As shown above, the eleven Terms of Reference (TOR) that were given to the Interim Management Committee (IMC), by the government did not include most of the expectations of the nurses. The Interim Management Committee shall be responsible for the management and administration of the Federal Medical Centre (FMC), Owerri and will report to the Honourable Minister of Health. Its Terms of Reference is as follows:

- i. Take over all administrative, technical, operational and financial functions of the FMC;
- ii. Review the events leading up to the industrial unrest and ensure inter/intra professional harmony among all cadres of staff;
- iii. Take inventory of all properties, assets and liabilities of the FMC;
- iv. Review the integrity of financial transactions for proper record;
- v. Ensure all monies, property and resources are properly used, managed and accounted for, utilizing independent professional advice, where necessary and in conformity with Public Service Rules (PSR), Financial Regulations (FR) and Extant Circulars;
- vi. Conduct personnel audit of all employees of the FMC to establish accurate staff disposition;
- vii. Conduct audit of the operational processes and systems of the FMC;
- viii. Evaluate the effectiveness of the governance structure, processes and recruitment; etc.

Only the five asterisked items (5,6,8,9, and 12) out of the fourteen in Table 1 were possible by the IMC without requesting for the permission of the Honourable Minister, Federal Ministry of Health. Two major tasks were however agreed to by the nurse and the client (the author and the nurses in the facility), at this phase; they are:

- i. full restoration of quality nursing services in all the nursing units in the hospital

- ii. collaboration with the nurse on the IMC (author) to have the grievances of the nurses attended to as much as possible; to create and sustain peace in the workplace

The following principles were adopted as reminders to promote peace among nurses and by extension in the hospital.

- i. Nursing is a profession, and nurses should act as such; independently, and when in the midst of others.
- ii. Nurses should promote therapeutic environment by serving as patients' advocate; critical link in patients' care chain; caregivers; "Lady with the Lamp" carriers of hope and glow etc.
- iii. Nurses should always be in correct uniforms and use identification tags e.g. I.D cards. The nurses' white uniform symbolizes purity, integrity, hope, light, heaven on earth or peaceful transition.
- iv. The nurse on the IMC (the author) should operate an open-door policy and hold regular meetings with the unit/ward nurse managers and with all the nurses when necessary.

The Exploitation Phase

Among other things, according to Hildegard's theory, during the exploitation phase, the client benefits maximally from the services provided through his active participation, and the effective communication of the nurse (Currentnursing, 2012). Full nursing services were restored in all the nursing units in the hospital and its annexes as the hospital reopened on Monday, 4th January 2016. Peace was restored again to the facility (Mgbahuruike, Tuesday, March 15, 2016). I participated actively in daily supervision of nursing activities in the hospital. We held the monthly nurse-managers meetings. It is pertinent to state that although it was not a requirement, I attended the monthly meetings in the official white nurses' uniform when I realized that it enhanced my acceptance by the nurses and promoted positive relationship. At

such meetings, activities of, and information from the IMC were discussed. Observations and complaints for the attention of the IMC were taken.

Prior to the coming of the IMC, nurses who attended to emergency cases before patients payments had the money deducted from their salary if such patients failed to pay ultimately. Whereas, the provisions of the National Health Act 2014, Part III Section 20 (2) prohibits healthcare providers from refusing patients the needed care in emergency situation. Contravention of the provision attracts a fine of N100,000.00 or imprisonment for a period not exceeding six months or to both (Federal Republic of Nigeria, 2014). The IMC reviewed and upturned the practice and allowed emergency cases to be attended to unhindered by finance.

Following the suggestions and requests made by each unit at the maiden interactive session, available normal and special hospital beds, equipment, and other requirements stacked away in the store were issued out for use on the units. In March 2016, bed spacing and procedures were reviewed in line with global best practices. Prior to the changes, beds were not spaced in line with best practices; most procedures were executed from the foot of the bed and nurses could barely move between beds without rubbing their uniforms against patients' beds and properties.

