



Clinical Scholarship in Nursing: A Myth or Reality in Nigeria?

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ABSTRACT

Clinical scholarship has been described as a cornerstone to quality nursing care. Clinical practice is a valued component in nursing as a practice profession, but there is dearth of research in nursing literature on how clinical practice contributes to nursing scholarship.

This paper explores ways by which clinical scholarship can enhance nursing's contributions to improving healthcare delivery and the health of the nation. The premise is that better education of the nurse clinicians will influence policy decision regarding nursing service design and delivery. The ultimate goal of the presentation is that clinical scholarship will not only improve patient care, it will increase job satisfaction, improve professional growth, create interest in collaborative research and partnership. Another message to be conveyed in this paper; it gives the nurse practitioner an inspiration on the benefit of clinical scholarship and how a framework for clinical scholarship can be developed in Nigeria.

Keywords: Clinical scholarship; clinical practice; collaborative research and partnership.

1. INTRODUCTION

The past two decades have seen considerable debate about the need to re-examine current

nursing education programs to ensure that they are preparing the next generation of nurses to meet the healthcare needs of the society. This debate has generated a large and continuously

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body of literature about the need to educate nurses who can demonstrate critical thinking and flexibility, promote good health and above all work effectively in an unpredictable and complex clinical environments.

In 2010, the Institute of Medicine published a landmark study, *The Future of Nursing: Leading Change, Advancing Health* [Institute of Medicine [1]. This study provides recommendations for enhancing nursing's contributions to improving healthcare delivery and the health of the nation. This report is seen as a catalyst in the new definition for scholarship in nursing. The premise is that the cost effectiveness of nursing improves with a more educated workforce.

Until recently research in nursing was done by nurse academician lecturing in nursing educational programs. Their researches follow the popular pattern where empirical science is seen as the only way to generate knowledge. The assumption here is that the real world lends itself to objective measurement. This kind of research design has been challenged in nursing, particularly when considering research which is seeking to explain not only what is occurring but also the meaning behind what is observed. While the randomized clinical trial is probably the 'best' approach to generating evidence of effectiveness, some nursing authors Ironside; [2] & Leninger [3] argued that nursing situations are more than cause and effect questions.

The reality is that nursing profession still struggles with how to implement the results of these discoveries into clinical practice despite the increase in the number of nurse clinicians pursuing higher education [4]. The argument being made in this paper is that the nurse clinician is well suited to conduct research that will inform her clinical practice. With the large amount of data that the nurse clinician has from observation, interviews, intuition, interactions with the patient and her families, the nurse practitioner can be involved in clinical research that will promote quality patient care. The knowledge gained from the data, can be a very valuable resource for practicing nurses, especially if they also have the time and technological support to gather, absorb, reflect on, and synthesize the data that they come in contact with, on daily basis. Thus, best practice can be assured as nurses can explain the scientific basis for what they do and why they were done; and are able to collaborate with other health professionals in creating a new environment through research.

Any discussion of clinical scholarship must first begin with some essential questions;

- Do nurse clinicians have the broad knowledge to incorporate research into their practice?
- Do nurses have the time and technological support to reflect on, and synthesize the data that they come in contact with on daily basis amidst the acute shortage of manpower?
- Will the clinical environment in terms of organizational and administrative structure support the clinical scholarship?

These questions must be addressed if current research evidences would be transferred into practice to ensure best practices. These questions are important ones to consider as healthcare organizations and Schools of Nursing re-define practicing nurses' role in knowledge generation. More importantly, if nursing is to be at par academically and socially with other healthcare practitioners including Medicine, then nurses in advanced practice roles must have a comparable education. As stated by Oermann [5] the benefits of clinical scholarship in research is well rooted in clinical practice. The author argued further that researches led by the nurse practitioners will not only enhance professional autonomy, but it will also guide clinical thinking and decision making.

