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EDITORIAL

Human development is a broad and comprehensive concept concerned with economic growth and its distribution, basic human needs and variety of human aspirations, and distress of the rich countries and the human deprivations of the poor. Going beyond economic development, which is concerned with income and growth, human development covers all human capabilities. It is “a process of enlarging people’s choices” created by expanding human capabilities.

Economic growth is essential for all human development because no society has been able to sustain the well being of its people without continuous economic growth. On the other hand, it is healthy and educated people that can contribute to economic growth through productive employment and increase in income. Thus, economic development is a means to human development. Hence, development theoreticians and practitioners must pay equal attention to economic development and human development.

Hitherto, emphasis has been on economic development – not on people’s adequate nutrition, access to safe drinking water, better medical facilities, better schooling for their children, affordable transport, shelter, secure livelihood and productive and satisfying jobs. It is to address this gap that the Sustainable Human Development Review (SHDR) was born January 2009 as an international multidisciplinary academic research journal. Its Volume 1 Number 1 of March 2009, Volume 1 Number 2 of June 2009, Volume 1 Number 3 of September 2009 and Volume 1 Number 4 of December 2009 kept to faith, courtesy of our esteemed contributors across the globe as well diligence and commitment of our dedicated reviewers and editors.

From SHDR Volume 2 Number 1 of March 2010, Editorial, which had been hitherto not considered necessary, was introduced, in conformity to the practice of globally acclaimed journals of academic research output.

This Volume 3 Number 1 and 2 of June 2011 of SHDR presents another set of rich articles touching various topical human development issues. The first article by Nkechi B. Onah (Ph.D), a senior lecturer in the Department of Sociology and Anthropology, University of Nigeria, Nsukka, reviews Team Building. Noting that work environment tends to focus on individuals and personal goals, with rewards and recognitions singling out the
achievements of individual employees, she identifies the increasing need for team building in which there are shared goals to which every team member is committed. She argues that establishing shared goals and engendering commitment requires a particular set of skills that are more often associated with a transformational, rather than transactional, style of leadership. She looks at group dynamics and exercises that facilitate the understanding of the concepts and their practical applications. It also examines the types of team building exercises.

In the second paper, Adeniyi Godwyns Agbude, lecturer in the College of Development Studies, Department of Political Science and International Relations of Covenant University, Otta, Ogun State, Nigeria, notes that Africa is bedevilled with several vices covering its socio-economic political ambiance. The continent abounds with unemployment, poor infrastructural development, poor work ethics, corporate organizational irresponsibility, nepotism, factionalism, political ‘god-fatherism’, tribalism, ethnicity, social injustice, lack of respect for both procedural and legal justice, religious squabbles, poverty, hunger, poor maintenance culture, insecurity of life and property, and a lot more. The Machiavellian and Nietzscheian Superman styles of leadership have further deepened the African states into retrogression and epileptic development. He advocates the application of the Humanistic Ethical Paradigm in order to interject the needed morality in solving African problems of political inhuman leadership. The Paradigm has two interrelated proposals, namely respect for human dignity as a basis for individual and social action, and focus on character as the highest value in the assessment of human personality.

In the third paper, Rev. Fr. Dr. Christopher Ofordie of the Guidance and Counselling Unit, Department of Educational Foundations, University of Nigeria, Nsukka explicates and illustrates sick religiosity, fundamentalism and fanaticism, which is wrecking havoc around the world, killing and maiming innocent citizens. Cities and their environs, hitherto quiet and peaceful, now sit under the gunpowder cake of sick religiosity. He looks for the causes from clinical experiences and literature, and proffers solutions.

In the fourth paper, Dr. Ogbonnia G. Ochonma and Sylvester Ogbu of the University of Nigeria, Enugu Campus, Nigeria noted a growing loss of health human resources through migration of professional health staff from Africa to developed countries. This has led to loss of capacity of the continent’s health systems and delivery of equitable health care in various
Editorial

countries. Migration of health workers also undermines the abilities of these countries to meet global, regional and national commitments, such as the health-related United Nations Millennium Development Goals. It is caused by a series of push and pull factors - de-motivating factors of the work environment of the source nations and the attractive work environment of the recipient countries respectively. There is the imperative and urgent need for many countries in Africa to address their recruitment and retention problems. The key issue is how best to motivate and retain health professional staff for adequate health system performance. Electronic search of cognate literature yielded 981 references. Nine of them, which adequately addressed the research questions, were reviewed. From the analysis, nine major push factors were identified as responsible for the continued migration of African health professionals to the developed countries. There is evidence that reversing these push factors can address motivation and retention of African health professionals.

In a related fifth paper, Dr. Ogbonnia G. Ochonma, former Head, Department of Health Administration and Management, University of Nigeria, Enugu Campus, Nigeria, observes that the migration of African nurses is dealing a hard blow on the already fragile health systems in the continent. This also constitutes a constraint to achieving the health-related Millennium Development Goals by African countries. Retention strategies for the African nurse have become imperative. Six out of resulting 680 references from electronic search were found worthy of review for addressing the research questions. Nine major push factors were identified to be responsible for the northward migration of African nurses. The main push factors are lack of further training and clear career profiles, poor remuneration and working conditions, political conflicts and wars, while the pull factors range from better remuneration and improved standards of living to opportunities for educational advancement. Dissatisfaction with remuneration and working conditions are the main determinants.

In the sixth paper, Joseph Ikechukwu Uduji (Ph.D.) of the Department of Marketing, Enugu Campus, University of Nigeria, Nsukka and Bira A. Korobo of the Department of Marketing, Rivers State University of Science & Technology, Port Harcourt review the works of pioneers in marketing thought, with a view to appreciating their contributions to the marketing place and reviving the interest for historical marketing, which has been on the steady decline in the 21st century. The history of marketing
thoughts includes not only the ideas, theories, and schools of thought, but also the centre of influence upon marketing thought. The study worked with secondary data from the major marketing journals, business and economic history periodicals, and an internet bibliographic search. Findings showed that from the humble conception of marketing, the available early courses in marketing, the emergence of earlier teachers in marketing, and early contributors to marketing thought, Marketing must be understood today not in the old sense of making a sale, but in the new sense of satisfying customer needs. The marketer of today needs to understand consumer needs; develop products that provide superior value; and prices, distribution and promotions that will be effective in selling the products very easily.

We pray that all those whose papers could not make it in this issue would understand, and try to send better-quality papers for our globally competitive review process in future. We most sincerely congratulate those whose papers made it. We heartfully thank all our esteemed contributors and enjoin them not to flag in their zeal for research and publishing the outputs with us. We must all join hands to confront abounding development challenges in developing countries for the development of the total man through research and publishing. We welcome contributions in all disciplines across the globe (see Author’s Guide).

We are happy to announce that the maiden issue of our *Journal of Applied Science and Development* eventually made its debut in November 2010. And, the maiden issue of *Technoscience Review* is already in circulation. Contributors are invited to take advantage of these high-quality and globally competitive journals to stagger their articles in our highly rated academic journals that are also in the Web (see [www.wiprointernational.org](http://www.wiprointernational.org)) for visibility and global interaction.

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TEAM BUILDING – A REVIEW

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Abstract

Work environment tends to focus on individuals and personal goals, with rewards and recognitions singling out the achievements of individual employees. There is the increasing need for team building in which there are shared goals to which every team member is committed. Establishing shared goals and engendering commitment requires a particular set of skills that are more often associated with a transformational, rather than transactional, style of leadership. This paper reviews the concepts of team building. It looks at group dynamics and exercises that facilitate the understanding of the concepts and their practical applications. It also examines the types of team building exercises.

Introduction

Work environment tends to focus on individuals and personal goals, with rewards and recognitions singling out the achievements of individual employees. There is the increasing need for team building in which there are shared goals to which every team member is committed. Establishing shared goals and engendering commitment requires a particular set of skills that are more often associated with a transformational, rather than transactional style of leadership (Klein, DiazGranados, Salas, Le, Burke, Lyons & Goodwin, 2009).

The most challenging task in any endeavour is to select and bring together the right team. It does not matter if it is a formal organization or just a free association of people - the right mix needs to be put in place. And, once it is in place, it needs to be kept going by
interesting people long enough to cause them to stick with the organization (Kirkman, Jones & Shapiro, 2000).

This paper reviews the concepts of team building. It looks at group dynamics and exercises that facilitate the understanding of the concepts and their practical applications. It also examines the types of team building exercises. After this brief introduction, the rest of the paper is structured as follows: definitions, types of team, concepts of team building, team building practices, and conclusion.

Definitions

Team building refers to a wide range of activities, usually in a business context, for improving team performance. A team of people is a living, dynamic system. It has a unique personality, temperament, moods and vision. Over time, it creates its own culture with both spoken and unspoken rules and values. The system itself exerts tremendous influence on what gets done and how it gets done. The most successful teams are characterized by (Williams, Graham and Baker, 2003):

- High levels of trust, respect, empowerment, and team spirit
- Productivity measured with plans, goals, and accountability.

Types of team

Today, we find all kinds of teams in society, and they generally fall into one of two of the primary groups: permanent teams and temporary teams. Here are some of the common types (Leonard & Freedman, 2000):

1. **Task force**: a temporary team assembled to investigate a specific issue or problem.
2. **Problem solving team**: a temporary team assembled to solve a specific problem.
3. **Product design team**: a temporary team assembled to design a new product or service.
Team building – A review

4. **Committee**: a temporary or permanent group of people assembled to act on some matter.
5. **Work group**: a permanent group of workers who receive direction from a designated leader.
6. **Work team or self-directed work team or self-managed work team**: an on-going group of workers who share a common mission and collectively manage their own affairs within predetermined boundaries.
7. **Quality circle** (or other various names): a group of workers from the same functional area who meet regularly to uncover and solve work-related problems and seek work improvement opportunities.

The name of the group or team type is less important than the purpose for which it exists. These names simply give us a common language to help us define team types.

**Concepts of team building**
The three great foundational concepts of teamwork in business are:

- **Principle determine actions**
- **Expect only the best**
- **Show you care**

These team building concepts are not new. In fact, they are as old as human’s ability to organize and work toward a common purpose. Each foundational concept plays off the other. If the first concept, *principles determine actions*, is accounted for, the next will flow naturally, like water from a spring. Core principles are the wellspring of the rest of your team building activities – building the team on a foundation of bedrock rather than sand (Humphrey, Morgeson and Mannor, 2009).