In the area of staff welfare and development, the much tension generated by the lack of promotion, secondary to lack of, or possession of unrecognized first degree in nursing (BNSc), was doused through administrative intervention and information provided by the Nursing and Midwifery Council of Nigeria (NMCN) in a letter captioned *Request for Clarification*, dated April 5, 2016. The BNSc certificates were accepted, and those who needed an abridged programme in form of the National Universities Commission (NUC) and NMCN recognized postgraduate diploma in nursing (PGDN) were appropriately guided. This paved way for promotions to the

directorade cadre which had been on hold for over ten years, and restored hope for the nurses.

The porters and hospital attendants were under the Nursing Department being supervised by the Head of Nursing Services. I felt they needed to be carried along and feel catered for in the midst of the crisis. In consultation with the nurse managers, we agreed that they could benefit from an in-house training programme. We invited the Head Porter and the Head of the attendants. When the Head of the attendants suddenly saw me in the anteroom to my office, she was shocked, visibly shaking and made a sign of the cross; she was scared. When asked why, she said it was because I sent for her. Should this be? After she was successfully reassured, she was ushered into the office in company of the Head of the porters and the Nurse Manager in charge of porters and attendants. Together we worked over a number of weeks to identify their training needs, developed the training modules, and executed the training in batches, for porters and attendants. The training was held on 20th - 24th June 2016. A total of 225 Health Attendants and 116 Health Porters participated in the training. They were excited and grateful; they never had that experience and degree of recognition before. They demonstrated their gratitude by presenting a giant copy of the Teacher's Bible to me.

Based on the proposal presented to the IMC for the training, a cash advance of ₦105,550 (one hundred and five thousand, five hundred and fifty Naira; approximately \$529.69 USD in June 2016) was released. The money was used for the training while the left over, ₦50 (fifty Naira) was paid back into the coffers of the hospital. The refund of the unspent money generated positive ripples in the system. Similarly, in August 2016, the IMC members were scheduled to visit the Ministry in Abuja and discuss the continual existence of the IMC beyond its official six months tenure which expired on 21st June 2016. There was no official extension of the tenure, and no appointment of a substantive Chief Executive for the hospital. When at the last minute, the Ministry decided

that we should not come again but continue to work and wait for further directives, I refunded the money already paid into my account for the trip back into the hospital account following the due process.

Another major test of integrity had to do with the payment for the hotel accommodation. We were made to sign the hotel accommodation documents to confirm our stay for settlement of the bill monthly. When I came back from my vacation, I realized that my room was used while I was away, so, I crossed out the vacation dates when I was to sign for the month. The staff insisted I had to sign, I also insisted that whoever used it in my absence should be made to pay for it and not the hospital. She was shocked and said I should just sign it, but I made her realize we were there to do things the right way, so she accepted it with the crossed-out dates.

The attitude of the nurses to work was one of great commitment and empathy. All through the long period of industrial actions and shutdown of the hospital, nurses in the Heart-to-Heart (HIV/AIDS) and Tuberculosis Units, where patients needed to be given drugs and monitored closely, were exempted from the strike and were therefore attending to the patients as and when due. When normal activities were restored by the IMC, nurses were passionate about getting resources to attend to their patients within the limited resources; some had to provide some items and supported their patients with their personal financial and material resources. The nurses' ability to improvise, to ensure the patients had the best care possible within the limited available resources was fantastic, and demonstrated the *Spirit of Nursing*. In spite of the high rate of exit of nurses from the hospital without replacement, the consequent shortage of nurses, and heavy workload for the remaining nurses, the nurses ensured that all the units and shifts were covered. When the leaders of the National Association of Nigeria Nurses and Midwives (NANNM) in the hospital and I agreed that the citizens had suffered enough for two years from the effects

of strike actions in the hospital; nurses in the hospital declined joining a national strike by the Joint Health Sector Workers Union (JOHESU). The local Chapter of NANNM secured a written approval of the national body to abstain.

