Nigerian critical care meeting October 2006

Ged Williams RN, RM, Founding Chair, World Federation of Critical Care Nurses, Director of Nursing, Maroondah Hospital, Victoria, Australia, Adjunct Associate Professor of Nursing, School of Nursing. University of Melbourne, Victoria, Australia.
Halima-Salisu Kabara RN, Nurse in Charge, Intensive Care Unit, Aminu Kano Teaching Hospital, Nigeria.

E-mail: ged.williams@maroondah.org.au

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SUMMARY

This article introduces the National Association of Nurse Intensivists of Nigeria and describes their current activities and the challenges being faced by this very new critical care nursing society in West Africa.

INTRODUCTION

In October 2006 critical are nurses in Nigeria had the opportunity to attend the 5th Annual Scientific Conference of the National Association of Nurse Intensivists of Nigeria (NANIN) in Kano, a city in the northern region of the country.

The National Association of Nurse Intensivists of Nigeria (NANIN) has approximately 150 members and is the professional society representing the needs of critical care nurses and patients in Nigeria. NANIN has a small but active committee (see Photo 1) that organise workshops, an annual conference and other professional activities for critical care nurses in the country.

The motto of NANIN is *The Nurse with Third Eye*, which refers to the knowledge, wisdom and intuition possessed by the critical care nurses who observe and care for critically ill patients.

Photo 1. The NANIN Committee. From left to right: Ademu Majidad, President; Halima-Salisu Kabara, Conference Convenor; Ged Williams; Rosemary Nwokolo, Council member; Monday Adishi, Vice President; Shuiba Garba, Council member.

Nursing conference and context

The 5th Annual Scientific Conference of NANIN was attended by 120 participants from throughout Nigeria. The conference took place between 11-14 October 2006 at the Aminu Kano Teaching Hospital (AKTH) and convened by Halima-Salisu Kabara, Nurse in Charge of the AKTH intensive care unit (ICU). The major theme of the conference was renal transplantation and allograft rejection. Other themes throughout the programme included mechanical ventilation and ventilation associated complications, identification and application of new technologies, infection control issues in critical care, advances in cardiopulmonary resuscitation and advanced life support, transportation of critically ill patients, and professional issues such as education, workforce, leadership and management.

Compared to western conferences, this event was similar to a regional conference in a major teaching centre. However, the content and focus was very different to western presentations as there is limited access to advanced technology and techniques in Nigeria compared with many western and developed countries (Bhagwanjee, 2006). For instance, there has only been fifty renal transplants performed in Nigeria and this is a very new therapy for managing end-stage renal disease in the country. These transplants have occurred in the last three years and have all been from live donors. The socio-economic benefits of renal transplantation are well known in both western and developing countries (Evans & Kitzmann, 1998). However, in Nigeria, the technology and skills required to deliver the procedure, recover and maintain the patient have been limited until very recently, hence the value of such an important conference at this point in time.

CRITICAL CARE NURSING IN NIGERIA

As noted above, the context of nursing in Nigeria is very different to that of contemporary western practice (see Table 1). However if readers are familiar with the context of practice that western hospitals had in the early 1970s then the similarities are more apparent to that era. A typical ICU bed area at the Aminu Kano Teaching Hospital is shown in Photo 2. Oxygen supplies are limited, therefore patients do not usually have access to piped oxygen or suction, however very effective and efficient oxygen blenders (electricity powered) are available (Mokuolu & Ajayi, 2002). For patients requiring mechanical ventilation, cylinder oxygen is used sparingly. Suction is provided by portable electricity powered units. Drug therapy is also limited to the basic, low cost options. For instance most nurses are not familiar with cyclosporine, monoclonal antibodies such as OKT3 or any of the newer generation anti-rejection drugs used for organ transplantation. Azathioprine and steroids are commonly used as well as basic, simple infection prevention techniques.

Monitoring techniques are relatively simple also – blood pressure is measured with sphygmomanometer, temperature with thermometer, some ICUs will have a blood gas machine in the unit, whilst most must send samples to the laboratory. Continuous ECG monitoring is limited or non-existent in most critical care units, although a 12 lead ECG machine is generally accessible. Entry criteria to ICU is strict in that only patients

with a strong prognosis of survival are given the chance to enter, subject to nursing staff and bed availability.

