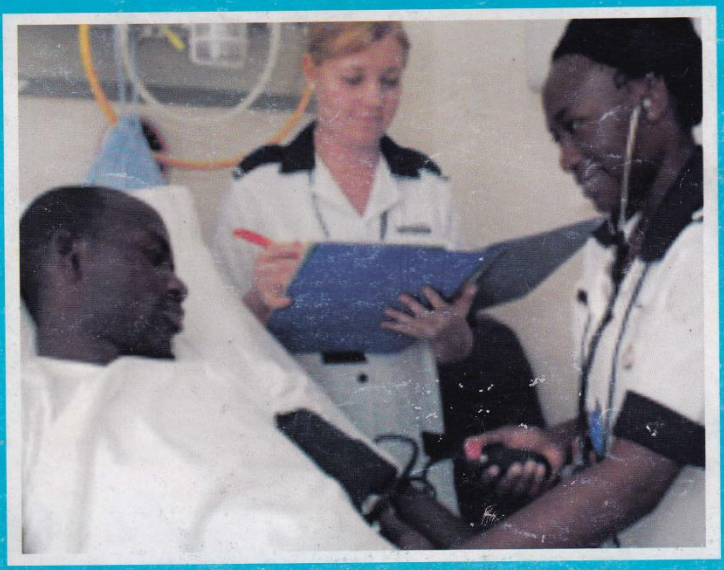
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The purpose of establishing the West African Journal of Nursing (WAJN) is for the publication of information on nursing management, education, practice and research.

The objectives of the WAJN are as follows:

To promote the objective of the College, which is to seek excellence in the Nursing Profession. To communicate information on WACN programme of activities. To serve as a forum for educating nurses in new concepts, techniques and trends on Nursing. To discuss Nursing and problems. To encourage research and disseminate the result of nursing research. To publish book reviews and information on job opportunities. To serve as a medium for the effective collaboration between Anglophone and Francophone Nurses in the Sub-region.

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Repositioning Nursing Through Evidence-Based Practice

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HOW MANY NURSES WORK IN PRIVATE HOSPITALS IN NIGERIA? A STUDY OF SELECTED HOSPITALS IN ZARIA, NORTHERN NIGERIA

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ABSTRACT

This study was carried out to assess the nursing staff strength in private hospitals and clinics in Zaria, Northern Nigeria, with a view to determining the degree of quackery in nursing. A cross-sectional approach was used to study twenty randomly selected private hospitals. Two sets of questionnaires were used to collect data from hospital directors and nursing staff. Many of the hospitals would not participate in the study, and some staff of the consenting hospitals also declined participation. Findings revealed that only 46.3% nurses work in private hospitals in Zaria; majority (53.7%) of those working in private hospitals as nurses were quacks, commonly called auxiliaries. These quacks are trained in different parts of Nigeria by medical doctors and registered nurses, who are not necessarily their employers. They hawk their 'expertise'; many of them are employed in private hospitals in Zaria to work as nurses after being 'trained' elsewhere. They perform almost all procedures, including invasive and high-risk ones, on unsuspecting clients in these hospitals. Only a few private hospitals insist on using only registered nurses (RNs), while some have no RNs at all in their employment. While it is suggested that further studies be conducted to pool sufficient data together on the state of quackery in nursing across Nigeria and the West African sub-region, relevant authorities need to apply professional and legal instruments of control, appropriately, on the trainers and employers of these quacks, and on the quacks themselves, to assure health care services consumers of deserved safety, and quality delivery.

Key words: *nursing services, nursing staff strength, quackery, quality of care, private hospitals*

INTRODUCTION

Nurses constitute over 70% of the professional health workforce in most health institutions all over the world, including Nigeria. This even varies with whether or not the health institution is governmental, faith-based or private. In some cases, private health establishments tend to have even higher ratio of nurses compared to other categories of health workers. However, a lot of concern has been expressed about the people that constitute the nursing staff of private hospitals in Nigeria.