At the March and May 2016 nurse managers' meetings, nurses who stood up against threats to the safety of their patients and their colleagues were recognized and commended. I remember how nurses in the maternity section and the theatre resisted the increasing maternal morbidity and mortality, and the unofficial referral of patients to private facilities from the hospital. Rather than being accomplices in the unethical practices, the nurses spoke up. I reported the issues to the IMC and they were officially taken up by the medics on the IMC team and those in the obstetrics department with me and the nurses in the affected units in attendance. The intervention abated the increasing unfavourable maternal outcomes.

It was not all the health professional groups in the hospital that had a member on the IMC. It was easier for the non-medic groups to identify with me, discuss their challenges with me and ask me to support their interests when issues related to them were discussed. A notable one was the group of physiotherapists whose promotion had been delayed too.

A critical observation among the staff of the hospital was their inadequate knowledge of the government rules, regulations, and policies on which daily administration of government Ministries, Departments and Agencies (MDAs) are based. This was probably a major reason for their vulnerability to victimization and denial of some of their rights which were already provided for in some of the government documents. I therefore ensured that as much as possible, the nurses were enlightened on the provisions of the Public Service Rules (PSR), Financial Regulations (FR), Freedom of Information Bill (FOI), Scheme of Service, and Government Circulars. Issues were resolved citing relevant sections of the appropriate documents for ease of compliance.

The exploitation phase was marked with great challenges and threats to life, especially, from February to July, 2016. The local newspapers were replete with lies, defamation, and accusations with ethnic coloration; since some of the IMC members including me, were not from that tribe (Enwere, June 20, 2016). Occasionally, there were counter publications in other local newspapers (Mgbemgasa, June 27-28, 2016). A couple of times there was fire incident in the venue where the IMC members were meeting. Expectedly, some of the stories in the social media were to implicate the IMC. There was a publication by a young male nurse who presented an inaccurate version of an incident in one of the units in the media to give the impression that patient care under the IMC administration was shoddy. It was captioned *FMC Owerri Nurse Recounts Experience with Hospital Driver Says CMD might not be their only problem after all* (alaowerri.com, February 25th 2016). He however apologized later after thorough investigation revealed that the story was not true. There was also an NLC strike in May 2016 and those who wished to participate were not prevented from doing so; yet, there was a publication captioned: *NLC Strike: FMC Owerri Nurses Forced To Come To Work in Mufti* (Ijeoma, 2016). It was reported that the nurses were threatened or compelled to come to work; it was not true.

On one of the nights, an attempt was made to enter my hotel room. That night, I was up praying. I just heard in whispers, *remove your key*. I moved close to the door and through the peephole, I saw a lady with a key with which she was trying to open the door wrapped in a napkin in her hand. I quietly moved to the intercom and informed the security unit. They came and took her away with her male accomplice. We learnt in the morning that they had checked into a room on the same floor with the IMC members for a couple of days earlier. What would have happened if they had gained entrance into my room that night?

The other members were shocked and praised me for acting wisely and not opening the door. They opined that, being the only female

member on the team, the duo might have asked me to lead them to the rooms of the other members. Another experience worthy of mention occurred on one of our nurse managers' meeting days. We were meeting in the main hospital, but there was crisis in the annex opposite the hospital. Security had been tightened and the other IMC members around had been taken away, escorted by the security men attached to the team. By the time the meeting was over and I needed to go, we realized there were no security personnel to accompany me; then, the driver said, *let us go, nothing will happen to you, people know the work you are doing here*. I suddenly felt accepted, loved, and safe. I felt God was holding my hand and assuring me. So, we left and arrived at the hotel safely.

The wristband of my church gave me out when we resumed in December 2015, hence, on 8th January 2016, one of the young nurses came to me and offered to take me to a branch of my church that is pastored by a Yoruba pastor. Everyone who heard of the offered assistance advised against it. I was therefore advised to not worship in a branch of my church for the fear of a possible attack, so, I chose a different environment for worship in broad daylight on Sundays only. It is worthy of note that we were also eating outside our hotel for safety. I mentioned earlier that we were moved from place to place, sometimes without adequate provision for our meals. When we realized that it was not safe to eat regularly from the hotel where we were finally accommodated, each of us had to make personal arrangement for feeding. That was quite heavy on me because I was on a healthy eating pattern, I had weaned myself off a number of things, and I was not used to eating outside my house.