1.1 Thrust of the Presentation

- Nursing has a strong and credible presence in an ever-changing and complex healthcare system. The time is ripe to reconsider the role of the nurse practitioner in research.
- New knowledge that is distinctive nursing must come from clinical practice
- Clinical scholarship in nursing will impact best practices
- Scholarly pursuits by nurse practitioner is a must as it will improve health and health care

2. DO CLINICAL NURSES NEED TO BE ACADEMICALLY CREDIBLE?

The question has been raised recently. While several studies in scholarship in nursing have been done by nurse academician [2,5], there is a scarcity of articles on clinical scholarship by nurse practitioner. It is a known fact that nurse academicians are required to be clinically

credible, the question is; does the inverse apply to clinical nurse? The academic performance and clinical credibility of the clinical nurses had come under scrutiny recently with the IOM publication on quality care and safety of patient. The argument is that all nurses regardless of clinical setting must generate new knowledge and ensure practice is based on the best available evidence. The implication is that time is ripe for nurse practitioners to be academically credible and positioned both in terms of undertaking research and ensuring that nursing practice is embedded in high quality evidence.

2.1 The Concept of Clinical Scholarship

The concept of Clinical scholarship emerged from the famous publication of Boyer [1999], titled *Scholarship Reconsidered*. Boyer, [6] argued that the traditional definition of scholarship as seen in literature did not take cognizance of the challenges of knowledge development in decision making in clinical practices [7]. Clinical scholarship as defined by [6] is embracing concepts of discovery (building new knowledge through research and careful inquiry to defined existing knowledge), integrations (interpreting knowledge through dissemination in various forms), application (using knowledge for problem solving, service and growth) and teaching (developing and testing instructional materials to advance learning). Boyer's definition has been used as building blocks in the development of some nursing programs. In a clinical scholarship resource paper, Dreher [8] made a distinction between Clinical scholarship and the traditional notion of scholarship, he stated that Clinical scholarship is not clinical proficiency but an intellectual process that includes challenging traditional nursing interventions, testing out ideas predicting outcomes, observation, analysis and synthesis.

The definitions by [6,8] place Clinical scholarship within the context of the nursing process, a framework for nursing practice that emphasizes observation, analysis and synthesis. The American Association of Colleges of Nursing [AACN] [7] defined Scholarship in nursing as those activities that systematically advance the teaching, research, and the practice of nursing through rigorous inquiry, that is significant to the profession, creative, replicable, can be documented, and peer-reviewed. Schlotfeldt [9] opined that nurses must embrace clinical scholarship to generate new theories that will

lead to knowledge development in nursing. According to her, this will make nursing relevant to humanity and ultimately boost the image of nursing.

Rather than use clinical scholarship Riley, Beal, & Levi [10] used the term *Scholarly Practice*. These authors defined scholarly nursing practice as a multidimensional way of thinking about practice that includes role attributes of active learner, out-of-the box thinker, passionate about nursing, available, and confident, and the role processes of lead, give care, share knowledge, evolve, and reflect" (p. 17). This role attributes and processes it can be argued highlights the many dimensions of the role of clinical scholar.

From the definitions above it can be seen that;

- Clinical scholarship is a complex intellectual activity that requires better understanding and greater valuing within the nursing profession.
- Clinical scholarship examines the practice itself, synthesizes practice knowledge, and may change theory in response to this process
- It is discovery oriented and strives to account for a process that involves synthesis of a wide range of observations and reactions of the nurse, the family, and even larger systems.

2.2 Defining Scholarship for the Discipline of Nursing; AACN Position Statement

Based on Boyer's seminal work, a Position Statement by [7] is copied here as a framework for guiding clinical scholarship in Nigeria

2.2.1 Scholarship of discovery

It entails how the practitioner uses the client and family in exploring clinical questions. Nurses demonstrate scholarly discovery in their practice when they question products or methods used or when they evaluate products for patient care

Examples of scholarship of discovery:

- Peer-reviewed publications of research
- Presentations of research at seminars and conferences
- Mentorship of junior colleagues in research or scholarship

2.2.2 Scholarship of teaching

The scholarship of teaching support the transfer of knowledge of the science and art of nursing from the expert to the novice, building bridges between the teacher's understanding and the student's learning in teaching-learning environment.