Historically, Nursing has evolved as a profession from a vocational orientation through Christian philosophy to the modern scientific era. It has undergone continuous modification all through the years. In the process, it has also encountered many challenges. One of the most recalcitrant challenges ever facing nursing throughout these ages is the issue of quackery. According to Caliebers[1], quackery as a general problem has existed all through human history and probably predates the emergence of effective medicine. Even in nursing, as far back as 1946, quackery was recognised as a major problem of nursing in the United States of America[2]. Ever

since then it has remained a disturbing issue in most countries, including Nigeria. For example, recently, the current National President of the National Association Nigerian Nurses and Midwives (NANNM) in 2006 cried out: "the issue of quackery (in nursing) has been with us for quite a long time and I think it is not peculiar to the nursing profession or nurses"[3]. It thus appears that in Nigeria, quackery remains one of the major problems facing the (nursing) profession, especially in private health hospitals.

Private hospitals as used in this study include hospitals, clinics and nursing homes/maternity homes owned by private individuals or groups of individuals. On the other hand, the nursing staff implies all workers in these health facilities employed to work as nurses. The nursing staff who are not registered nurses are referred to as quacks. The term "auxiliary" as used in this study (in data analysis) denotes any quack purportedly 'trained' by nurses and doctors in non-formal circumstances to give nursing care or to provide nursing services in these facilities. A nurse, on the other hand, according to Nursing and Midwifery Council of Nigeria document on The Code of Professional Ethics[4], is:

> a person who has received authorized education, acquired specialized knowledge, skills and attitudes, and is registered and licensed with the Nursing and Midwifery Council to provide promotive, preventive, supportive and restorative care to individuals, families and communities, independently, and in collaboration with other members of the health team (p.2).

The same document adds that the term "(professional) nurse" refers to "every category and cadre of nurses or midwives that are currently being registered and licensed by the Nursing and Midwifery of Nigeria" (p.11). How many of these nurses work in the private hospitals in Zaria? This forms the focus of this study. Any person providing care and services as a nurse in any health establishment, but does not meet the criteria for the above definition is considered a quack.

Research studies on this very important issue, both globally and in Nigeria, are scarce, as evident in the scanty literature available on quackery in nursing, even in the course of literature search for this study. Although ever present, literature on quackery in nursing is grossly deficient, compared to quackery in medicine whose literature is profuse in both medical and legal circles. Most of the literature accessed for this study relate more to medical practice. For example, Longman Dictionary of Contemporary English[5] defines quackery as "the activities of someone who pretends to be a doctor", while a quack is "someone who pretends to be a doctor" (p.1339). Umerah[6] has it that medical treatment by quacks is a common phenomenon of life in Nigeria and courts punish it heavily to discourage quacks.

All through, most of the available studies are mainly on medical quackery. This leaves the impression that studies on quackery in nursing either have not attracted the enough attention of nurses and other researchers or are deliberately ignored. This has prompted this exploratory study in Zaria Northern Nigeria in order to provide some data on this nursing problem, create awareness on the issue, and to stimulate further exploration in other places.

Objectives of the study

This study was undertaken to investigate the nursing staff strength in private hospitals in Zaria, with a view to determining the number of quacks in nursing profession. The study would also identify the role of non-nurses (functioning as nursing staff) play in the clinical care of patients in private hospitals, with a focus on their training history and the implications on patient care.

Significance of the study

The results of this study should stimulate professional organisations/associations such as the National Association of Nigerian Nurses and Midwives (NANNM) and others to, firstly, intensify and sponsor similar studies across the country and the West African region; and secondly, with a repertoire of data, collaborate with all other relevant bodies to derive a strategic plan of action to checkmate the quackery in Nigeria and the sub-region. Regulatory bodies such as the Nursing and Midwifery Council of Nigeria and their West African counterparts, including other West African sub-regional Organisations (like the West African College of Nursing), are expected to also collaborate.