A model of team development notes that the difference between the first stage (Forming) and others (Storming, Norming, and Performing) is that each member of a Forming team is focused on his
or her own objectives, perhaps guided by the manager, whereas in the later stages, there is some commitment to the shared goals. For example, to go through the Storming stage can be an uncomfortable process, so for team members to persist with it, they have to be convinced that it is worth engaging with other team members in a *storming dialogue*. That is, there have to be shared goals that everyone thinks are more important than their own individual goals (or, for a management group, more important than the goals of their section) (Salas, Nichols & Driskell, 2007).

Once the foundation of commitment to shared goals has been established, there are many approaches that can be taken to improving teamwork. Underpinning all these approaches is always the shared goal and a general methodology that is similar to a force field analysis (Miller, 2007):

- Establishing *ownership* of shared goals.
- *Removing inhibitors/blockages* to achievement of those goals.
- *Introducing enablers* (awareness, resources, information, processes, etc.) to help achieve those goals.
- Using health checks, performance management, 360 feedback, etc., in the correct sequence, to gradually raise performance, akin to climbing a ladder one rung at a time.

**Team building practices**

Team building is pursued via a variety of practices, and can range from simple bonding exercises to complex simulations and multi-day team building retreats designed to develop a team (including group assessment and group-dynamic games). It generally sits within the theory and practice of organizational development, but can also be applied to sports team, school groups, and other contexts. Team building is an important factor in any environment, its focus is to specialize in bringing out the best in a team to ensure self development, positive communication, leadership skills and ability to work closely together as a team to solve problem. Team building is
not to be confused with team recreation that consists of activities for teams that are strictly recreational (Svyantek, Goodman, Benz & Gard, 1999).

Teamwork workshops can help build and support effective and highly motivated teams. This is often made possible by having customized topics, putting more emphasis on the different issues faced by the team and how they can overcome it, and including interactive challenges that stimulate real-life situations. All these can help teams to develop the exact capabilities that they need to better handle the daily challenges that they face, based on what abilities they currently have (Salas & Cannon-Bowers, 1997; Humphrey, Morgeson and Mannor, 2009).

In big organizations, the individuals have to be motivated with both monetary and non-montary rewards. Team building is an ideal way through which the employees have fun, boost themselves as well as the other members in the team, build good employer-employee relations with the attendant high productivity (Salas & Cannon-Bowers, 1997).

Most of the work in today’s organization is done in teams. There are many team building products in the market. Socio-mapping represents a new generation of truly team-based tools. It main advantage lies in its ability to reveal and efficiently present these relations so that they can be further utilized for team development. Therefore, team socio-mapping is one of the most demanded applications, since it facilitates work for numerous coaches, consultants, managers and human resources specialists (Newstrom and Scannell, 1998).

The simplest and most powerful way to involve and engage people in process improvement and implementing change is the Square wheels. Square wheels illustrations are a great vehicle for facilitating interactive discussions, developing creative problem solving skills and for improving communications among people at every level of the organization (Newstrom and Scannell, 1998).
The process of creating a new team is different from developing an existing one. Table 1 gives an understanding for the dimensions of the new task as a manager in the new team environment.

Table 1: Team building guide for new and old environments

<table>
<thead>
<tr>
<th>Old environment</th>
<th>New environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person followed orders.</td>
<td>Person comes up with initiatives.</td>
</tr>
<tr>
<td>Group depended on manager.</td>
<td>Group has considerable authority to chart its own steps.</td>
</tr>
<tr>
<td>Group was a team because people conformed to direction set by manager. No one rocked the boat.</td>
<td>Group is a team because people learn to collaborate in the face of their emerging right to think for themselves. People rock the boat and work together.</td>
</tr>
<tr>
<td>People co-operated by suppressing their thoughts and feelings. They wanted to get along.</td>
<td>People co-operate by using their thoughts and feelings. They link up through direct talk.</td>
</tr>
</tbody>
</table>


Ten steps for building a new project team are (Newstrom and Scannell, 1998):

1. Get upper-management support
2. Define the purpose of your team
3. Identify time frames
4. Select team members
5. Classify team-member openings
6. Share the overall purpose
7. Decide team name
8. Create the team mission statement and goals
9. Determine core team issues
10. Establish team norms

Reasons for team building include (Newstrom and Scannell, 1998):
Team building – A review

i. Improving communication
ii. Making the workplace more enjoyable
iii. Motivating a team
iv. Getting to know each other
v. Getting everyone unto the same page, including goal setting
vi. Teaching the team self-regulation strategies
vii. Helping participants to learn more about themselves (strengths and weaknesses)
viii. Identifying and utilizing the strengths of team members
ix. Improving team productivity
x. Practicing effective collaboration with team members

Team building exercises consist of a variety of tasks designed to develop group members and their ability to work together effectively. There are many types of team building activities that range from kids games that involve novel complex tasks and are designed for specific needs. There are also more complex team building exercises that are composed of multiple exercises, such as ropes courses, corporate drumming and exercises that last over several days. The purpose of team building exercises is to assist teams in becoming cohesive units of individuals that can effectively work together to complete tasks (Newstrom and Scannell, 1998).

Team building exercises are useful for all kinds of teams. Some exercises are designed for smaller groups, while some are for larger groups. Some are designed for new teams, while others are for old teams. Again, team building exercises are for different age groups (Newstrom and Scannell, 1998).

Conclusion
Team building has become the buzzword in the corporate scenario. No individual can work in isolation and the good ideas become excellent ideas by sharing them. Hence, it is quite essential that the
organizations make efforts to build strong teams so that the employees show excellent signs of improvement.

References
Team building – A review


THE HUMANISTIC IMPERATIVES IN AFRICAN POLITICS

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Abstract
Africa is bedevilled by several vices covering its socio-economic political ambiance. The continent abounds with unemployment, poor infrastructural development, poor work ethics, corporate organizational irresponsibility, nepotism, factionalism, political ‘godfatherism’, tribalism, ethnicity, social injustice, lack of respect for both procedural and legal justice, religious squabbles, poverty, hunger, poor maintenance culture, insecurity of life and property, and a lot more. The Machiavellian style of leadership has further deepened the African states into retrogression and epileptic development. However, African problems can adequately be solved with the interjection of morality in terms of Humanistic Ethical Paradigm and its two interrelated proposals, namely respect for human dignity as a basis for individual and social action, and focus on character as the highest value in the assessment of human personality.

Introduction
The main objective of this paper is to situate the African socio-eco-political contradictions within the purview of the concept of Humanistic Ethical Paradigm as a necessary way of eliminating the present political and economic violence in the continent. African societies are bedevilled by various crises in their politics, economy, social and cultural experiments. The interactions of the Africans at various levels of these crises are obviously characterized by several inhibitions and crude form of violence. This is obviously visible in the
fall of moral rectitude in both the leaders and the led. There is lack of
moral conscience which is the foundation for all healthy holistic
development in any nation in the world.

The continent is presently abounding in unemployment, poor
infrastructural development, poor work ethics, corporate organizational
irresponsibility, nepotism, factionalism, political god-fatherism,
tribalism, ethnicity, social injustice, lack of respect for both procedural
and legal justices, and religious squabbles, poverty, hunger, poor
maintenance culture, insecurity of life and property. Mugabe (1991:
22) underscores the African tragedies thus:

_Africa is now home to the world’s largest number of least
developed countries. The continent further boasts of the largest
refugee population in the world. Furthermore, it is a theatre of
endless conflicts, civil strife and gross human right abuses.
Whereas standards of living in other continents have risen over
time, in Africa, present standards of living are not better than
they were two decades ago. High unemployment, inflation, civil
strife, poverty, refugee crisis, desertification, disease,
malnutrition- the list is endless-appear to be the only legacy the
continent is capable of passing from one generation to the other._

The poor state of the continent has led to so many theories attempting
to provide the reason the continent has degenerated to the state of
repressive political construct and obvious irresponsibility to the plight
of the masses. For instance, in Nigeria, our peculiar problems have
been ascribed to the absence of public spirited leaders (Achebe, 1983:
1):

_The trouble with Nigeria is simply and squarely a failure of
leadership. There is nothing basically wrong with the Nigerian
character. There is nothing wrong with the Nigerian land or
climate or water or air or anything else. The Nigerian problem
is the unwillingness or inability of its leaders to rise to the
responsibility, to the challenge of personal example which are the hallmarks of true leadership. I am saying that Nigeria can change today if she discovers leaders who have the will, the ability and the vision.

The description given by this great citizen of our ‘great’ continent is applicable to almost (if not all) African countries. Although captured in the 1980s, the situation described has remained the same till date. This has set so many political thinkers and public analysts wondering if African societies are making any progress in development.

Also, a foreigner, given his long tenancy in Nigeria, succinctly projects his careful observation about Nigeria (by implication Africa) in this manner (Maier, 2000: xxx):

*In Nigeria, the blame for its lost generation falls squarely on the shoulders of its people’s leaders- corrupt military dictators and their civilian accomplices who over the past quarter of a century have humbled a once proud nation through outright incompetence and greed.*

It is a uniform discovery of these thinkers that the major problem with Nigeria - as it were the whole African continent - is traceable to our impassive leaders whose major goal is the accumulation of private property. African leaders are suffering from ‘hypertensive materialism’, that is, uncontrollable desire for material things. Despite Africa’s vast natural resources, its people remain in the deadly grip of poverty, squalor and destitution while buffeted by environmental degradation and brutal tyranny. At judiciary or an impartial police force or civil service may exist in form but, in many cases, the substance has changed. Operating through non-official networks, the ruler gets his way by bypassing official structures, turns them into his own fiefdom by ensuring that anyone in a position of power in those institutions is either a relative or in some way beholden him. Generally, there is hardly any loyalty to the state itself, let alone to the
development of the people. In many African countries the president does not distinguish between the national treasury and his own private bank account, or between the police force or army and his private militia (Nnoruka, 2003).

This is the situation of Nigeria’s political leaders who wedge the power of governance. The treasury of the nation has become the target of everyone, who desires to go into politics. As a matter of fact, the idea of politics is that of quick means of generating financial abundance and living in a paradise that is immune from human suffering, pain, poverty; in a world of complete pleasure for the politician and his allies. Not only does the politician concentrate on amassing wealth for himself, also those who were party to his political enthronement, whether with the consent of the people or not, will be paid back from the nation’s treasury.

With the current political situation in Africa, it is obvious that our problem is first and foremost that of political leadership. However, the problem is basically a moral problem, which is the basis of unethical leadership practices in Africa. That explains why the interjection of Humanistic Ethical Paradigm into our socio-eco political activities is here prescribed.