The most traumatic experience I had was when we had a visit from the Ministry in Abuja. Top officials from the Ministry visited for mid-tenure assessment on 15th April 2016. From our arrival in December 2015 till the time of the visit of the team from the Ministry, we had had unpleasant experiences of failure of the Ministry to approve requests to execute some

activities to ensure an enabling workplace environment and enhance the welfare of the workers. The end of first month and mid-term reports presented to the Ministry were at variance with the report of the investigation panel that was set up before the IMC was inaugurated; hence, the Ministry assumed that we had been bought over by various unions in the hospital.

After the usual speeches by the visitors, and presentation of updates from the respective departments by the IMC members, in line with the terms of reference, the response of the team leader revealed the assumption and contrary position of the Ministry. The pharmacist member of the IMC got up and requested for why we were still there if the Ministry had a different agenda from getting the problems solved. The team leader came with a personal friend who was a professor. After I explained some issues, the professor cautioned that if what I said was true, the Ministry needed to take a closer look at the problems and do more than was being done. Then the leader of the team asked the heads of departments in the Ministry who were on the visitation team with him, *who is she?* They told him I was a retired director from the Ministry. What he did next shocked me. He picked a big kolanut (cola acuminata) from the plate and passed it to me; as it was coming to me, the people around me were saying *don't eat it o, don't eat it*. Normally, I would not have eaten it, because I do not eat kolanut; although, kolanut in Igboland symbolizes peace, reconciliation, fraternity, etc., there are myths around its use and handling by women.

From that day on I felt that I was just wasting my time on that assignment. The level of corruption in the system was too high to allow a positive change to take place. The public, through the media, were given the impression that the government was intervening in the crisis in the Federal Medical Centre, but, the people on the assignment were being hindered from accomplishing the terms of reference for the assignment. Attempts by the Ministry to reinstate the officer fingered in the crisis were

often resisted by the staff through peaceful protests (Ibe, Sunday, May 22, 2016). I felt that June was round the corner and the whole game would soon be over, and I would go back home. It turned out to not be so.

I however, enjoyed the support of the nurses. I had offers of gifts, meals, airtime recharge cards, visits, time out, but I turned down all based on the nature of the IMC assignment and the Code of Ethics for Nurses in Nigeria. The encouragement, appreciations and other goodwill messages were reassuring and motivating. People in South East Nigeria where the FMC Owerri is, are predominantly of the Christian faith. Prayers were regularly offered by the members of staff for restoration of peace and appointment of a substantive officer to replace the contentious one. The Chief Nursing Officer and the Principal Nursing Officer assisting me in the office were matured, disciplined and very helpful; they understood my position on issues and provided safety tips when necessary. At the July 2016 managers' meeting, held on Thursday 7th July, 2016, I informed the house about the inevitable end of the IMC regime irrespective of directive from the Ministry that the IMC continues to work.

Assessment of the Perceived Performance of the IMC:

Assessment and re-assessment are components of the implementation phase of the nursing process and exploitation phase of Hildegard Peplau's theory. Therefore, as we waited for the final directive on when to exit, I secured ethical approval from the hospital's Ethical Committee for a comprehensive study of the perception of the nurses on the industrial crisis. The section of the instrument on the nurses' perception of the achievements of the IMC had the fourteen (14) expectations documented from the focus group discussion at the beginning of the relationship. The expectations were listed for quantitative assessment of their strength at six months, and to evaluate the extent to which they were perceived as achieved (Table 1). Perceived

reasons for the success or failure of the IMC were provided in open-ended responses. Epi Info statistical package was used for entry and analysis of the quantitative data; while, simple content analysis procedure was used to analyse the nurses' responses to the open-ended questions.