LITERATURE REVIEW

The term "quackery" means several things to several people. Most people think of quackery as promoted by people who claim to have knowledge and skill that they do not really have. The peddling of unproven and sometimes dangerous medicines, cures, or treatments has existed throughout human history. In ancient times, theatrics were sometimes mixed with actual medicine to provide entertainment as much as healing. All these constituted quackery. A retired psychiatrist and author of quackwatch resources, Stephen Barrett[7], defines quackery in a general term to mean "anything involving over-promotion in the field of health". In this definition, questionable ideas as well as questionable products and services, regardless of the sincerity of the promoters, constitute quackery[8]. Another related source describes quackery as "the unethical practice of promising health-related benefits for which there is little or no basis"[9]. Again, quackery as defined by Gadling[10] is "the practice of producing (and promoting) medicine which lacks any evidence of effectiveness". From these definitions, quackery is more about false claims and/or over-promotion[11].

On the other hand, the word 'quack' may be derived from 'quacksalver', an archaic word originally of Dutch origin, meaning "someone who boasts about his salves". A salve is a

substance that you put on sore skin to make it less painful[5]. The German word 'quacksalver' simply literally means "questionable salesperson" (ibid). In the middle ages, the word 'quack' itself simply meant "shouting". This derived from the practice of the quacksalvers who sold their wares on the market in a loud voice, shouting.

From the foregoing, a quack can be considered as a "fraudulent or ignorant pretender to medical skills" or "a person who pretends professionally or publicly to have skills, knowledge or qualification he or she does not possess"[12] or "a pretender to medical skill; a charlatan" and "one who talks pretentiously without sound knowledge of the subject discussed"[6]. The AJN[2] defines quacks as "those who boastfully profess to be what they are not". They are described as having little aptitude and no training for their assigned services.

It thus means that the practice and promotion of quackery involves deliberate deception, implying that the quack is ripping off the customer (in this case, clients). In line with this definition, the word "fraud" becomes relevant since the word "fraud" is associated with the situations of deliberate deception[11,8]. Because this occurs in health, it is health fraud. The FDA[13] addresses and defines health fraud as "promotion, for profit, of a medical remedy known to be false or proven". It brings the reputation of health care/medical practice into question. A website source[8] believes that quackery and poor medical care overlap but are not identical. It is about something that does not have an effect beyond placebo. There is no question of whether quackery works, but whether quackery should be allowed, and whether those promoting quacks be held liable?

In America, there are Medical Practice Acts - State Laws in all fifty states to govern medical practice. The laws define practice of medicine, explain requirement and methods for licensure, provide for the establishment of medical licensing boards, establish grounds for suspension or revocation of license, and conditions for license renewal. Although laws are in place to protect consumers against medical quackery, even today unscrupulous people attempt to circumvent the law by hawking devices, potions and treatments they claim are "guaranteed" to cure any ailment or infirmity[14].

According to them, non scientific practitioners are those who have no training or licensure in medical science but profess to heal through other, non scientific means. In this situation, however, what is hawked is the nursing skills these quacks claim to possess. While it is unethical for a physician to practise any treatment that has no scientific basis, it is generally also against State law for physicians to aid and abet unlicensed persons providing services beyond the scope of their licenses or to enter into joint patient treatment with such persons. Quacks are a menace to the health and safety of those they profess to nurse and they

are seriously detrimental to the reputation of nursing because they bring the word 'nurse' to disrepute[2]. Similarly, Naik[15] while blaming doctors in India for the high level of quackery in nursing she opined that quacks are diluting the nursing profession. She believes that doctors should insist on the registration of nurses working with or for them. Definitely, the training and use of quacks by any group of professional health care providers to deliver what they claim to be nursing care and services to clients fall within the periscope of this law, and health professionals (doctors and nurses) training and or employing these quacks are liable.

According to the International Council of Nurses (ICN)[16], there are four principal elements enshrined in the ICN Code of Ethics for Nurses outlining the standards of ethical conduct, namely, the nurse and people, the nurse and practice, the nurse and the profession, and the nurse and co-workers. In consonant with the ICN codes, the Nursing and Midwifery Council of Nigeria (NMCN)[4] expects the nurse needs to, among other functions, inform the public, other professions and employers, of the standard of professional conduct that is expected of a Registered Nurse Practitioner. Similarly, among its six elements, the Council also expects a professional nurse to perform many social responsibilities, among which are:

- To protect the public against harmful agents;
- To have regard for the entire environment of care and its physical, psychological, and social effects on the clients.