There should be a departure from blaming the peculiar problem on colonialism and imperialism. Despite Africa’s wealth, the continent is still at the lower ebb of development, ravaged by different kinds of crises. It harbours some of the poorest and most corrupt countries in the world, yet it is blessed with abundant human and natural renewable and non-renewable resources. The continent is blessed with mineral, physical, biological and energy resources including fishery resources, timber, water resources, wildlife, medicinal plants, mineral resources, ornamental, food and cash crops. Despite all these, Africa is still a well-known undeveloping continent. This is because those who are in position to judiciously and equitably distribute these resources live on the principle of radical political egoism, using political power for the advancement of selfishness.
Lamenting the sorry state of the African societies, Kwasi (2003: 337) posits that:

*If we were to be very honest with ourselves, we surely would not find it too difficult to be convinced of the fact that Africans have been irresponsible and harmful to Africa in terms of self-governance.*

**Machiavelli and Nietzsche: A reinvention in African politics**

An observation of African leadership style and political landscape reveals a replica of Machiavellian Prince, who should pretend to be good in order to access the political power in the state; and Nietzschean Superman, who has killed the idea of God and, thereby, reinvented the Master Morality as against the slave morality that embodies the concepts of love, compassion and human sympathy. Both Machiavelli and Nietzsche separated politics and morality, contrary to the efforts of early political thinkers to grand politics on morality. Both Plato and Aristotle attempted the provision of viable social order for the polity advancing the need for a just society whose end will be the good of the people. They set out to provide a society that would promote harmonious peaceful co-existence among its people. Machiavelli who wrote from the background of his days has been misinterpreted and wrongly applied by African leaders, whether directly or indirectly, thus (Machiavelli, 1961):

*...A prince...must have no other object or thought, nor acquire skill in anything, except war, its organization, and its discipline. The art of war is all that is expected of a ruler;...The first way to lose your state is to neglect the art of war; the first way to win a state is to be skilled in the art of war.*

The fight for State’s power of governance by the different political parties in Africa is conducted in the manner of Machiavelli’s art of...
war. The statements such as ‘do or die’ election credited to the former President Olusegun Obasanjo of the fourth Republic in Nigeria between 1999 to 2007, is nothing but a statement emanating from a disciple of Machiavellian Prince and Nietzschean Superman, who has no regard for the people. He has been counselled (Edo, 1998),

So he must never let his thought stray from military exercises, which he must pursue more vigorously in peace than in war. These exercises can be both physical and mental. A wise prince must observe these rules; he must never take things easy in times of peace, but rather use the latter assiduously, in order to be able to reap the profit in times of adversity.

This is the basis of warfare conception of politics in Africa. It is not intended to indict Machiavelli for negative and warfare conception of politics in the continent, but rather to analyse African brand of politics in line with Machiavelli’s immoral stipulations for political leaders. The political leaders should ever be ready for war even in the time of peace. Africa’s political leaders tow this line of reasoning. That explains the reason behind political violence resulting from our elections. The massive election rigging is a further demonstration of Machiavellian prescription of warfare politicking (Dukor, 1991),

…taking into account, he (the prince) will find that some of the things that appear to be virtues will, if he practices them, ruin him, and some of the things that appear to be vices will bring him security and prosperity.

He opposes morality in politics, believing that morality and politics are not compatible. This conception is extravagantly wrong because ethics/morality, attempt to promote good and virtuous behaviours in all interpersonal relationships in order to avoid situations described by Thomas Hobbes in the State of Nature as ‘war of all against all’
The Humanistic Imperatives in African Politics

(bellum omnium contra omnes), and ‘man is wolf to man’ (homo lupus homini) (Omeregbe, 2003):

...there are two ways of fighting: by law or by force. The first way is natural to men, and the second to beasts. But as the first way often proves inadequate one must needs have recourse to the second. So, as a prince is forced to know how to act like a beast.....one must know how to colour one’s actions and to be a great liar and deceiver. Men are so simple, and so much creatures of circumstance, that the deceiver will always find someone ready to be deceived. A prince...need not necessarily have all the good qualities...but he should certainly appear to have them.

This possibly explains why falsehood is conceived as the hallmark of politics in Africa. Developed countries of the world could prosecute a public office holder for distorting the truth. But, in Africa, the art of truth distortion is seen as an art of political ingenuity. Machiavelli posits that the ruler should pretend to be compassionate, faithful to his word, kind, guileless and devout (patriotic). Although, according to him, these qualities will undermine his political authority, he should pretend to be all these in order to win the confidence of the people. From Machiavelli’s point of view, the ends justify the means. He argued that the main purpose of politics is the cruel possession of political power without giving cognizance to the method or means of attaining political authority.

The present decade of democratic governance in several African states attests to the Machiavellian crude and rude pursuit of political authority as the ultimate goal of politics. Contrary to Machiavelli and his African disciples’ practices, the ultimate goal of politics is rendering service to the citizens whose consent is germane to the realization of the democratic processes. But at present, the consent of the people is less important in the political processes in most African states.
For Nietzsche, the slave morality is a weak morality that is not fit for rulers. In order to ensure ruthless immoral values in the society, Nietzsche postulated the death of God, removing the sense of a supersensible being who will judge all immoral acts.

With both the Machiavellian and Nietzschean styles of leadership, the African societies returned to the Hobbesian jungle, where man began to prey on his fellow man in quest of self-survival. Given the nefarious activities of these unethical, Machiavellian political leaders, the people became disconnected from the state. This kind of leadership style proposes individualism, as against the African disposition to communalism, which is a system characterized by the idea of brotherhood and oneness. The individualistic nature of this leadership style deliberately led to the disconnection between the people and their elected leaders who wedge the state power of governance. Edo (1998) underscores this perfectly:

_The people of Nigeria neither understand the sanctified institution of the state nor do they have any commitment to it. The Modern Nigeria state and its socio-economic formation lack an organic relation with the traditions of the people. It has not vibrantly integrated individuals, groups and institutions in such a way as to create polity expressing the aspiration of the people._

In most African countries, this non-integration of the people into the state led to the total separation of the people from the state, everyone seeking to survive on his/her own. In this struggle for self-survival, morality becomes a derogatory construct in socio-eco political lexicon. Those who eye political positions do so as a means of escaping from the general poverty the political leaders submerged the country into through misgovernance and misappropriation of public funds. The leaders obviously have no respect for the lives of fellow citizens, resulting in assassinations of several political activists and fellow political aspirants. This is still the Machiavellian concept of war as a central value in politics. The crude looting of national treasury reflects
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the leaders’ lack of respect for human dignity (the citizens whose lives should be bettered through equitable distribution of social wealth and burden).

Be that as it may, how do we remedy the unfortunate situation? Edo (1998) has this to say:

...the greatest obstacle to the development of our country is immorality, corruption, dishonesty, fraud, embezzlement of public funds, selfishness etc. it is only a moral regeneration that can cure our country and remove the greatest obstacles obstructing her development.

Africa must begin to pay attention to morality as one of the major ways of curbing immoral and illegal practices in all strata of our society. Our quest for development must not neglect the ethical imperative of development. Edo (1998) poignantly points this out in respect to African development:

What is required for Africa to develop is more than the acquisition and application of scientific knowledge. Development has an ethical component which Africans could neglect at their own peril.

Humanistic Ethical Paradigm
Our society should begin to embrace the Humanistic Ethical Paradigm concept as a way of introducing ethical culture in our interpersonal relationship across socio-eco-political and cultural milieu in Africa. The application should transcend all age groups and institutions - be it social, educational, political, economy, etc. This mental consciousness of the imperative of morality in any society can begin to pave way for our desired holistic development. There is the need for African society to embrace this concept in order to build a stable social order, which is a pre-condition for development. Application of this concept will
enable African states to build a socio-eco-political system void of corruption and oppression of man by man.

The goal of every normal society is to satisfy the needs of its people through mutual co-operation among them. In order to achieve this goal, there is the need in contemporary African societies to assess all human beings on the basis of the Humanistic Ethical Paradigm concept. This paradigm has two interrelated parts:

i. Respect for human dignity as a basis for individual and social action.

ii. Focus on character as the highest value in the assessment of human personality.

The first part refers to paying attention to the value (dignity) or importance of fellow human beings whenever one is to act either individually or collectively in the society. It should be embraced to the detriment of the politics or economy of violence which does not regard the humanity in other people. Politics of violence entails the process of maiming, assassinating, blackmailing, etc. during political electioneering processes. Economy of violence is a process whereby goods and services, which are injurious to the health of innocent buyers, are manufactured and distributed.

If Africans embrace respect for the humanity in others, they will be able to see the deterioration in both immoral business practices and unethical, corrupt, violent political practitioners. Both our informal and formal educational institutions should begin to train citizens (from the early age till adulthood) on the importance of respecting the humanity in others. This is the basis of the Humanistic Ethical Paradigm, which forbids people from treating ‘others’ as mere objects to be overcome in their bid for self-survival. Other people are fellow human beings in the boat of life whose company is necessary for the realization of one’s personhood.
Similar to the first part of the Humanistic Ethical Paradigm is the second formulation of Kantian Categorical Imperative (Kant, 1978):

*Act so that you treat humanity, whether in your own person or in that of another, always as an end and never as means only.*

This formulation accommodates the possibility of emphasizing selves above others. However, it discourages one from undermining the humanity or dignity of others in the course of personal pursuits.

The second part of the Humanistic Ethical Paradigm advocates a focus on character as the highest value in the assessment of human personality. An immoral man should not be exalted in the polity, but rather should be punished so as to deter those who may likely want to embrace his path.

The opposite seems to be the case in the present African societies where men and women (especially embattled political leaders, who have been indicted for corruption) go about gleaning chieftaincy titles as though the society seems to have a lot of respect for corrupt public office holders. It is as though the chieftaincy titles are compensations for the evil done to the society or the reward for the cleverness in jumping prosecution and jail.

What this further does is a total demolition of ethical imperatives in the society. This is because these corrupt leaders who are rewarded with chieftaincy titles as, perhaps, a recognition of their smartness at embezzling public funds, become models to youths that are believed to be the leaders of tomorrow. This has been the way corruption has been bequeathed on us as a peculiar legacy from one generation to another in Africa. The Humanistic Ethical Paradigm advocates the celebration of human character in the assessment or evaluation of a person, rather than the wealth of the person. In other words, the major consideration will be the method or means of acquisition of wealth and not the wealth itself.
One is not supposed to eulogize former corrupt political leaders, whether military or civilian, who have failed in one’s honest assessment of human character. They should be resisted because they have only succeeded in perpetrating corruption as a constant experience in our social-eco-political milieu. In the same vein, the business mogul whose wealth is discovered to have been generated through immoral practices or possibly through his association with political leaders, who must have transferred the nation’s wealth to him as a capital for business transaction, should not be accorded respect or praise.