Examples of the Scholarship of Teaching

- Peer-reviewed publications of research related to teaching methodology or learning outcomes,
- learning theory development, and development or testing of educational models or theories
- Applications of technology to teaching and learning process.
- Peer assessments of innovations in teaching
- Published textbooks or other learning aids
- Presentations related to teaching and learning

2.2.3 Scholarship of integration

The scholarship of integration emphasizes the interconnection of ideas, and brings new insight to bear on original concepts and research. This type of scholarship, associates research with reality and clarifies the meaning of results. Nursing is well known for its holistic and multidisciplinary approaches.

Examples of the Scholarship of Integration

- Peer-reviewed publications of research,
- Published books
- Positive peer evaluations of contributions to integrative scholarship
- Reports of interdisciplinary programs or service projects
- Interdisciplinary grant awards
- Presentations
- Policy papers designed to influence organizations or governments.

2.2.4 Scholarship of application

Application is clearly germane to practice. The scholarship of application allow nurses to reflect about clinical practice, think collectively and strategically about advances for best practice, and put processes into place to promote systemic and optimal change across the care

continuum. This type of scholarship also stimulates research questions specific to populations being served.

The scholarship of application is discipline specific and may not result in a product in the traditional sense of the word, but may result in products that allow for practice application such as policy development, practice protocols, care pathways or manuals. For the purposes of appointment to a particular academic level of teaching, promotion and tenure in securing an academic position, this type of scholarship is best supported by letters of support from those who have benefited from such products.

Examples of Multidimensional Scholarly Practice and Application

- Development of clinical problem solving
- Professional development
- Application of technical skills
- Peer reviews of practice
- Presentations related to practice
- Case studies
- Establishing Academic-Service Partnerships
- Reports addressing patient outcomes
- Reports that analyzing health care systems
- Policy papers related to practice
- Dissemination of research findings for public awareness
- advanced clinical practice,

2.3 Who is a Clinical Scholar?

It is pertinent to define who a scholar is within the context of this paper. Merriam-Webster dictionary, [2011] defined a scholar as person who has done advanced study in a special field and is a learned person. Ironside [2] argued that a scholar of nursing practice is a nurse that uses evidence-based clinical practices in her clinical practice, participates effectively in clinical research and is willing to transfer her knowledge to others to foster policy or clinical changes to improve practice. The Sigma Theta Tau International (STTI) [11] in their contribution to clinical scholarship identified the attributes of a nurse scholar. According to STTI [11] the clinical scholar must be curious, critical thinkers, have the ability to reflect on their practice and above all be able to share the results of their research with the broader nursing community. The sharing, it can be argued is the hallmarks of clinical scholarship as it is particularly aimed at improving health care practices. Additional roles

demonstrating scholarly activity include teacher preceptor for nursing students, staff educator and leadership roles. Within this context the clinical scholarship just as [5,11] opined is not limited to writing or presenting a paper as a means of transferring knowledge. The argument is that not all practicing nurses with current practicing licenses are scholars, neither does membership in a professional organization make a nurse a scholar. The question, then is do practicing nurses possess these knowledge and skills?

The project 2000 in United Kingdom as stated earlier was championed by nurse educators to address the research culpability of the practicing nurses. The nurses were to be equipped with knowledge and skills appropriate to the social, technological and medical advances of the society. Other characteristics of scholars include the ability to know how to speak with authority, and are articulate in both written and oral communication [12].