Furthermore, the nurse also has an added responsibility to the nursing profession as well. These include, among others:

- Engaging in behaviours and activities that uplift the social status and integrity of nurses;
- Participating in the training of student nurses/midwives and students of health-related disciplines; and, in addition,
- Upholding the health consumers' human rights as provided in the constitution.

So, to what extent are nurses committed to these social and professional callings in private practice, in relation to monitoring the practice of other professionals and quacks to safeguard the nursing profession? And for those who pose as nurses but are not, how much damage have they done to these ideals? How many of such quacks are in private hospitals?

METHODS AND MATERIALS

Study area: The area selected for this study is the Sabon Gari Local Government Area, Zaria. The Sabon Gari Local Government Area of Kaduna State was created on the 27th August 1991 by the then Federal Military Government under President Ibrahim Babangida. Sabon Gari was a district in Zaria initially established

as a rehabilitation centre for non-indigene workers of the colonial administration and railways brought to the Protectorate of Northern Nigeria by the British Colonial masters in 1901. It comprised of the government settlement (GRA) for the colonial administrators, the native settlement for non-indigenes from all parts of Nigeria to work as clerks and employees of the Europeans, and a cantonment for the West African forces.

It has a land area of 600 square kilometers with boundaries in the north-west by Makarfi Local Government Area, in the north by Ikara, west Giwa, and in the south by Zaria. It has a mixed population of almost all Nigerian ethnic groups of appropriately 251, 000 people (Census 2003). Three categories of manpower include business people and traders, civil servants and peasant and large scale farmers. It has a mixed culture and religion with a large market, and a number of commercial outfits including the British America Tobacco Company (BATC), Cotton and Agricultural processing, commercial banks, etc. Many educational institutions at all levels decimate the local government including Nigerian Institute of Transport Technology (NITT), Nigerian Institute of Aviation Technology, Ahmadu Bello University main campus (with a Department of Nursing Sciences), and Research Institutes. There are also two Schools of Nursing and two Schools of post-basic nursing programmes. There are other many health institutions including Ahmadu Bello University Teaching Hospital, Shika, Kaduna State Ministry of Health hospitals, and many private hospitals/clinics. The private hospitals found in the urban and peri-urban districts of the local government area constitute the target of this study.

Sample and the sampling procedure: All the privately owned hospitals in Sabon Gari Local Government Area of Kaduna State were the target units for this study. Twenty-five hospitals were selected for inclusion in the study, but five of them refused participation. The directors and the nursing staff of these 20 hospitals form the units of analysis for the study.

Instruments and method of data collection: The data were collected between July and September 2009. Two sets of questionnaires were used to collect data: one set for medical directors and the other for the nursing staff. Permission was obtained from the owners of the selected hospitals following a full explanation of the aims of the study. All the 20 directors and forty conveniently selected nursing staff completed their respective questionnaires. The investigators also used observation as a means of evaluating the roles those in "Nurses uniform" were playing, for inclusion in the study. All the 'nursing staff' included were wearing white nurses' uniform and acted as nurses in all the hospitals visited. The investigators were also allowed access to the duty roasters of the hospitals, which were scrutinized, to confirm the number of nursing staff on the hospitals' work schedule (duty roasters). Several nursing staff however refused participation despite approval from their medical directors.

Method of data analysis: The data collected were edited, and coded to provide confidentiality of respondents and participating hospitals and clinics. Descriptive statistics (including tables and graphs, and ratios) were used to analyse data.

RESULTS

General information on the medical directors

Twenty directors participated in the study, made up of 15 medical doctors (MD), two registered nurses (RNs) and 3 pharmacists. As shown Table 1, the 20 directors had various years of experience; with an average of 15 years of experience in private medical practice.