In the spirit of traditional African society, these corrupt leaders are not persons (i.e., real human beings). This is because the attainment of personhood is related to the idea of discharging certain community/society-demanding moral responsibilities. Thus, one is a person if one lives within the dictate of the moral values in the community. For Wiredu and Gyekye, the acquired status of personhood is understood not simply as a matter of gradual socialization, but as attaining and practicing values that lead to the well-being of one’s community. Gyekye (1997) argues:

...the judgment that a human being is “not a person, made on the basis of that individual’s consistent morality reprehensible conduct, implies that the pursuit or practice of moral virtue is intrinsic to the conception of personhood in African thought...the evaluative statement opposite to this is he “is a person” means, ‘he has a good character, he is peaceful not troublesome, he is kind, he has respect for others; he is humble.

The implication of this is that the people that should attract respect are those who have through their impeccable characters and moral rectitude contributed to the good of the society positively. The people that have not or that did not abuse the political power entrusted into their care are the real persons in the African sense. Such people should be rewarded and venerated or possibly be hero-worshipped, as against
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the present hero-worshipping of corrupt leaders with chieftaincy titles by traditional rulers, awards of recognition by corporate organizations, and national titles by the Federal Governments.

The careful application and implementation of Humanistic Ethical Paradigm as a new value in the socio-eco-political lexicon in Africa will lead to a complete overhaul of the present immoral political and economic constructs in the society.

References
SICK RELIGIOSITY, FUNDAMENTALISM AND FANATICISM IN NIGERIA: A PSYCHOLOGICAL PERSPECTIVE

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Abstract
Sick religiosity is wrecking havoc around the world. In Nigeria, a group of fanatics and fundamentalists (Boko Haram) in Bauchi and Borno states are killing and maiming innocent citizens and the quiet and peaceful Jos and its environs are sitting under the gunpowder cake of sick religiosity. The paper explicates and illustrates the meaning of sick religiosity under the terms religious fundamentalism and fanaticism. It looks for the causes from clinical experiences and literature, and proffers solutions.

Statement of the problem

Far upon the mountain, I saw a beast
When I came nearer, I saw it was a man
When I came nearer still, I saw it was my brother.
- Mohammed Akran

Science without religion is lame;
Religion without science is blind.
- Albert Einstein
Religion – and its power to help as well as to hurt – is by no means confined to the private world of the individual. It involves families, communities and nations. A day hardly passes without news of tragic consequences from conflict related to religion. The positive contributions of religion, however, are really great.

Religion has individual and social dimensions. The two are intertwined. And, both have healthy and unhealthy aspects. The healthy aspects of religion enable people to be compassionate, truthful, disciplined, understanding, peace-loving, responsible, creative and open-minded. This is ‘healthy spirituality’ and it is best manifested as ‘mature spirituality’. The sick (unhealthy) side of religion makes some religious people hateful, clannish, ethnic, alienated, fearful, arrogant, destructive, irresponsible, rigid and close-minded. This is referred to as sick/unhealthy religiosity. It is this latter part that this paper sets out to explore.

Religious conflicts are the major roots of many, if not most, wars and aggressions going on all over the world. Christians and Moslems fight in Lebanon. Arabs and Israelis have been on each other’s throat for decades running. Moslems and Catholics fight in the Philippines; Catholics and Protestants fight in Northern Ireland, Moslem Shiites and Sunnis fight one another in Iraq; The Coptic Christians fight the Moslems in Egypt.

Furthermore, assassination attempts have been the highlights of the recent past. In 1981, President Anwar Al Sadat of Egypt, a devout Moslem, was assassinated by Islamic fanatics, who hated him for signing peace deals with Israel. In 1982, Pope John Paul II, survived assassination attempt by an Islamic fanatic, Agca. In 1984, Margaret Thatcher, the then Prime Minister of England, narrowly escaped an assassination from the Irish Republican Army (IRA). In the same month, Sikh extremists assassinated Indira Gandhi, the then Prime Minister of India.

In Nigeria, ethnic prejudices or ethnic behaviour, which denies equal dignity of all the members of human family and blasphemes the creator, appears to be in ascendancy. Christians living with their
Moslem brothers and sisters in the northern part of the country are hounded to death in the name of religion. Cases of Maitatsne, Boko Haram in Jos, Bauchi and Borno and even that of the young Mutalab with his bombing mission to the United States of America are good examples. Moreover, Nigeria as a nation has been “nichodemously” enlisted as a member of the Organization of Islamic Countries (OIC), knowing fully well that Christians make up half of Nigerian population.

Politicians could sometimes be tempted to buy favour from one ethnic group or another, while still others foment ethnic unrest and hatred in order to win votes. Discrimination in housing, lending, employment, job promotion, contracting, retailing, education, health-care and wide variety of human services frequently serve to the disadvantage of the people in the ethnic minority. Such discrimination is sometimes “justified” by individuals who build their case on prejudicial assumptions that cannot be borne out of fact. Some few individuals still believe in the superiority and inferiority of some ethnic groupings and then continue to attempt to prove their ill-founded assumptions.

The aim of this paper is to explicate sick religiosity and find out through literature the causes of sick religiosity, and to proffer some solutions to sick religiosity in Nigeria with focus on fundamentalism and fanaticism.

**Definition of terms**

*Fundamentalism*

*When pure light of spirituality, emanating from the mystical source passes through the prism of human experience, it transforms into a spectrum of radiant religious colors. Each color has its own beauty, but the more it distances itself from the source of light and tries to be exclusive, the deeper it falls into the darkness of unhealthy religiosity* (Xavier, 1987: 197).
The Free-dictionary and Google (2009) define fundamentalism as a strict adherence to specific set of theological doctrines typically in reaction against the theology of Modernism. The term “fundamentalism” was originally coined by its supporters to describe a specific package of theological beliefs that developed into a movement within the Protestant community in the United States in the early part of the twentieth century, and that had its roots in the Fundamentalist-Modernist Controversy of that time. Moreover, groups who manifest rigid beliefs, dogmatism, exclusiveness, orthodoxy and highly conservative social-political stances in different religions are now referred to as fundamentalists.

Fundamentalists believe their cause to have grave and even cosmic importance. They see themselves as protecting not only a distinctive doctrine, but also a vital principle, a way of life and of salvation. The fundamentalist “wall of virtue” which protects their identity is erected against not only other religions, but also against the modernized, nominal version of their own religion. In Christianity, fundamentalists can be known as “born again” and “Bible-believing” Protestants as opposed to “mainline”, “liberal”, “modernist” Protestants. In Islam, there are Jama’at (‘religious’ enclaves with connotations of close fellowship) fundamentalists self-consciously engaged in jihad (struggle) against the Western culture that suppresses authentic Islam (submission) and the God-given (Shari’ah) way of life. In Judaism, fundamentalists are Haredi ‘Torah-true’ Jews. There are fundamentalist equivalents in Hinduism and other world religions.

According to Huff (1986: 240),

…fundamentalists in Judaism, Christianity, and Islam despite their doctrinal and practical differences, are united by a common worldview which anchors all of life in the authority of the sacred and a shared ethos that expresses itself through outrage at the pace and extent of modern secularization.
Dobson, Hindson and Falwell (1986) give the features of extreme fundamentalism (hyper-fundamentalism) as: intolerance, absolutism, militancy, separatism, inflexibility, weak social emphasis, confrontation and proclamation, as against dialogue.

The fundamentalist mood is wider today in the world than cable television. A list of events can be added in fundamentalism as of today: weeping icons in Greek Orthodox churches, statues of the Blessed Virgin Mary weeping in Germany, calls by some lay and clergy to denounce all liturgy beyond the Latin mass; propaganda for South Africa and Israel that they are divinely approved, while their neighbours are cursed; decrees from Iran that novelists (Simon Rushdie?) or women intellectuals are to be executed. Even here in Nigeria a novel (Satanic Verses) is banned for sale by the then government. Faith is now measured by the acceptance of the apparition of the Blessed Virgin Mary at Aokpe, in Trans-Ekulu (Enugu), and at Bishop Shanahan Hospital, Nsukka. The prayer warriors are now on the increase as they rise to destroy cultural artifacts in the name of cleansing.

Religion and faith seem to have gone mad and contrary to expectations of secular intellectuals. This religious attitude is everywhere. O'Meara (1984: 35) observes that:

*The issues involved in fundamentalism are without doubt among the most serious pastoral problems today. Very many people are seriously concerned with them...The alienation between people that it brings about is extreme...Within families it is common for young persons ...to become fundamentalists and to end up evaluating their devoted upbringing as little better than paganism. Irreconcilable religious tension between husband and wife sometimes leads to the verge of marital breakdown.*

A person who manifests the characteristics mentioned above is regarded a fundamentalist in this presentation and equally belongs to sick religiosity.
The convinced psychologically fixated fundamentalist can ruin a family, wreck a community, and destabilize a university programme. Human beings have always found an array of things ready to be identified with God: sacred pages, translations of religious texts, phrases in foreign languages, gestures, clothes, geographical places and buildings and other innocent creations identified with the demonic - food, drink, dancing, playing cards, plays, machines, buttons, musical instruments, or skin colour. The preaching of Jesus removes any magic from the ordinary things of life, as he offers not divisions to human race, but maturity and community in God’s realm.

Commitment to fundamentalism springs not so much from much prayer or Bible or Koran study as from psychological needs. Condemnation and exclusivism mark the fear-filled prison of a fundamentalist stance. Barr (1984) maintains that people do not become fundamentalists if they are already well informed about scripture and theology.

Marsden (1982) claims that fundamentalists are angry evangelicals and have most of the elements of fanaticism but may or may not show the militancy, active hatefulness and distinctiveness associated with fanaticism. In his own view, Xavier (1987: 42) adduces that “fundamentalism contains the smoldering fire which bursts into the ravaging flames of fanaticism under the influence of certain winds in its environment”. For example, the winds are usually those of change that give fundamentalists more power and prestige or cause them increased insecurity or hurt-pride. The Islamic fundamentalism in Iran turned into fanaticism once the mullahs got political power.

**Fanaticism**

*In law what plea to tainted and corrupt but, being seasoned with a gracious voice obscures the show of evil? In religion, what damned error but some sober brow will bless it and approve it with a text hiding the grossness with fair ornament? There is no*
The word fanaticism comes from the Latin word ‘fanaticus’, which means inspired by a deity. It is also marked by excessive enthusiasm, and an uncritical devotion. Enthusiasm and devotion can be healthy; the problem in fanaticism is the excess of enthusiasm and the irrationality of the devotion. American Heritage Dictionary (1986) defines a fanatic as one who engages in the pursuit of a given interest to lengths that are considered inordinate and even irrational and often to the exclusion of virtually all other interests, or one who advocates the advancement of a cause of action to limits far beyond those considered wise or proper by the majority usually by means that are equally excessive. Xavier (1987) claims that the word fanaticism came from the Arabic word ‘hashishiyin’, which means hashish smoking. The hashishiyin was a fanatic sect of Moslems in the Middle ages (11th – 13th Centuries). They had a stronghold in Iran, whence their activities spread to the neighboring countries also. Those extreme Shiites believed it is their religious duty to kill others whom they considered to be the enemies of the true Islam, like the Boko Haram of North eastern Nigeria (2010). They usually infiltrate many communities, charming women with presents of dress and attracting children by offering them toys. They treacherously murdered the men whom they wanted to get rid of.