Characteristics	Nigeria	United States of America	United Kingdom
Area (sq kms)	923,768	9,631,418	244,820
Climate	varies; equatorial in south, tropical in centre, arid in north	mostly temperate, but tropical in Hawaii and Florida, arctic in Alaska, semiarid in the great plains	temperate; more than one-half of the days are overcast
Religion	Muslim 50%, Christian 40%, indigenous beliefs 10%	Protestant 52%, Roman Catholic 24%, Mormon 2%, Jewish 1%, Muslim 1%, other 10%, none 10%	Christian (incl. Roman Catholic) 71.6%, Muslim 2.7%, Hindu 1%, other 1.6%, unspecified or none 23.1%
Population	128,771,988	295,734,134	60,441,457
Infant Mortality	98.8 deaths/ 1000 births	6.5 deaths/1,000 births	5.16 deaths/1,000 births
Life Expectancy (years) Male/ Female	46/47	75/81	76/81
Literacy male/ female	76% / 61%	97%/97%	99%/99%
People living with HIV/ AIDS	3.6 million	950,000	51,000
Population below poverty line	60% (year 2000 estimate)	12%	17%
Total Fertility rate	5.53 children born/woman	2.08 children born/woman	1.66 children born/woman
Telephones – main lines in use	853,100	181,599,900	34,898,000
Languages	English (official), Hausa, Yoruba, Igbo (Ibo), Fulani	English 82.1%, Spanish 10.7%, other 7.2%	English, Welsh (about 26% of Wales), Scottish form of Gaelic (about 60,000 in Scotland)

Table 1: Nigeria – some vital statistics (CIA World Factbook)

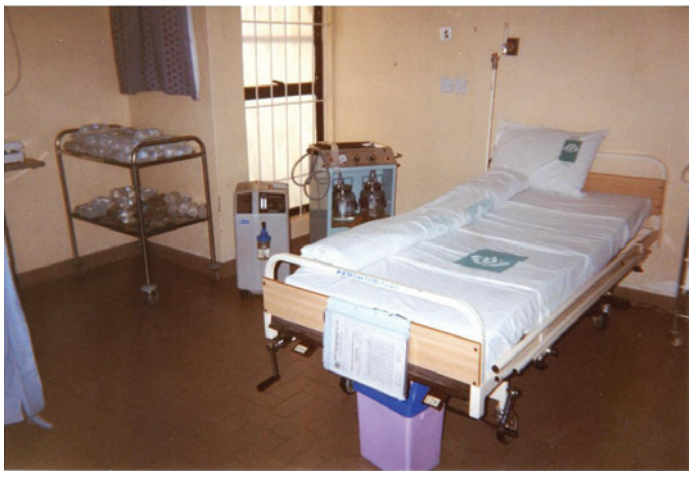

Photo 2. ICU Bed area Aminu Kano Teaching Hospital

Nursing Education

Undergraduate nursing education, which is provided through teaching hospitals, consists of a three-year programme similar in scope to most nursing programmes provided around the world and regulated by the Nursing and Midwifery Council of Nigeria. Education for critical care nursing was first established as a six-month programme in 1982 at Jos University Teaching Hospital (JUTH) in central Nigeria. The programme is now a twelve-month Diploma of Intensive Care and a similar programme is provided by Gwagwalada Hospital in Abuja, the nation's capital. In 2001 Haruna Mai Danladi, coordinator of intensive care nursing training at JUTH and a founding executive member of NANIN published *Fundamentals of Nursing Care in Intensive Care*, the first and only Nigeria–based critical care nursing text book, which is now in its second edition (Danladi, 2005).

A familiar story told by many critical care nurses in Nigeria are the accounts of many qualified critical care nurses being recruited to western countries, particularly the United Kingdom, and creating a "brain drain" from the Nigerian health system.

CRITICAL CARE NURSING IN AFRICA: VISION FOR THE FUTURE

An important part of the NANIN meeting was the opportunity to meet with Ged Williams, Founding Chair of the World Federation of Critical Care Nurses (WFCCN) to learn more of the activities of WFCCN and other national critical care nursing organisations around the world. Ged and WFCCN are working with NANIN to identify a western critical care nursing association that may participate in a "sister" programme, where the western country "adopts" NANIN and provides support, mentorship and assistance in their future growth and development.

Plans are in place for WFCCN to host its 4th Annual congress in Johannesburg, South Africa in August 2007. This is a strategically important meeting and conference for Africa as plans have already begun to coordinate a summit of critical care nursing leaders throughout the countries of the region to explore a future collaboration among critical care nursing associations to further the development of critical care professional practice on the African continent.

NANIN is strategically placed to provide important leadership and to facilitate communication, collaboration and cooperation among the West African nations. It is hoped and envisaged that a future federation of African critical care nursing associations will be formed to help strengthen professional critical care practice throughout Africa and to support and teach the rest of the world with their perspectives and approaches to practice.

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