Table 1: Private Hospital Owners and their years of experience

Years of experience	Doctors	Nurses	Pharmacists	Total
1 – 10	5 (25%)	1 (5%)	1 (5%)	7 (35.0%)
11 – 20	5 (25%)	1 (5%)	1 (5%)	7 (35.0%)
21 – 30	5 (25%)	0 (0%)	1(5%)	6 (30.0%)
Total	**15 (75.0%)**	**2 (10.0%)**	**3 (15.0%)**	**20 (100.0%)**

**Mean years of experience: 15*

Generally, medical doctors own more hospitals (75%) and employ more nursing staff (74.8%), than the pharmacists (15% and 14.6%) and nurse-directors 10.6% and10%, respectively.

Nursing Staffing of private hospitals /clinics in Zaria

The twenty hospitals had a total of 123 staff working as nurses; of these 57 (46.3%) were registered nurses (RNs) while the remaining 66 (53.7%) were auxiliaries, with a ratio of 1 RN to 1.2 auxiliaries. The mean nursing staff strength was 2.9 per hospital for RNs and 3.3 for auxiliaries (Table 2).

Table 2: Nursing Staff Strength of 20 Private Hospitals and their directors

Directors	Registered Nurses	Auxiliaries	Total Nursing Staff
Medical doctors	46 (50.0%)	46 (50.0%)	92 (100.0%)
Nurses	5 (38.5%)	8 (61.5%)	13 (100.0%)
Pharmacists	6 (33.3%)	12 (66.7%)	18 (100.0%)
Total	57 (46.3%)	66 (53.7%)	123 (100.0%)

Mean staff strength: 2.9 RN per hospital; 3.3 Aux per hospital;RN:Aux Ratio: 1:1.2*

A number of reasons were given by directors for employing registered nurses and auxiliaries in private hospitals. Hospital directors who mainly employ registered nurses did so for the following reasons: Competence (50%, n=10), provide better nursing care (65%, n=13), they are scientifically oriented (20%, n=4). One of them said RNs are not readily available. However, some directors employed only registered nurses in their hospitals; the best scenarios were seen in two hospitals where the entire nine nursing staff and twelve nursing staff respectively were all nurses. The worst staffing situation encountered was one hospital which had no registered nurses (RNs) at all: all the nursing staff were auxiliaries. Apart from these few absolute cases (i.e. the best and worst scenarios), the nursing staffing strength ratio ranged from 1 auxiliary:2 RNs to 3 auxiliary:1RN, with an average ratio of 2.9 RNs to 3.3 auxiliaries per hospital.

Hospitals that employ auxiliaries gave a number of reasons for this: they are more obedient and diligent (50%), cheaper (20%), more readily available (20%), and more competent (20%). Although the hospital directors agreed the supervising Ministry (of Health) visit their hospitals regularly (once or twice a year), none of them was able to comment on what the Ministry does with or say about the auxiliaries working in their hospitals during such inspection visits.

Training of quacks and their characteristics

The auxiliaries are trained by doctors and nurses. Majority of auxiliaries (52.5%, n=21) reported that they were trained by doctors while 6 (15.6%) said that registered nurses trained them. None of them reported pharmacist-owners of hospitals training auxiliaries. These data were corroborated by responses from the directors themselves. Table 3 shows responses of the directors in relation to the training of auxiliaries. In all, six of directors never trained auxiliaries but five of these said they hire them (auxiliaries) after being trained in other hospitals. Among the 14 medical doctors who responded, 10 (71.4%) of them agreed that they train auxiliaries. All the nurse-directors (n=2) trained auxiliaries, but none of the pharmacists was training auxiliaries (Table 3).

Table 3: Training of auxiliaries in Private Hospitals

Directors	Yes	No	Total (%)
Medical doctors* (n=14, 77.8)	10 (71.4%)	4 (28.6%)	14 (100.0)
Nurses (n=2, 11.1)	2 (100.0%)	0 (0.0%)	2 (100.0)
Pharmacists* (n=2, 11.1)	0 (0.0%)	2 (100.0%)	2 (100.0)
Total	**12 (75.0%)**	**6 (25.0%)**	**18 (100.0)**

**2 missing responses (I MD, 1 Pharmacist)*

An assessment of the qualifications of the auxiliaries revealed that 6 of them had National Certificate of Education (NCE), 4 with Laboratory Technician Training and 7 had SSCE (Table 4).