Santayana (1905: 13) defines fanaticism as “redoubling your effort when you have forgotten your aim”. Churchill (1948) commenting on fanaticism claims that a fanatic is one who can’t change his mind and won’t change the subject. By either description, the fanatic displays very strict standards and little tolerance for contrary ideas or opinions. James (1958: 265) maintains that “spiritual excitement takes pathological forms whenever other interests are too few and the intellect too narrow”. Furthermore, James (1958)
emphasized that excess leads to corruption; excess involves one-sidedness or lack of balance.

Fanaticism, of course, is not confined to religion alone. One can be fanatical about anything in life. According to Xavier (1987: 39-41)

Fanatic beliefs and behaviors are pursued with rigidity, lack of openness to other possibilities, a sense of exclusiveness and absolutism, personal pride and animosity or hostility towards alternate views or ways. While all fanaticisms cause rigidity and limitations, religious fanaticism does much more to trends to destroy the very heart of religion.

Fromm (1966) coined the term “burning ice” to stand for the fanatic, as he houses the inner coldness and deadness and the outer excitement. Fromm (1966), moreover, maintains that fanatics choose an idol, be it God, State, Mosque, or Church and submit to the idol to compensate for the inner deadness and depression.

Popular examples of religious fanaticism, according to Ellen (2005), include Christianity under Constantine’s empire. It proceeded almost to viciously repress all policy and practice. Another prominent form of fanaticism came a few centuries later with the Spanish Inquisition. Selengut (2008: 70) said “The inquisitions were attempts at self-protection and targeted primarily ‘internal enemies of the church’”.

Furthermore, Edwards (1391: 352) says that:

Ferdinand and Isabella’s Inquisition...repressed...the natural yearnings of...Jews who had converted to Christianity...after the attacks mounted against numerous Jewish communities in the early summer of 1391.

During the 19th century, most Christian nations have adopted the principle of separation between church and state. In most recent times,
Pope John Paul II apologized on behalf of the Church against those ancient atrocities. Moreover, Islam has become the most publicized religion with members who display fanatic tendencies. Ever since Osama bin Laden’s fatwa in 1998, the world had known about radical jihad. Fanatic jihadists’ beliefs, as Ellens (2004: 43) says, stem from a feeling of inferiority to Western civilization. He says:

Because of its sense of inferiority in power and its sense of arrogant superiority in spiritual and religious quality, this militant form of Islam feels thoroughly justified in resorting to the most vicious forms of violent assault on its identified enemy. America is the perceived source and center of its problems.

Although fanatic jihadists have committed many terroristic acts throughout the world, perhaps the best known is the September 11, 2001 attacks. According to Ellens (2004: 35), the al-Qaeda members who took part in the terrorist attacks did so out of their belief that by doing it, they would “enact a devastating blow against the evil of secularized and non-Muslim America. They were cleansing this world, God’s temple”. The Boko Haram members of the north eastern Nigeria fanatically believe they were cleansing those with Western education.

Finally, Oates (1987) noted several features of unhealthy religiosity (fanaticism). These include: a lack of self-criticism, absence of genuine humility, presence of magical thinking and self centeredness, legalistic morality, inability to deal with ambiguities and unpredictability, and a tendency to throw too much responsibility on God.

Causes of sick religiosity
From literature and clinical experiences, some possible causes of sick religiosity emerge. According to Xavier (1987: 196),

Ofordile
Sick religiosity in Nigeria
We are caught between the dusk of a passing age and the dawn of a hopefully better era. The cross-currents of vast change are causing insecurity, confusion in belief and sense of belonging, and hurt pride in many individuals and groups. Many others are suffering from the consequences of excessive power and glory. These negative effects are causing defensive and offensive reactions of fundamentalistic rigidities and fanatic destructiveness.

La Verdiere (1983) observes that fundamentalism flourishes among those who amid a constantly changing society can find no stable position in society, or who in depressed economic conditions are without prospects for the future. It should not surprise us to find fundamentalist in poor populations nor should it amaze us to find it among those who find themselves erode daily. We should also expect to find it among students who struggle with their studies and who know that even if they succeed they may not find a place for themselves in the world of work. Should we wonder that such people see the world around them as coming to an end? Even among the wealthy and middle class, fundamentalism can provide a buttress against changes which threaten their way of life, privilege, and status.

A considerable body of literature in mental health field abound. Levine (1981) made several points based on considerable research literature review and clinical work. Levine (1984) argues that identity problems give rise to one joining sick religiosity. Furthermore, he argues persuasively that the radical departure joining the group is a detour in the process of growing up. The detour is a result of the blockage of normal paths of growing up – a blockage caused by society’s failure to meet youths need for believing and belonging. This detour is psychopathological.
Ofordile  

Sick religiosity in Nigeria

**Dysfunctional family system**

Moreover, it has been noted that those who join sick religiosity are mainly from dysfunctional families. Such families are characterized by:

a. authority figures who are alternately stern and loving parents;
b. hateful sibling rivalry;
c. unpredictability;
d. rule of shame;
e. certain feelings are declared taboo:
f. forbidden to discuss conflicts and openly work toward resolution;
g. closed system with little opportunity to confirm reality and no checks and balances;
h. enmeshed family boundaries where childhood wounds are reopened and deepened.

**Flip-floppers**

Some children from dysfunctional families, where parents preached fanatic religion and practiced hypocrisy, find themselves in the sick religiosity. In some cases the parents or one of the parents had insisted on the child being strict adherent to a particular denomination. As the children grow up they find it intellectually dishonest and spiritually wrong to follow the example of the parents. So they would move to antireligious or a-religious stance and pursue that for a while. The dissatisfactions of spiritual needs and the fears instilled during childhood would slowly catch up with them (Xavier, 1987).

**Physical and moral hypochondria**

Some parents are negative in their thinking. For example: their approach to life is one of excessive guilt over past mistakes and high levels of anxiety regarding mistakes they may make in the future. Xavier (1987) claims that a child from such a home will pick up a highly critical (judgmental) attitude from the parents and apply it to
himself and others. This attitude will inevitably lead to hypochondriacal tendencies when confronted with different religious beliefs especially those which talks about ‘hell-fire’ and the avenging God. This begets excessive fears about God, damnation, intellectual doubts, search for truth, and love of people of other faiths.

Age of anxiety and identity crisis

Much of human conflict and consequent suffering – much of the inhumanity of human beings to one another – has been due to identity conflicts. More than any other time in history, we have the opportunity to understand and correct it. The big question is whether we will do that or whether we will continue in our old ways. Religion can sprinkle holy water on destructive tendencies in identity or it can lead us onto the constructive path of holistic identity. Ultimately, the healthy identity involves the harmonious union of uniqueness and unity. Healthy spirituality fosters the process; unhealthy religiosity hinders it (Xavier, 1987: 140).

Chinese ideogram for crisis indicates problems as well as opportunities. As people face immense problems, they also have the benefit of the accumulated wisdom of science and religion. The wisdom can help actualize the individual and collective potential for growth and prevent the propensity for destruction. The challenge has never been greater nor the opportunity more profound.

Auden (1948: 63) wrote a poem depicting our times as an “age of anxiety”

...this stupid world where gadgets are gods, and we go on talking, many about much, but remain alone, active but alone. Alive but alone, belonging – where? – unattached as tumbleweed.
The role of therapists and the sales of valium and other tranquilizers today indicate that we still live in that age. Negative identity is one of the problems that results when the process of identity goes wrong. It refers to the sense of having bad or unworthy characteristics. This eventually leads to prejudice, pseudo-speciation (tendency to behave as different species) and 'totality'. Many young people struggling with identity conflicts are prime candidates to join unhealthy religious groups.

**Prejudice**
James (1958) observed that piety can be a mask covering up the tribal instinct of rejecting outsiders. Prejudice is marked by avoidance of the disliked group, discrimination and leads to physical attack and ultimately to extermination. Allport (1958: 415) says “the chief reason why religion becomes the focus of prejudice is that it usually stands for more than faith – it is the pivot of the cultural tradition of the people”. Fanatics are full of prejudice.

**Ignorance**

*Man is the weakest reed in creation but a thinking reed.*

– Blaise Paschal

Xavier (1987) and Porterfield (1993) claim the ignorance is usually understood as lack of information and another type of ignorance is ignoring the information already present. Moreover, there is a type of ignorance which may arise because of fear of new ideas or because of prideful attachment to previous ideas. Fanatics favor ignorance apart from specific information that is approved by the group’s authority figure.

**Closed-mind**
Rokeach (1960) pointed out that the close-mind shows compartmentalization and inconsistency of sub-systems or belief/disbelief systems unlike the open-minded person. The close-
minded individuals depend on authority to make decisions for them. The fanatics are not far from close-minded individuals who by extension tend to swallow whatever the accepted authority says even if it is contradictory to the other belief systems they hold.

**Narcissism**
Narcissism involves an exaggerated sense of self-importance and a need for confirmation of that image. In the myth of Narcissus, he fell in love with his image. The image is very important to the narcissist even as he disregards his true self. Narcissists have an air of success and confidence. They can change their style like some animals change colour to suit the environment.

**Panacea and therapy for sick religiosity**

**Education**
Unhealthy religiosity must be fought with education for the best inoculant against any form of ignorance is education. Unhealthy religiosity is a form of spectacular ignorance: ignorance of the basic principles of true religion. It is no coincidence that fundamentalism and fanaticism have arisen in Nigeria at the same time that the public education system has collapsed. The best form of education is the teaching of critical thinking skills. It is the most important skill any educator can teach. With it, the fundamentalism’s and fanatici’s deceiving tricks are quickly exposed and are seen for what they are. Students need to be taught the importance of gathering the evidence and then proceeding to the conclusion, not the other way round. The best way of teaching logic, reason and critical thinking skills is with the “Socratic method” of guided discussion. This should be done beginning in the earliest grade and by the fourth year the formal elements of logic and reason can be introduced, so that students have a guide in recognizing and rejecting fallacious thinking.
It would be helpful too, to teach what true religion really is. Once the student is aware of the nature of true religion, unhealthy religiosity does not stand a chance. Another effective way to fight fundamentalism is to teach humility. Spiritual progress is impossible without it. Scientific progress is impossible without it. (This does not imply that students should be humiliated – for it would amount to child abuse). But the value of humility should be taught so that students understand that they cannot maintain an open mind in the absence of humility.