2.3.1 Clinical Scholarship in United State: Doctor of Nursing Practice (DNP)

In the United State of America, the Doctoral Education for the Advanced Nursing Practice (DPN and DNSc) was geared towards raising a new group of nurses that will be actively involved in scholarship and research. The programs as described in 2006 by [AACN] is practice-based doctorate that prepares nurses to be leaders in many areas of practice, including interdisciplinary care, quality improvement, patient safety, and use of information systems. It is a terminal degree for the practicing nurse. The intent of the program is that the graduate of the program are proficient in the use of research to influence practice in a variety of healthcare settings and populations. An estimated 264 DNP programs presently exist in 48 states in the United State of America, enrolling a total of 18352 students in 2014 [7].

A major characteristic of the programs is the generation of knowledge by methodologies that is different from those found in traditional research doctorate programs. The main aim is evidence translation, and implementation of quality improvement processes for specific populations. Such methodologies according to the AACN Task Force have the potential to create a positive impact for patients with multiple disorders. However, the drawback is that while this new knowledge gained from DNP scholarship activities can be transferable, it is not

generalizable when compared with knowledge from the traditional doctorate research programs.

2.3.2 Clinical Scholarship: Nigeria's Experience

Any discussion of clinical scholarship in Nigeria must first begin with some essential questions;

- Do nurse clinicians have the broad knowledge to incorporate research into their practice?
- Do nurses have the time and technological support to reflect on, and synthesize the data that they come in contact with on daily basis amidst the acute shortage of manpower?
- Will the clinical environment in terms of organizational and administrative structure support the clinical scholarship?

These questions must be addressed if current research evidences would be transferred into practice.. More importantly, if nursing is to be at par academically and socially with other healthcare practitioners including Medicine. At the early part of nursing in Nigeria, nurses and midwives were not interested in research but served as data collectors for medical and other health personnel who were doing research. With advancement in health care delivery, nursing education was restructured to reflect the changes needed in the changing health care system. Currently in Nigeria, a varied educational background in nursing are both strength and a weakness of the profession. It is strength because there are multiple levels of entry and a wide variety of educational program and pattern of utilization of nurses in a broad range of setting – primary health care, occupational health etc. But this is a weakness because there is little differentiation in the role of the nurse in the practice setting. A multicenter study carried out in three tertiary centers in Nigeria revealed that, seventy three point four percent (74%) of the respondents reported that they received training in research methods 63.8% have conducted research and only 27.6% have collaborated with other members of the health team in conducting research (Ofi, Sowunmi, Edet & Anarado,[13]. A similar study carried out among Psychiatry nurses showed that 52 (86.7%) received training in research methods while 36 (60. 0%)have conducted any research (Edet, Ella &Esienumoh, [14].The argument here is that nurses regardless of clinical setting are encouraged to use the best available evidence in their practice.

In 2004, Nigeria embarked on the educational reform to increase the access of nurses to university education. The after-mate was that many registered nurse in clinical wards embarked on graduate and post graduate nursing studies [15]. The sad thing, however, is that rather than go back to influence clinical nursing practice with their educational knowledge most of these were absorbed into education sector. These set of individuals are suppose to champion clinical scholarship. Ojo [16] noted in his inaugural lecture that the numbers of graduates working in the clinical wards are inadequate to positively influence the use of evidence-based practice. Thus, if clinical scholarship is to be well rooted in clinical area, an urgent step should be taken by nursing leaders to increase the number of graduate nurse practitioners. This can be done by sponsoring nurses working in the clinical area on in -service professional educational development.

Academic nursing in Nigeria is facing an acute shortage of staff. There is a severe dearth of qualified nurse educators for senior nursing academic positions at the university [15]. The current estimated teacher/student ratio in most nursing and midwifery educational institutions is 1:35 as against the ideal of 1:10 which is necessary to produce competent nurses and midwives (FMOH, 2006). With new schools recruiting their academic staff from the existing workforce, the stress is beginning to reflect on the existing infrastructure. Larger class sizes and few staff are leading to more time involvement in didactic teaching and experiential education, leaving little room for scholarship. This dilemma has led to problems in conducting well-structured mentoring programs for young academic staff, which is essential for success in scholarly activities. It has also left lecturers with little time for scholarship pursuit.