Not all the nurses provided reasons for the success or failure; while, some gave one or more reasons for both success and failure. For authenticity (Lincoln & Guba E. G., 1985; Polit & Beck, 2008), a component of trustworthiness of qualitative data, direct excerpts from the

responses of the nurses to the open-ended questions are presented below. The coded identity of each questionnaire is written at the end of each quote for ease of reference; for example, 14/CNO refers to questionnaire number 14 completed by a Chief Nursing Officer. A total of 461 nurses from all the ranks participated in the survey; Chief Nursing Officer (CNO), Assistant Chief Nursing Officer (ACNO), and Principal Nursing Officer (PNO) were 124 (26.9%). Senior Nursing Officer (SNO), Nursing Officers I (NOI), and Nursing Officer II (NOII) were 337 (73.1%).

Table 2: What the nurses want the IMC to do and the perceived achievement of their expectations (n=461)

SN	What nurses wanted the Interim Management Committee (IMC) to do Description	Frequency (%)	Achievement of Expectations Frequency (%)
1	Allow younger nurses to do BNSc	443 (96.10)	309 (67.03) **
2	Sponsor nurses for In -Service Training / Conferences	445 (96.53)	226 (49.02) **
3	Organize meeting between young workers and Management	418 (90.67)	168 (36.44) **
4	Provide all work materials	439 (95.22)	146 (31.67)
5	Critically and honestly look into the problems of the hospital and give appropriate solution	454 (98.48)	102 (22.13)
6	Make staff welfare a priority	395 (95.44)	101 (21.97) **
7	Present unbiased report to Government on the hospital	440 (95.44)	78 (16.92) **
8	Refund money spent by all who went for in - service training	380 (82.43)	26 (5.64)
9	Abolish contract staff	361 (78.35)	24 (5.21)
10	Upgrade the hospital to a teaching hospital	427 (92.62)	23 (4.99)
11	Correct anomalies in staff payment system	447 (96.97)	20 (4.34)
12	Harmonize salary of nurses with that of their colleagues in other tertiary hospitals	450 (97.62)	12 (2.60)
13	Promote nurses as and when due	453 (98.26)	9 (1.95)
14	Pay all arrears promptly	443 (96.1)	8 (1.74)

At the end of the six-month administration of the IMC, the expectations of the nurses were still the same and very strong as confirmed by the high frequencies recorded on all the issues (Table 2). Most of the expectations were however not perceived as achieved by most of the nurses. The issues in Table 2 were arranged according to the frequency and percentage of respondents who opined that the respective expectations were met. The asterisked issues were earlier identified in Table 1 as those that did not require the permission of the supervising Ministry to be executed by the IMC. That the *IMC should allow younger nurses to do BNSc* and *IMC should sponsor nurses for In-Service Training / Conferences* were the most achieved expectations. Reasons given by the nurses for the success of the IMC were organized into seven themes and the number of nurses who gave reasons related to the themes were indicated for appreciation of their strength:

- i. Conduct of the assignment (82 nurses had related responses)
 - Commitment & determination - 216/CNO; Being objective and sincere in service rendered - 104/CNO; Honesty, transparency, and integrity - 148/CNO; Seniority considered in their dealings - 164/CNO; Highly educated and experienced. So, they have added their past experience in handling FMC Owerri situation - 165/ACNO; Not Abuja's biased input was needed to achieve them - 132/CNO; Forthrightness - 132/CNO*
- ii. Stability in the facility (46 nurses had related responses)
 - *Relative peace in the centre, no intimidation nor tension - 88/CNO; We no longer work under pressure or intimidation - 99/ACNO; Staff work without fear of the unknown - 164/CNO; Creation of friendly environment for work - 265/ACNO; Calming the distress in the centre - 355/NOII; Able to calm the situation - 358/NOII; Confidence has been restored in the minds of the staff - 443/CNO*
- iii. Interpersonal Relationship (IPR) and Communication (43 nurses had related responses)
 - *They all have listening ears - 362/ACNO; Interactive forum where they intimate the staff of the happenings - 361/ACNO; Periodic meeting with union leaders - 381/ACNO; Encouraged relationship between Management and staff - 318/CNO; The IMC especially the HOD Nursing respects & cherishes her fellow human beings, a good Christian. May she live long, & remain blessed forever Amen - 363/ACNO*
- iv. Unity (43 nurses had related responses)
 - *They worked as a team - 20/NOI; 62/PNO; Understood each other and their cordial relationship - 304/NOII; Cooperation of staff - 148/CNO; 121/PNO; The workers were willing to work with them - 76/PNO; Staff were working even with limited working materials and they refused to go on strike with JOHESU - 289/NOI; Union cooperated with them - 128/NOII; Obedient and efficient staff - 19/NOI*
- v. Staff Welfare (37 nurses had related responses)
 - *They made staff welfare their priority - 317/CNO; Encouraged and improved on the job training within this period - 443/CNO; Approval for part-time programmes - 273/CNO*
- vi. Spirituality (28 nurses had related responses)
 - *Fear of God - 58/CNO; 60/ACNO and 295/ACNO; They are God fearing children and they discharge their work religiously - 59/CNO; Prayers - 381/ACNO; Prayer of the saints - 42/CNO*

vii. Use of Public Service Rules (PSR) (11 nurses had related responses)

- *Good knowledge of PSR - 148/CNO; Following PSR in all they are doing - 379/CNO; Followed due process - 292/CNO; unbiased application of the civil service rules - 132/CNO*

The reasons for the success of the IMC seemed to have been summarized by this particular respondent: *Openness/ Transparency/ Promptness in resolving issue/ Accessibility, Stability, Staff friendly quality, Dedication and commitment to quality service delivery - 453/CNO*

Reasons given by the nurses for perceiving the IMC to have failed in its 6 months of administration in the hospital were summarized under four main themes as:

i. Lack of support from the Federal Government and Federal Ministry of Health (FMOH) (107 nurses had related responses)

- FMOH did not empower the IMC to solve the problems they encountered - 75/CNO; FMOH did not give free hand to operate - 88/CNO; Remoted from Minister of Health - 120/ACNO; FMOH not giving them free hands to implement the aims / objectives of their appointment - 134/ACNO

ii. Sabotage (47 nurses had related responses)

- Sabotage - 16/SNO; 34/NOI; 25/NOII; 310/SNO; Sabotage, Enemies working against the IMC's success -305/NOII; Threats and harassment and phone calls ... Also, distraction from junk journalists - 103/CNO

iii. Unmet expectations (43 nurses had related responses)

- No promotion; No proper placement - 89/CNO; None of the petitions met - 90/ACNO; They did not solve our problems - 320/PNO; Promises not fulfilled - 5/NOI; Unpaid arrears and uncorrected salary - 6/NOI

iv. The IMC (21 nurses had related responses)

- IMC's Terms of reference does not cover expectations of staff -163/CNO; They were given portfolio or job to do without powers or authority to execute the needs of the hospital staff - 180/CNO; Some areas seem to be beyond their powers - 346/PNO; Fear of insecurity in the Centre - 203/CNO; Afraid to carry out their duties - 322/SNO; The IMC are afraid - 404/NOII; They feel intimidated by some group of people - 332/NOII; There are saboteurs amongst the IMC working in favour of the former MD... -348/SNO; There are some levels of compromise - 341/NOII; 335/SNO

The reasons seemed to suggest that the presence of the IMC was essentially to allow for restoration of services in the hospital without commitment from the government to attend to the requests of the staff which led to the strike actions and eventual shutdown of the hospital.

The Resolution Phase

At the resolution phase, which is the fourth and final phase of Peplau's theory, the set goals would have been achieved through the collaborative work of the client and the nurse, hence, the termination of the relationship (Currentnursing, 2012). This final phase starts at the beginning of the relationship with an understanding by both parties that a time would come when the relationship would be terminated. It is completed by the actual termination of the relationship through appropriate exit procedures.