Ecumenism
Ecumenism is a movement seeking to achieve world-wide unity among religions through greater cooperation and improved understanding. It is an opposite of sick religiosity. While sick religiosity is the sickness of the mind, a lack or absence of wholeness. Ecumenism is wholeness, trying to see God as God (Infinite) and trying to see humans as humans (finite) and realization of our finitude. Furthermore, ecumenism is a mutual learning based upon knowledge and love (O’Meara, 1988). It is a means of teaching from one religious tradition to other traditions not as they appear in hasty images or tattered prejudices but as that tradition has existed in its history, is now, and would like to be. Each tradition must love the other. Love here means permitting something to be what it is and delighting in discovering that essence and learning from it. We must let be, not in the sense of having no commitment but letting God and ourselves be what each is destined to be. To let God be God is to give God the permission to love even those who do not know Him; to let God be God is not to imprison this deity in something or place or person.

Moreover, we can reach out to one another by dialogue which is ecumenism in action. Dialogue is respecting and listening to one another. God spearheaded dialogue with humanity and as God’s creatures there is the need for us to learn from our Master a way of reconciliation and peace. Dialogue, however, is not without its difficulties. It is not easy to listen to others with respect, charity and
patience without running the risk of extenuating one’s own faith. It is
difficult to continue to stretch out a hand of dialogue to people who
offer no reciprocal gesture of response. The risk inherent in dialogue
must be accepted even and especially where dialogue is difficult.
Dialogue takes different forms, for example, the witness of mere
presence, doctrinal discussions, spiritual sharing, and active
collaboration in life situation. It is also the sharing of life’s
experiences.

Conclusively, the Son of God came not to condemn the injured
and the ignorant but to show God’s true self, mercy and love. If Jesus
is our advocate, our savior, and our deacon, then human beings should
be slow to assume more drastic roles of judge and magician for:

This is why scripture was written,
Why the world was created,
Why angels and people exist,
That God might be born in us,
And that we might be born in God.
- Meister Eckhart.

Deprogramming
Deprogramming does work for some time, but not in many cases.
Some members of sick religiosity do become hostile towards their
former members and continue to manifest fanatical tendencies.
Alternative to this could be youth specific programmes, for example,
age grade programmes.

Fundamentalists Anonymous (F.A.)
This is a programme for the fundamentalists and fanatics who are
seeking some help are given counselling, like the Alcoholic
Anonymous (AA) group.
**Medication and Psychotherapy**
Medications for depression and anxiety are administered and regular psychotherapy and group therapy are followed up. Psychotherapist works on their fears, narrow outlook, pride, self-hate and guilt based on mistaken religious ideas. The follow-up should be to join group studies, attend spiritual workshops and further readings. Execution of the fundamentalists and fanatics is not the cure.

Finally, Bowemian method of counseling could be applied to fundamentalists but not to the fanatics because most fanatics do not even listen to common reasoning.

**Job creation by the government**
Nigerian government should make it a point of duty to create job opportunities to the teaming youths in the country today for “an idle mind is a devil’s workshop”. If there is no work for the youth toiling all his years trying to get education to get good job, then what does a healthy mind suggest the youth should do?

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INCENTIVES AS WORKFORCE RETENTION STRATEGY FOR HEALTH PROFESSIONALS IN AFRICA – A REVIEW

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Abstract
There is a growing loss of health human resources through migration of professional health staff from Africa to developed countries which has resulted in loss of capacity of the continent’s health systems and prevents the delivery of equitable health care in the individual countries. Migration of health workers also undermines the abilities of these countries to meet global, regional and national commitments, such as the health-related United Nations Millennium Development Goals, and even their own development. It is caused by series of push and pull factors brought on by the de-motivating factors of the work environment of the source nations and the attractive work environment of the recipient countries. Therefore, many countries in Africa are beginning to address their recruitment and retention problems as staff shortages or an unmotivated health workforce are likely to have adverse effects on the delivery of health services and outcome of care. The key issue for most of these countries is how best to motivate and retain their health professional staff so as to enable adequate health system performance. Electronic search was undertaken which yielded
981 references, out of which 9 were selected as relevant to the research questions and reviewed. Papers merited their full scrutiny after the consideration of their title and abstract. Uncovered were nine major push factors responsible for the continued migration of African health professionals to the developed countries. The review also discovered that there is growing body of evidence that reversing these push factors is beginning to have positive effects on the motivation and retention of African health professionals.

Introduction
There has been concern about international migration in health services for some years now. But, recently the situation has become more acute for a number of reasons, mostly reflected in severe staff and skill shortages in the health systems of many countries. The industrialized countries become “recipient” countries actively recruiting the emigrant qualified health workers from the “donor” countries whose health systems become undermined as a result of the loss of the health human resources (HHR), which are essential for the delivery of care to patients (Bach, 2003; Zurn et al, 2005).

Migration of health workers also undermines the ability of countries to meet global, regional and national commitments, such as the health-related United Nations Millennium Development Goals, and even their own development. This problem is more pronounced and acute in countries with inadequate health human resource planning and retention strategies. The quality of a health system depends greatly on highly motivated health workers, who are satisfied with their jobs, and therefore, stay at their stations and work. Incentives systems are the most widely used external influences on motivation. Beyond worker motivation incentives are used to attract and retain health professionals to areas of the greatest need, such as rural or remote areas with poor infrastructure and poor populations. Incentives are used to overcome inequities in supply of and access to health services, such as rural allowances (South Africa), rural doctors on retention schemes
Incentives as retention strategies for African health professionals

(Zambia) and mountain allowances (Lesotho) (Kanfer, 1999; Awases et al, 2003; Dielem et al, 2003; Luoma, 2006; Dambisya, 2007).

Targeted recruitment drives for health workers from resource-poor countries have become a common solution to filling vacancies in richer countries. A ‘medical carousel’ whereby health workers move to countries offering attractions, such as better salaries and training opportunities, typically leaves the countries with all drain and no gain. Health worker loss can compromise health system capacity to deliver adequate care, as the more experienced workers migrate because their skills are highly demanded elsewhere. Staff shortages increase workloads and stress levels, further de-motivating the remaining staff. To cope with increased workload, staff are sometimes lowering their standard of care (Stilwell et al, 2004; Eastwood et al, 2004).

A clear trend in compensation management is the growth of incentive plans, also called variable pay programmes, for employees below the executive level. Incentive plans emphasize a shared focus on organizational success by broadening the opportunities for incentives to nontraditional groups while operating outside the (base pay) increase system. Incentive plans create an operating environment that champions a philosophy of shared commitment through the belief that every individual contributes to organizational success. In reality, for many African nations this is a myth as it is hardly practiced especially in the health sector. Some of the reasons that may account for this are the unwillingness on the part of the management to implement such programmes and the broken union activities characteristic of the continent’s health care environment. Motivation in turn is the summed up activities of the leadership or the management as the case may be in influencing employees to meet and surpass organizational goals. For many health professionals in Africa, motivation remains a mirage hence the need to travel for greener pastures as has been indicated in many studies. A desire for increased income, greater access to enhanced technology, an atmosphere of general security and stability, and improved prospects for one’s children were reported as the
primary motivating factors for physician migration (Sherman et al, 1996; Astor et al, 2005).

The World Health Organization (WHO, 2000) defines incentives as

\[
\text{all rewards and punishments that providers face as a consequence of the organizations in which they work the institution under which they operate and the specific interventions they provide}
\]

Incentives clearly perform an important role in attracting and retaining health professionals within the public sector, on which most of the population depend. In recognition of this fact, 2005 Equity in Health in Eastern and Southern Africa (EQUINET) regional meeting adopted a consensus statement that called for a focus on policies and measures that will reward health workers through financial and non-financial incentives (EQUINET, 2005). This move is in recognition of the underlying problems being faced by many African nations, as the brain-drain continues its devastating effects on the continent especially among health professionals.

Data on the extent and the impact of such migration are patchy and often anecdotal and fail to shed light on the causes, such as high unemployment rates, poor working conditions and low salaries. Even among low-resource countries the context of migration differs. Some countries, such as India and the Philippines, overproduce health workers, whose resultant emigration generates remittance revenue. In the past decade, developing countries’ receipts of remittances is estimated to have exceeded the total global development aid. In Africa, however, the growing mass exodus of health professionals depletes human resources, undermines investment in human capital, exacerbates existing shortages of staff, and diminishes the capacity of the health services to provide adequate services and coverage. Push and pull factors make it possible for health workers to leave or be retained in a given country respectively. Push factors are generally
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present in source countries and pull factors in receiving countries. (Awases et al, 2004).

Sub-Saharan Africa is faced with a great challenge in this respect, with low health worker to population ratios and poor health indicators (WHO, 2006). In many Sub-Saharan African (SSA) countries, one fundamental weakness is the inadequacy of human resources for health (HRH), which forms the foundation of health service delivery. At a time when the international community and sub-Saharan African (SSA) countries scale up interventions to deal with the epidemics of tuberculosis (STOP-TB Africa strategy), malaria (World Bank Malaria Booster program), HIV-AIDS (various initiatives), the strengthening of the health workforce calls for immediate attention, as the workforce situation in Africa is critical.

Inadequate incentives and lack of conducive environment, poor equipment and infrastructure have, over the years, created job dissatisfaction and low motivation and have led to the brain-drain problem in Nigeria (WHO, 2007). Due to these underlying problems, there is a growing need to strengthen Health Systems in developing countries especially in Africa to help meet Millennium Development Goals (MDGs). It is widely accepted that a key constraint to achieving the MDGs is the absence of a properly trained and motivated workforce and improving the retention of health workers is critical for health system performance (WHO, 2006; Willis-Shattuck et al, 2008).

To assist many countries in addressing the unfavourable migration, the review is aimed at uncovering the major push and pull factors, suggesting possible ways to control the situation and in the end contributing to policy options.

Research questions

1. What are the de-motivating factors responsible for health professionals’ migration from Africa to the developed countries?
2. What motivating factors will help improve the recruitment and retention of African health professionals from travelling abroad to developed countries?

3. How can the outputs from objectives 1 and 2 be used to improve the retention of health professionals in Africa?

**Methodology**

Electronic search of related literature yielded 981 references, out of which 9 were selected for the review based on their ability to address the research questions. Four (Handotter, 2007; Nguyen et al, 2008; Takougang et al, 2006 and Awases et al, 2004) used qualitative research methods, two (Chikanda, 2004 and Ndetei et al, 2008) used quantitative research methods and three (Astor et al, 2005; Ministry of Health Uganda, 2007 and Masango et al, 2008) used a mixture of both qualitative and quantitative methodologies.