Table 4: Qualification of the nursing staff respondents in private hospitals/clinics

Qualification	Frequency	Percentage
RN	13	32.5
Aux	10	25.0
Lab technician	4	10.0
NCE	6	15.0
WAEC/SSCE	7	17.5
Total	**40**	**100.0**

Several reasons were given by the auxiliaries for not undergoing the prescribed training in the School of Nursing or the university. Some of these reasons include inability to secure admission into conventional training school (29.6%, n=8), and financial problem (29.6%, n=8); the rest (40.7%, n=11) did not give any reason. Out of 27 auxiliaries who participated in this study, many of the auxiliaries (33.3%, n=9) were trained outside the study area (Zaria) but came to Zaria to seek employment but majority (66.7%, n=18) had their training in Zaria. Of the nine trained outside Zaria, 5 had their training in Kano, 3 in Imo State, and 1 in Enugu State.

Auxiliaries had various periods of training. Their length of training ranged from 1year and below (3.7%) to 2-3 years (96.3%). They said they were trained by mainly Medical doctors (77.8%), and then Registered nurses (22.2%). Many of the auxiliaries have had various years of working experience in private hospitals/clinics with a mean of 9.7 years of experience: 0 -5 years (14.8%), 6-10 years (44.4%), 11-15 years (37.0%), 21-25 years (3.7%).

Auxiliaries agreed that they had no registration body nor union coordinating them or regulating scope of their practice.

Functions of auxiliaries in private hospitals/clinics

The auxiliaries were asked to indicate from a list of functions, what they do as nursing staff in their hospitals. It was shown that they perform various procedures, including invasive and obstetric procedures (see Table 5). For example, all of them (n=27) claimed to assist in and conduct deliveries, most of them (77.8%) pass urethral catheter, and 63% of them set up intravenous infusion.

Table 5: Duties of the Auxiliaries in Private Hospitals

Duties	*Frequency	Percentage
Giving injections	20	(74.1)
Bed making	27	(100.0)
Monitoring vital signs	24	(88.9)
Setting iv line	17	(63.0)
Passing urethral catheter	21	(77.8)
Giving of enema	21	(77.8)
Assisting in and conducting delivery	27	(100.0)
Passing naso-gastric tubes	3	(11.1)
Oral care	20	(74.1)
Assisting in surgical operation (in theatre)	9	(33.3)

Multiple responses

Hospital directors were asked to evaluate the services of auxiliaries. As shown in Fig.1, none of them rated auxiliaries better than RNs; half of them (n=10) agreed that auxiliaries are less effective than RNs while 25% of the directors opined that auxiliaries are as effective as Rns.

DISCUSSION

The level of quackery found in this study is high (53.7%). This high level of quackery found in Zaria where there are several training institutions for nurses may suggest that the problem is most likely worse in other places without such institutions. Moreover, with the reported regular supervision from the Ministry of Health as the government organ responsible for protecting the public against sharp and fraudulent health practices, the existence of quackery leaves much to be desired. However, weak professional monitoring (by nursing associations) and a public ignorance could account for this practice to thrive. Again, blind faith in hospitals and unfortunately deliberate deceit on the part of hospital owners could be responsible for this state of affairs. Those involved in the training and hiring of quacks do meet criteria for sanctions from their respective regulating and licensing authorities (namely, the Nursing, Medical and Dental, and Pharmaceutical Councils respectively) on ethical and professional grounds. For example, the NMCN[4] in her Professional Code of Conduct states the nurse must "engage in behaviours and activities that uplift the social status and integrity of nurse, and participate in the training of student nurses/midwives and students of health care related disciplines". This definitely does not suggest training quacks. The document[4] also has other elements such as protecting the public against harmful agents, to have regard to the environment of care and its physical, psychological and social effects on the clients, and upholding the health consumers' human rights as provided in the constitution. On its part, the ICN[16] has in its Item 3 that "the nurse shares with society the responsibility for initiating actions to meet the health and social needs of the public, in particular those vulnerable populations". In this case, the clientele of private hospitals and clinics

requiring nursing care represent this vulnerable group. Nurses (and other health professionals) who train, and use, quacks to provide nursing services cannot be said to be meeting the social and health needs of these vulnerable groups.