Since Nursing and Midwifery Council of Nigeria, and the National University Commission do not have the DNP template in the nursing education structure, it is pertinent to ask which category of nurses will foster clinical scholarship in Nigeria? Should it continue to be the nurse academicians or the practicing nurse? It is recommended that registered nurses with Baccalaureate nursing education should start the process of change, and be mentored on the use of clinical scholarship. The premise is that these nurses in view of their education have research knowledge about available evidence, the skills to search for

and critique research, and above all can interpret, and translate research into practice.

However, the notion that only nurses with the nursing practice degree should be involved in research has been challenged in literature [2]. The premise is that it is practically impossible for all nurses to have a graduate degree at the point of employment, given the available resources and the amount of nurses involved in the clinical setting. Nurse academicians thus have a mandate to model and facilitate the learning activities of clinical scholarship, their role in this regard is teaching and mentoring nurse practitioner on how to incorporate these skills into clinical practice. Nurse academicians are the change agents.

The focus here is the development of strategic manpower plans for specific manpower needs to sustain clinical scholarship. The National Strategic Plan for Nurses and Midwives in Nigeria [NSPNMN] [17] had proposed that by 2020, 75 percent of nurses would have had post graduate degrees. The rationale is that the postgraduate nursing programs will empower nurses and midwives at all levels of care, especially those working in the clinical areas in translating research into practice. The argument is that until the clinical area is flooded with nurses with higher nursing degree that can implement evidence-based practice, clinical scholarship in Nigeria will continue to be a myth.

3. IMPLICATION TO NURSING

3.1 A Paradigm Shift is Required

Paradigm shift is required. There must be a paradigm shift in the way Clinical scholarship operates in the clinical settings in Nigeria. This is different from the way it is perceived and operated in United State of America and United Kingdom. The knowledge that is generated from original research that is from research for the award of Master of Science in nursing and Doctor of Philosophy in nursing must be used to support that, that is generated from the clinical setting in order to fully impact health. As argued by [6] that original research done in academia must be beneficial to society and not done only to develop knowledge for knowledge sake. Thus, the scholarship must impact clinical practice, the immediate community and the world.

The key players here are not just a special category of nurse. Nurses at all level of care

must interact at their highest level of skill and function at their highest capacity. Each nurse will bring their distinctive wealth of experiences and knowledge to bear on their practice. The key players are;

- Nurse academicians, these will act as mentors/ preceptors
- Nurse leaders working in the clinical wards
- Nurse practitioners regardless of whether they are novices or expert nurses with a variety of strengths, skills and perspectives will be involved in knowledge generation.

3.2 Participation in Collaborative Research

Participating in collaborative research is an excellent avenue to clinical scholarship. The World Health Organization defines *collaborative practice* in health care as occurring when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers and communities to deliver the highest quality of care across settings [WHO, 18]. Collaboration in this context means a collective action toward a common goal in a spirit of trust and harmony by all health care professional. The dynamic nature of information technology, explosion of scientific new evidence and knowledge demand that all health care professionals combine their expertise to plan, and evaluate the outcomes of interventions based on these new evidences [O'Grady, [19]. Thus, interdisciplinary collaboration is needed.

Good as this concept is, it not readily accepted in Nigeria as many professional groups have stereotype perceptions of each other. For example, in Nigeria, the nurse-doctor relationship is subsumed in a traditional hierarchical where the nurse has been described as doctors handmaid and is seen to be less educated and a data collector for doctors. This stereotyping, according to [16] hinders effective inter-professional collaboration between professions, and is a potent barrier to effective inter-professional education and subsequently evidence-based practice.

Collaboration across disciplines allows professionals to bring their particular expertise and experiences to influence the nature of the questions, research methodology and solutions to health care issues. Alliance must be sought by

nurses with other health related professional and peers within and outside the country to resolve not only nursing issues but also clinical dilemmas for a positive patient outcome. The rationale is that gaps in knowledge as seen in researches conducted with smaller samples can be used as catalyst for a more comprehensive and collaborative researches.