The countries studied were from Africa (Chikanda, 2004), Zimbabwe (Astor et al, 2005), Nigeria (Ndetei et al, 2008), Kenya (Handotter, 2007), Zambia (Nguyen et al, 2008), Uganda (Ministry of Health Uganda, 2007; Masango et al, 2008), Swaziland (Takougang et al, 2006), Cameroon (Awases et al, 2004), and 6 African nations (Cameroon, Ghana, Senegal, Uganda, Zimbabwe and South Africa).

Using a data extraction form adapted from Greenhalgh et al 2005, the selected studies were summarized based on their study design, the research questions, and the research context on coverage, findings and validity of conclusions (Table 4.1). The Greenhalgh mode of analysis was used due to the differentials in the methodologies used in the papers, and as such a narrative synthesis is needed to summarize the findings. The data were then reviewed and themes selected for analysis.
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Table 4.1: The Greenhalgh et al Summary of selected Studies indicating the design/methodology, the research question, study coverage extent, and findings/conclusion.

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Study/Year</th>
<th>Country</th>
<th>Design/Methodology</th>
<th>Research Question</th>
<th>Coverag e</th>
<th>Finding/Conc l</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Ministry of Health (MOH), 2007</td>
<td>Uganda</td>
<td>Focus Group discussion: Qualitative</td>
<td>Reasons for health worker' Migration.</td>
<td>Nationwide</td>
<td>Increasing number of health worker migration.</td>
</tr>
</tbody>
</table>
Results and Discussion

Common themes uncovered within the studies
Nine major themes describing motivational factors were uncovered (Table 4.2):

Table 2 = Showing the major themes associated with the studies. Motivating factors to migrate abroad/leave present position/change jobs.

<table>
<thead>
<tr>
<th>Ref.</th>
<th>Author(s)</th>
<th>Year</th>
<th>Need for Higher income</th>
<th>Need for access to enhanced technology, equipment etc.</th>
<th>Need for better prospect for children</th>
<th>Need to live in a country with stable economy</th>
<th>Need to work in academic environment</th>
<th>Need to better utilize one’s medical education</th>
<th>Job satisfaction</th>
<th>Attitudes towards institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>Chikanda, Abel</td>
<td>2004</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>18</td>
<td>Astor, A. et al</td>
<td>2005</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>-</td>
<td>X</td>
<td>-</td>
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<td>26</td>
<td>Ndetei, D.M et al</td>
<td>2008</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>-</td>
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<tr>
<td>21</td>
<td>Hansdotter, F</td>
<td>2007</td>
<td>X</td>
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<td>X</td>
<td>X</td>
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<tr>
<td>22</td>
<td>Nguyen, L. et</td>
<td>2008</td>
<td>-</td>
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**Incentives as retention strategies for African health professionals**

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<td>Ministry of Health (MOH)</td>
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<tr>
<td>Masanga, S. et al.</td>
<td>2008</td>
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<td>Takougang Innocent et al.</td>
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**PERCENTAGE POINT CALCULATION**

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<th>Source</th>
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<td>Chikanda</td>
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<td>Ndetei et al</td>
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\(X = \text{Present}\)

\(- = \text{Not Present}\)

1. The need for higher income;
2. The need for access to enhanced technology;
3. The need for better prospect for children;
4. The need to live in a country with stable economy;
5. The need for general safety;
6. The need to work in an academic environment;
7. The need to better utilize one’s medical education;
8. The desire to fulfill job satisfaction;
9. Attitudes towards institutions

Other minor themes were related to the need for job stability (Hansdotter, 2007), the need for better supervisory relationship (Chikanda, 2004 and Ndetei et al, 2008), the need for better living...

**The need for higher income**

A majority, 77%, (Astor et al, 2005; Hansdotter, 2007; Takougang et al, 2006; Awases et al, 2004; Chikanda, 2004; Ndetei et al, 2008 and Ministry of Health, Uganda, 2007) of the studies discussed the importance of financial incentive as a motivating factor for African health care workers/professionals to travel abroad to developed countries in search of new positions in their profession. Most of the professionals would like to emigrate so that they can receive better remuneration in the intended country of destination (55.0 per cent), or would like to save money quickly in order to buy a car or pay off a home loan (54.1 per cent) (Chikanda, 2004).

Income clearly plays a role in the decision to leave (Ndetei et al, 2008). Salaries in public medical facilities are low. Most health professionals tend to base their decisions to travel on the low pay provided to health workers in the public sector. Ministry of Health, Uganda (2007) reports that doctors compared to the other health professional cadres in the study, were the group most likely to say they are eager to leave their jobs within two years (57%), and they are most at risk for leaving Uganda or the health sector. (46%) said they would leave if they could. Study (Awases et al, 2004) reports that wages are low compared to the cost of living and that health researchers are poorly motivated by their normal income. Most of them have developed alternative survival practices which reduce the time that should otherwise been devoted to research activities. Some of them have left the country for the search of more paying jobs. Others have developed interest in the private and/or informal sector. The Studies concluded that financial remuneration was more important to health professionals than all the other push/pull factors that were measured. This concurs with the literature suggesting that compensation constitutes the most basic influence on retention of health professionals thus improving the reason not to migrate.
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The need for access to enhanced technology and others

A good number of the studies 67% (Astor et al, 2005; Hansdotter, 2007; Takougang et al, 2006; Awases et al, 2004; Chikanda, 2004 and Ndetei et al, 2008) provided that accessing enhanced technology; equipment etc. provided the reason for health care workers migration from Africa to the developed countries. According to study (Chikanda, 2004), in spite of the overwhelming financial reasons for health workers’ migration from Zimbabwe, others still intend to emigrate because of lack of resources and facilities within the health care system of the country (45 per cent), and because of the declining health care services in the country (42.9 per cent). Other motivating factors that were perceived to be highly significant in physicians’ migration out of Nigeria to the developed countries as reported in study (Astor et al, 2005) included a desire for increased access to enhanced technology, equipment and health facilities (74.1%). The deteriorating nature of equipment and lack of them in most cases among health institutions in the sub-Sahara African region have provided disincentives and have encouraged migration on the part of health care providers especially physicians to migrate to richer nations where those things are easily available. These equipments enable these professionals to put to use all the theories learned while in school.

In another study the most notable problem with working conditions was poor and inadequate supplies of medical equipment and drugs and this was reported in study (Ndetei et al, 2008) which saw it as a push factor among health workers in Kenya. Among the push factors responsible for health worker migration to developed economies in Zambia at least among the nurses was quoted by study (Hansdotter, 2007) as lack of resources to work effectively which included things like equipments and drugs. In the Country of Cameroon health workers represented by health researchers are pushed away from the country to developed economies for lack of the most needed transportation equipment, information technology equipment,

and financial resources to support field research as was reported by study (Takougang et al, 2006).

In a six-African nation study sponsored by World Health Organization, Regional Office for Africa on health professionals intent to migrate to developed countries, study (Awases et al, 2004) pointed out that one of the outstanding reasons in South Africa, Ghana, and Senegal for health worker migration was the state of the health care system including the deplorable state of the equipments and other delivery technologies.

The need for better prospect for children
The desire for better prospects for one’s children was reported by 44% (Astor et al, 2005; Chikanda, 2004; Ndeeti et al, 2008 and Ministry of Health, Uganda, 2007) of the studies as a push factor for health workers migration for green pastures abroad. According to study (Chikanda, 2004), the respondents (48 per cent) saw no future for their children in Zimbabwe and that formed part of their desire to migrate to developed countries. A desire for better prospects for one’s children was also reported (78.0%) by the respondents in study (Astor et al, 2005) as a reason for travelling abroad to engage employment in their profession. Results from studies (Ndeeti et al, 2008 and Ministry of Health, Uganda, 2007) partly concluded that limited educational opportunities exist for the workers, their children and their spouses and was among the push factors influencing migration abroad.

The need to live in a country with a stable economy
A little more than half of the studies 55% (Astor et al, 2005; Hansdotter, 2007; Nguyen et al, 2008; Awases et al, 2004 and Chikanda, 2004) reported that partly to be blamed for the migration of African health workers for greener pastures abroad is the need to live in a more stable economy. Because they see no future in Zimbabwe 45%, and also due to the general decline of economic situation in the country 55%, study (Chikanda, 2004) observed that health workers opted to travel abroad in seek of better future. In the same vein study
Incentives as retention strategies for African health professionals

(Astor et al, 2005), noted that a desire to live in a country with increased economic stability (72.5%) influenced the migration of physicians partly from Nigeria to travel abroad. Study (Hansdotter, 2007) found that three of the participants in the study talked about how it affects them to see other nurses leave the country of Zambia and make better money and improve their standard of living elsewhere. Studies (Nguyen et al, 2008 and Awases et al, 2004) equally agreed that health workers migrated in search of better stable economies. According to study (Nguyen et al, 2008) only 30 percent of nursing student respondents in the study thought Uganda had been stable over the last five years and 61 percent of the respondents would prefer to move to a more stable country.

The need for general safety

One third of the studies 33% (Astor et al, 2005; Chikanda, 2004 and Awases et al, 2004) noted that health worker migration from the Sub-Saharan African countries was due to the absence of general safety in the source nations. The absence of safety was generally attributable to war and strife characteristic of many African nations. Study (Chikanda, 2004) observed that because of the high levels of violence, political instability and crime in Zimbabwe, health care professionals were quick to travel abroad for gainful employment. The desire to live in a country with a higher level of general safety 51.9% was equally noted by study (Astor et al, 2005) as a compelling reason to travel abroad by many African physicians. In a WHO, Regional Office for Africa sponsored study (Awases et al, 2004) violence and crime were seen as reasons for emigration by 38%of the respondents in South Africa. A note of caution needs to be drawn here because violence is relative to the region of the country in question. Those that live in violence prone regions are more likely to emigrate compared to those that live in less violent regions of the country.

The need to work in an academic environment
About 44% (Astor et al, 2005; Hansdotter, 2007; Awases et al, 2004 and Chikanda, 2004) of the identified studies noted that the need to work in an academic environment influenced Africa’s health workers migration to the developed countries. Study (Chikanda, 2004) found that because of insufficient opportunities for promotion and self-improvement, health workers in Zimbabwe opted to travel abroad in the effort to improve on their academic standings. Self-improvement here refers to the opportunity to acquire better experiences in an academic setting and the ability to acquire greater academic qualifications. It was also noted in study (Hansdotter, 2007) that a significant percentage of respondents also rated a desire to work in an academic environment with more colleagues in one’s field of interest (48.3%) as an important motivating push factor. This is especially noted among physicians from Nigeria. Studies (Hansdotter, 2007 and Awases et al, 2004) equally saw limited educational opportunities as push factors for health professionals to travel abroad as noted among nurses from Zambia.