Attempts by the government to recall the officer at the centre of the crisis repeatedly led to protest. There was so much in the print and electronic media about the crisis in the institution and the failure of the IMC to resolve the problem. The IMC also tried to clarify some of the allegations (Eke & Olagunju, 2016). The

truth was known to only the key players and the threat to our safety was increasing. Fortunately, I was invited to the Ministry in Abuja for an assignment on 10th August 2016; I therefore seized the opportunity to write and personally hand-delivered my letter of withdrawal from the IMC assignment.

The decision to withdraw is based on my belief in giving my very best to whatever course I believe God has brought my way; through which I am to serve humanity and glorify God. However, since the visit of the ... to FMC, Owerri, I have been greatly traumatized.

Following a refreshing time at ... I have decided to withdraw from the assignment with effect from Sunday 21st August, 2016 please (i.e., eight months post inauguration of the Committee).

I am very grateful to you for considering me for the appointment and giving me the opportunity to do the bit God enabled me to do at FMC, Owerri since 23rd December, 2015. By the grace of God, if I am given another opportunity to serve optimally, I will gladly do so.

Excerpts from the Letter of Withdrawal - 10th August, 2016

The letter was received in the Honourable Minister's Office on the same day. A colleague of mine at the Ministry, who was not aware of my letter of withdrawal, asked me what was happening in Owerri. She said: *We understand you people are not doing anything, you are just enjoying the fat money they are paying you and you don't want to leave. I said but (she mentioned my name) is there.* By the time I explained our predicament and told her about the letter of withdrawal that I just submitted, she said: *Better; we are proud of you. I said it ...* A copy of the letter to the Minister was submitted at IMC Chairman's Office on 15th August, 2016 when I got back to Owerri. Many of the nurse leaders and other members of staff pleaded with me not to leave before the

official termination of the appointment of the IMC. I adequately prepared the nurse leaders over time for the certainty of my leaving; and equipped them with the necessary information and materials to continue the work after my exit from the hospital.

Back at home, my pastors were shocked when I told them I had withdrawn from the assignment. When they asked why, I told them that *the corruption was choking and I did not want to be caught up in it.* Some days later, someone informed me from the Ministry about a likely call on the directive of the Minister in respect of the letter; so, I was expecting it. About a week after that, I got a call from one of the top officials on the team that visited the IMC in April 2016 at Owerri. She wanted to know what happened during the visit that traumatized me. I just asked her if she could recall the reaction of the professor friend of the team leader and the reaction of the pharmacist on the IMC. The fact that we were there just to give the public the impression that government was doing something, when in actual fact, it was all a game of deceit. I told her I just could not continue with it. That was it. Case closed. I was delivered and free!

My supposedly hasty and unpopular decision to exit at the time I did was commended by family, friends, other IMC members, staff of FMC Owerri, church members and many more, when the Ministry forcefully reinstated the controversial officer at the heart of the crisis, and without notice, sacked the IMC on 16th October 2016, amidst teargas and armed security agents (Channels Television, October 19, 2016; Fagbemi, Soji-Eze, October 19, 2016; The NEWS, Wednesday, October 19, 2016 2:46 pm). I was not paid for my last month on the assignment and the initial money I expended to attend the inauguration on 21st December, 2015 is still outstanding. The initial disappointment felt over the unpaid money could not be compared later with the beauty and praise of exiting gloriously when I did.

Implication for Nursing

Awareness of rights and privileges: Nurses need to be familiar with the rules, regulations, and circulars guiding their engagement. During my first stint with public administration in 1992 as a Personnel Officer in a Hospitals Management Board, I realized how nurses' rights to some privileges were denied them because of the nurses' lack of awareness about them. For example, nurses who were posted from one location to the other were not aware they could claim the first 28 days allowance in lieu of accommodation, hence, they bore the burdens of relocation unsupported by the system, because they did not apply for it. Nurses are so tied to the daily routines and rules in the practice settings that they rely on a third party's (administrative officer) interpretation and directive, without asking questions.