As identified in the IOM report Crossing the Quality Chasm (IOM, 2010), communication and collaboration are requisites to the achievement of quality systems and patient outcomes. Within the scope of clinical context and work environment researches on quality of care, patient outcomes, access improvements for vulnerable populations, cost effectiveness, safety are better tackled at the interdisciplinary level. However, as O'Grady [19] noted, internal battles have limited collaboration on both macro and micro level.

3.3 The Need for Professional Master and Ph.D Degree in Nursing

Healthcare is changing rapidly, and the need for highly trained nurse practitioners in the practice environment cannot be over-emphasized. The proposed program, Professional Master and Ph.D Degree in Nursing should be practice-focused to improve quality nursing care. The curriculum should be structured similarly in scope with the Advance Nurse Practitioner program in United State so that the graduate of the program are proficient in the use of research to influence practice in a variety of healthcare settings and populations. The major characteristic of the programs is the generation of knowledge that is distinctively nursing.

3.4 Use of Systematic Review of Literature to Enhance Clinical Scholarship

Nurse practitioners must be mentored in the use of systematic review of literature in their search for evidence- based nursing researches. Nurse practitioners have expressed concern about research relevance as a barrier to implementing evidence-based practices, especially in the use of treatments developed in different contexts with different population. In this regard systematic review is a way forward. Systematic review of literature is different from the traditional literature review seen in empirical journals. Literature reviews as seen in published journals are summaries. The purpose of the review is to build a case on why the particular

research is important to knowledge generation in nursing.

According to Rousseau, Manning, & Denyer [20] a systematic review reduces bias through exhaustive literature searches of published and unpublished studies and provide an audit of the reviewers' decisions, procedures and conclusions. Briner, Denyer, & Rousseau, [21] added that systematic review is an exposition on the current state of the body of knowledge relating to any given topic through a thorough literature search and critical appraisal of particular question or nursing concern. The added benefit of systemic review is that a reader is exposed to conclusions about what is currently known and what is not known and especially other existing evidence that that refutes the current evidence. From the above explanation , it can be argued that systematic review offers new perspective on a particular nursing problem or knowledge, helping the nurse make an informed clinical decisions.

It therefore becomes imperative that nurse practitioners must be mentored in the rudiment of systematic review in their search for evidence based researches in their clinical practice. A poor-quality reviews can hinder clinical scholarship. The premise as argued by [22] is that conducting a systematic review gives the individual nurse the assurance that the evidence being used is appropriate and reasonable. The point being made here is that organizational factors such as; heavy work load, shortage of nursing staff, uncertainty of the clinical environment are potential factors that can hinder the utilization of evidence-based practice. Thus, in promoting clinical scholarship, the importance of systematic review in the search for evidence based nursing practice must be highlighted in seminar, workshop, conference. Nurse scholars, and nursing supervisors must be at the forefront of this campaign to bridge the gap in knowledge and increase the generation of knowledge that is distinctively nursing.

4. CONCLUSION AND RECOMMENDATION

This presentation had raised many contemporary nursing issues as related to nursing education, research, and practice and how clinical scholarship can be advanced in Nigeria so that the nurse in the clinical setting can contribute at the highest level of scholarly endeavor toward improving health and transforming health care.

Clinical practice is a valued component in nursing as a practice profession, but there is dearth of research in nursing literature on how clinical practice contributes to nursing scholarship.

The essence of this academic exercise is to stimulate a discussion among nurse leaders and nurse practitioners in Nigeria on the best framework to describe and implement clinical scholarship.