On the part of physicians, Judson and Hicks[14] emphasized that State Laws provide that physicians who aid and abet person providing services beyond his/her scope and qualifications or even enter into joint patient treatment with such person is liable. Ironically, majority of the physicians in this study are found to train and/or use quacks to provide care and treatment (including allowing quacks to carry out procedures considered invasive and highly specialized; see Table 5) contrary to State laws and ethical demands. The various reasons given for hiring and using these quacks appear highly suggestive of lack of priority for human life and client satisfaction but for convenience and maximum profit. In an intellectual discourse on the need for the training of specialized nurses, Aina[17] argued that medical practitioners need to even make extra effort to ensure a sound training of nurses at all levels as this is, in the least, an asset to the management of patients.

The actual services rendered by quacks were rated lower than those of RNs by half of the hospital directors. In fact, the need for comparison between the two groups does not even exist; however, Gadling[10] simply concluded that using quacks "lack any evidence of effectiveness". In addition, it is emphasized that a professional is considered more than mere acquisition of skills (as some directors claim for quacks' effectiveness) but involves intellectual training with an enormous accumulation of theoretical knowledge and learning[17]. Hence, the need to address quackery. As Asuzu[18], a medical doctor, fittingly advised that nurses "should (need to) mind the growth of charlatans and the so-called nurse-assistants" (i.e. auxiliaries) in the nursing profession as a way of refining and developing the profession.

CONCLUSIONS

Majority of the workers seen in private hospitals/clinics parading as nurses are not nurses, but quacks; only few (46.3%) are licensed nurses. These quacks are trained in non-approved institutions by both Registered Nurses (RNs) and medical doctors (MDs). The reasons advanced by trainers and users of quacks fall short of the principle of "patient first". The quacks training appears to cut across Nigeria as they trade their 'expertise' inter-state. These quacks are allowed to carry out procedures that are ordinarily reserved for specialized and experienced senior doctors and nurses.

RECOMMENDATIONS AND SUGGESTIONS

Based on the findings of this exploratory study, the need for relevant authorities concerned with protecting human life and health like the Ministry of Health, the Nursing and Midwifery Council of Nigeria (NMCN) and Medical and Dental Council of Nigeria (MDCN) to stand up and fight quackery in nursing, and by extension

in medical practice, is urgent. The Nursing and Midwifery Council of Nigeria is already doing a lot in this regard: for example, stickers from the Council on fake nurses are in circulation. NANNM and other specialist groups need to be more proactive by using the mass media, and nurses' day campaigns and rallies to sensitize the public as a social responsibility. These should look beyond any other interest to protect people's lives, and assure society of quality care because the victims of quacks can be anybody; human lives should be beyond financial or any other gains. In addition, those whose responsibility it is to protect and safeguard lives and properties (including the Police and State Security Service) need to collaborate with the Ministry of Health. More so, individuals can sue health facilities for using quacks to provide services when in actual fact the clients are made to believe that registered nurses are the care givers. Governments should also, as a matter of urgency, criminalize the unauthorized training and use of quacks called auxiliaries. And if such laws are already in existence, they need activation to save lives of people, particularly vulnerable groups like the embryonic population (unborn babies) who are prone to life-long incapacitation due to quack obstetric practices (see Table 5).

It is suggested that enlarged society-based studies with an in-depth analysis of the duties of quacks be conducted to assess the true magnitude of this problem in Nigeria, and the sub-region. The National Association of Nigeria Nurses and Midwives (NANNM), Nursing and Midwifery Council of Nigeria (NMCN) and West African College of Nursing (WACN), among others, can sponsor hospital-and community-based studies to pool sufficient data together to determine the level of quackery in nursing, the mode of their training, and the impact their activities have had, are having and will have on the already precarious health status on the people of this sub-Saharan entity. Even in the early 1940s, the American nurses were challenged: "the time has come when the nursing profession must take a firm stand against the quacks who are imposing on credulous folk in nursing"[2]. In our environment, too, this call is re-echoed for urgent action.

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