The terms and conditions of nurses' contractual engagement, the implication of the public servants' Oath of Secrecy, and the Freedom of Information Bill must be clearly understood. The awareness created by the IMC and the open-door policy of the intervention committee made it easy for the nurses in FMC Owerri to cooperate with the team. Fake news and its consequences thrive where correct information is hoarded. Nurses must learn to ask questions, they must learn to speak up, and extend the tentacles of their search within the ethical limits; without fear of reprimand or intimidation, until they get the correct answers.

Nursing Administration: A successful administration in the nurses' opinion is one where the work is carried out with utmost transparency and openness in a stable and peaceful atmosphere; where, unity, good interpersonal relationship, including communication, and counselling, were supportive. The level of education of leaders, their technical and administrative experience, the use of relevant administrative tools such as the public service rules, were also identified as attributes of a successful administration. Nurse-leaders therefore should make use of administrative training opportunities available

in special institutions for management level personnel in the public service; such as, the Public Service Institute of Nigeria (PSIN), Administrative Staff College of Nigeria (ASCON), and the Centre for Management Development (CMD). When annual budgets are being prepared, nurses should actively participate in the process and contribute to the training proposals. When the annual training schedule and advertisements from the institutions are out, nurses should apply to participate and be sponsored. National Association of Nigeria Nurses and Midwives (NANNM) should advocate for all round technical and administrative development of nurses.

Intentional, purposeful leadership and mentorship are essentials of good nursing administration. No matter how short or long a leader stays in office, the position is an opportunity for transformational leadership and mentorship. There should be evidence of the impact of the nurse-leader on nursing practice, the nurses and the entire system. Subordinates should be supported, and excellent performance appropriately recognized and celebrated.

Fake news and libellous publications must be properly managed. The genuineness of news and reports must be ascertained irrespective of the level of the informant or reporter in government or in the society, before decisions that could negatively affect service and care providers are taken.

Spirituality: The indication of spirituality as a factor for successful administration supports the increasing recognition of spirituality in nursing literature and client care (Berman et al., 2016). Spirituality, religion and belief may not exactly mean the same thing, but they are interwoven in Nigeria to the extent that they influence the judgment and behaviour of citizens and what is expected of them, depending on the individual's cultural and religious convictions. Being a Christian by faith, the value system and standard of behavior expected of me were based on biblical standards.

Although the world order of corruption has tampered with the practice of faith and religion by adherents of different faiths and religions, nurse leaders should develop healthy value systems. The values should at least, be based on the ethics of the profession, and on the core values of the professional regulatory agency and the institution of practice. Nurse-leaders should be exemplary in practice, integrity is core. Knowing the core values I encouraged, the nurses would have been disappointed if I behaved contrarily; that is, if I was proud, discriminatory, insincere or unfair.

Nursing Education: Beyond the core concepts and principles in the various subject matter of each course in the pre-service and in-service professional nursing training programmes, trainees should be exposed to the reality on the field through appropriate selection of learning experiences. Opportunities for value clarification and strengthening, within a supportive learning environment should be provided. Discussion of contemporary issues with implication for quality nursing practice and welfare of providers should be undertaken. Trainees should be assisted to develop psychosocial drive that is strong enough to sustain them through storms on the field, and be able to come out strong and still standing.

Nursing Research: Concern for the rights and welfare of caregivers is rapidly gaining prominence; hence, the need for comprehensive research approaches that could provide answers to related questions of interest. As bio-psychosocial beings, studies about nurses should as much as possible not be limited to quantitative approaches only. Mixed methods bring more explanatory or exploratory understanding of humans that are not subjected to strict experimental control settings.

CONCLUSION

Nurses will always be involved with ad-hoc assignments outside their regular schedule of duty. These may challenge their morality and integrity in a world that is increasingly getting corrupt. There is therefore the need to possess a

force that could sustain them through the tides without sinking during their sail through such turbulent times. The experience of the author and the beautiful ending provide rich lessons for the readers.

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