The presentation has shown beyond reasonable doubt that scholarship in nursing in Nigeria is not a myth, it is a reality. The reality is that so much nursing knowledge is being generated from researches done at the various universities by undergraduates and postgraduate nursing students for the award of B.N.Sc, MSc and Ph.D. This nursing knowledge should be published and use to influence clinical practice rather than sit on the shelves of nurse academicians running nursing programs. This knowledge should be able to support clinical scholarship in the clinical setting. What is needed as highlighted earlier are; an healthy work environment where each person is respected for what he/she is what he/she does, collaborative research partnership and effective mentoring strategies to have an impact on science advancement and society.

CONSENT

As per international standard or university standard, patient's written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES

1. Institute of Medicine. The future of nursing: Leading change, advancing health. Washington, DC: National Academies Press; 2010.
2. Ironside PM. Reforming doctoral curricula in nursing: Creating multiparadigmatic, multipedagogical researchers. Journal of Nursing Education. 2006;45(2): 51–52.

3. Leininger M. Qualitative research method in nursing; Grunea Straton; Orlando; 2003.
4. Agbedia C .Okoronkwo I. Onokayeigho E. Agbo E. Nurses' perspective of the research-practice gap in nursing. Open Journal of Nursing. 2013;2(3):95-100.
5. Oermann M. Defining and assessing the scholarship of teaching in nursing. Journal of Professional Nursing. 2014;30(5):370-375.
6. Boyer E. Scholarship reconsidered: Priorities for the professoriate. Princeton, NJ: The Carnegie N Foundation for the Advancement of Teaching; 1990.
7. American association of colleges of nursing. Data on doctoral programs; 2017. Available:www.aacnnursing.org/News-Information/Fact-Sheets/DNP-Fact-Sheet
8. Diers D. Clinical scholarship. J Prof Nurs. 1995;11(1):24-30.
9. Schlotfeldt RM. Why promote clinical nursing scholarship? Clin Nurs Res. 1992; 1(1):5-8.
10. Riley JM, Beal J, Levi P, McCausland MP. Revising nursing scholarship. Journal of Nursing Scholarship. 2002;34(4):383-389.
11. Sigma theta tau international clinical scholarship task force. Clinical Resource Paper; 1999. Available:www.nursingsociety.org/aboutus/PositionPapers/Documents/clinical_scholarship_paper.pdf
12. Alexander S. Scholarship in clinical practice: An update on recommendation for doctor of nursing. Clinical Nurse Specialist Journal; 2016.
13. Edet O Ella, R Esienumoh E. Psychiatry nurses knowledge base perception on research and research utilization in calabar. Nigeria International Professional Nursing Journal. 2011;9:112-119.
14. Ofi B, Sowunmi L, Edet D, Anarado N. Professional nurses opinion on research and research utilization for promoting quality nursing care in selected teaching hospitals in Nigeria. International Journal of Nursing Practice. 2008;14(3).
15. Ugochukwu CG. Improving patient care: A concern for all. Keynoter Address at opening ceremony of the International Nurses Week, UNTH, Enugu; 2004.
16. Ojo AO. The challenges of best practices and standards in nursing in nigeria inaugural lecture series 4th Edition, Igbenedion University, kada; 2010.
17. National strategic plan for nurses and midwives in Nigeria [NSPNMN] [2014-2016] Federal Ministry of Health, Abuja. Nigeria.
18. World Health Organization. Framework for action on inter-professional education & collaborative practice. Geneva, Switzerland; 2010.
19. O'Grady ET. Advanced practice registered nurses: The impact on patient safety and quality. In patient safety and quality: An evidence-based handbook for nurses; 2008.
20. Rousseau D, Manning J, Denyer D. Evidence in management and organizational science: Assembling the field's full weight of scientific knowledge through syntheses. Annals Of The Academy Of Management. 2008;2:475-515.
21. Briner RB, Denyer D, Rousseau DM. Evidencebased management: Construct clean-up time? Academy of management perspectives. 2009;23(4):19-32.
22. Agbedia CO. Re-envisioning nursing education and practice in Nigeria for the 21st Century Open Journal of Nursing. 2012;2(3):226-230e. ISSN: 2162-5344.

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