The need to better utilize one’s medical education
Five of the nine studies 44% (Chikanda, 2004; Astor et al, 2005; Ndeitei et al, 2008; Hansdotter, 2007 and Awases et al, 2004) found that the need to better utilize one’s medical education was enough push for health professionals from Africa to abandon home for developed countries. Study (Chikanda, 2004) observed that because there is a general decline in the health care services of the country of Zimbabwe 42.9% of the respondents in the study were willing to travel abroad in order to better utilize their medical education. Regarding the influence of medical education, in response to questions in the second part of the questionnaire in study (Astor et al, 2005), most respondents agreed that medical education provides students with highly specialized skills that they can utilize to a greater extent in other countries 55.6% agree vs. 17.5% disagree. This trend was most pronounced in Nigeria 62.4% agree. Limited career opportunities was noted by studies (Hansdotter, 2007 and East, Central and Southern African Health Community,
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2006) as additional reasons why health professionals travel to developed countries in order to make better use of their medical training.

The desire to fulfill job satisfaction
Approximately 67% (Chikanda, 2004; Ndetei et al, 2008; Hansdotter, 2007; Ministry of Health, Uganda, 2007; Masango et al, 2008 and Awases et al, 2004) of the included studies uncovered that health professionals emigrate from Africa in search of job satisfaction abroad. Study (Chikanda, 2004;) unveiled that because of a lack of resources and facilities within the health care system in Zimbabwe the health professionals were unable to attain a fulfilling job satisfaction, thus the push to travel to a destination country where this desire could be fulfilled. Poor working conditions, lack of resources to work with effectively and limited career opportunities combined as was indicated in studies (Ndetei et al, 2008; Hansdotter, 2007 and Ministry of Health, Uganda, 2007) lead to an undesirable level of job dissatisfaction in Kenya and Zambia respectively and that culminated in a desire to travel out of the country. Low or no job satisfaction was also mentioned as an active ingredient propelling health workers in Swaziland to emigrate to other countries as indicated in study (Masango et al, 2008). Similar situations were also uncovered in study (Awases et al, 2004) in Cameroon that led to job dissatisfaction, thus the need to travel out.

Attitudes towards institution
Almost 77 %( Chikanda, 2004; Ndetei et al, 2008; Hansdotter, 2007 ; Ministry of Health, Uganda, 2007; Masango et al, 2008; Takougang et al, 2006 and Awases et al, 2004) of the studies included in the review identified attitudes towards the institution as one of the overwhelming reasons for the health worker migration from Africa to the developed countries. Study (Chikanda, 2004;) indicated two major reasons why there were dissatisfaction with the institutions that provided health services in Zimbabwe were a general decline in the health care services
of the country as indicated by 42.9% of the respondents and the heavy workload in the health services sector 39.4% as a result of heavy workforce turnover and the effects of HIV/AIDS.

Uncompensated heavy workloads and situations in which the health workers had to use their own initiatives to satisfy the needs of their clients constituted major push factor for health worker migration to developed countries as was indicated in study (Ndetei et al, 2008;) in Kenya. Same was also recorded in study (Hansdotter, 2007) among working nurses in Zambia who had to discharge their duties in deplorable conditions. In Uganda as indicated in study (Ministry of Health, Uganda, 2007) there were significant problems with working conditions in all health facilities. Only about a third (36%) of the respondents said they thought their workload was manageable.

Access to equipment, supplies, drugs, electricity and water were seriously compromised. Only half (51%) said they had the supplies they needed to do their jobs well and safely (gloves, needles, bandages, etc.), and even fewer (48%) said they had the equipment they needed to do their jobs well (x-ray, blood-pressure cuffs, etc.). About the same number (49%) said they had good access to electricity at work. As a measure of workload, only a third (31%) said they can take time to eat lunch almost every day.

In Cameroon there are many health research institutes and the most known is the Institute of Medical Research and Studies of Medicinal Plants (IMPM), but it is in a state of decadence for lack of maintenance and funding for research activities. As of 2006, the physical infrastructure for research has neither grown nor been renovated over the last decade. The working conditions of these health facilities constituted major push factor for health worker migration within and without the African continent from Cameroon.

**Improving retention among African health care professionals**

Bach, Steven and as stated previously in his paper (Bach, 2003) demonstrates that governments and employers have a key role in the
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migration of health workers. In all countries a higher profile for human resource management in the health sector would not only alleviate some of the “push” factors that encourage migration, but also reduce the shortage of health professionals that underpins increased international recruitment. It is an indictment of governments and employers that they prefer to rely on the relatively straightforward panacea of international recruitment rather than focusing on underlying problems of pay and working conditions (Bach, 2003). Improvements in these areas would ensure increased recruitment and retention amongst the existing health sector workforce. When state authorities use policies of international recruitment, the detrimental impact on source countries should be minimized by focusing on regulated, managed migration (Bach, 2003).

Improving retention among African health care professionals will require developing incentive strategies that are country sensitive, because what may work in one country may not work in the other. Also gender, marital status and differentials in profession are worthy issues that also must be considered. Females respond differently from males to push factors so also are the married from the unmarried. Medical doctors and nurses are also likely to respond to push factors differently so are other health professionals. Though the statement above stands, there are still general retentive factors that are easily acceptable without being country, gender nor profession specific in the retention issue. Developing pull factors to improve return and retention of health workers will require reversing the push factors which are responsible for emigration in the first place. The general and specific retentive factors worthy of consideration are as follows.

In a study (Astor et al, 2005), when doctors from Nigeria and other developing countries were asked questions about policy recommendations in the fourth and final part of the questionnaire, 83.5% of respondents believed that increasing the income of physicians would be an effective way to reduce medical migration, and 57.6% believed that doing so is feasible given the amount of resources present in their countries. Eighty-seven percent of respondents
believed that improving physicians’ working conditions may also deter medical migration, and 66.1% of respondents believed that this is feasible. There was also general agreement (60.7% agree vs. 22.8% disagree) that there should be a requirement for medical graduates to work in their home countries for a set amount of time after graduation. For this question, too, there were differences based on background, with only 47.8% of the clinicians agreeing, but 69.3% of government employees agreeing (p<0.001).

Given that job satisfaction, the employee’s attitude towards their institution, their welfare, and sources of anxiety, support, and job discretion are factors in retention, study (Masango et al, 2008) on Swaziland suggested what could be done to strengthen the incentives for this. The research team in the study made a number of recommendations to improve retention through offering improved non-financial incentives, drawing particularly from the focus groups discussions. Incentives schemes should focus on terms of employment and working conditions, career path and welfare, as well as improvements in management systems. Such incentives schemes can usefully include job security, pay equity, housing, moving expenses or signing bonuses, opportunities for career development and paid time off for professional development. It is easily seen that financial incentives on its own may not be enough to reduce or curtail health professionals’ migration to the developed countries. Non-financial incentives are equally important.

The results of the questionnaire in study (Chikanda, 2004) on Zimbabwe revealed that the major factors that would influence the professionals to remain in their home country are better salaries (76.6 per cent), better fringe benefits (71.4 per cent), a more pleasant working environment (69.3 per cent), improved facilities and resources in the care system (63.3 per cent) and a reasonable workload (59.7 per cent). Other factors of note include the presence of a more peaceful social environment (51.5 per cent) and more accessible education and training opportunities (50.6 per cent). Most of the key informants (83.3 per cent) agreed that better salaries could lure skilled personnel back to
Incentives as retention strategies for African health professionals

their country of origin. Better incentives (58.3 per cent) were also cited as a major pull factor for skilled health personnel residing outside the country. Other factors that can influence the return of professionals residing abroad are good working conditions (33.3 per cent), prospects for further education (16.7 per cent), redress of macro-economic environment (16.7 per cent) and a well-developed human resources policy (16.7 per cent). A stable political climate (41.7 per cent) and the provision of adequate drugs and equipment (25 per cent) were also cited as some of the factors that might influence the return of skilled health personnel.

When talking about possible interventions that would help to retain nurses with a Bachelor’s degree in nursing almost every participant in study (Hansdotter, 2007) on Zambian nurses suggested financial interventions. The majority of the participants mentioned improved salaries as the most important intervention. Also brought up by the majority of the participants as an important intervention, was improved accommodation for nurses with a Bachelor’s degree. Different ways of improving the accommodation were mentioned e.g. improved housing allowance for nurses to be able to pay rent for adequate accommodation or be given house loans to make it possible for nurses to build their own houses or have the government build houses specially dedicated to nurses.

Study (Ministry of Health, Uganda, 2007) on Uganda did remark that some recent research in Africa suggests that salary increases and other improvements in compensation, in the context of highly inadequate pay and benefits, may indeed contribute to workforce retention.

Policy recommendation and conclusion
Policy issues on improving retention among African health professionals should focus on tackling the pull factors that are responsible for their emigration in the first place. These factors, we suggest must be country specific. From the abundance of research, country context on emigration do vary and as such it will be
inappropriate to recommend a universal approach to curbing or containing the flow of health care professionals from Africa to the developed countries. Having said that, there are still some incentives that could be made into policies that must not escape the recommendation of this paper. The recommended policies can easily be modified and adapted to each country. The resounding policy recommendations that were clearly favoured by respondents were income adjustment and improved working conditions (Astor et al, 2005). Fellowship and scholarship programmes, together with advanced training programmes are recommended and are meant to enhance the capacity of the health professionals in the discharge of their services and are also meant to reduce the migration of health professionals for reasons of furthering their studies. The Zimbabwean government has introduced numerous policies and strategies to ensure the retention of skilled health personnel in the public sector. According to the key informants, these policies include the provision of housing and a transport allowance, call and stand-by allowances, and performance management system. Salary reviews were introduced to match the cost of living in an environment of hyperinflation. Call allowances were introduced to allow the professionals to work extra hours due to staff shortage. Currently, there are better call allowances in rural than urban areas.

In a study (Hansdotter, 2007) the salary for nurses’ scale was compared to other health workers’ and described as being too low. Facilitating house loans and car loans for nurses with a BSc degree in nursing was suggested and retention package given to nurses, not only doctors. Other allowances were also mentioned e.g. risk allowance, children’s allowance and improved rural hardship allowance.

Also mentioned to be an important intervention was the development of an adequate salary scale for nurses. Financial support of research was mentioned as having a retaining effect on nurses with an interest in research. Also to let more nurses have access to paid study leave sponsored by the government to facilitate further education was brought up as an important intervention It could be understood
Incentives as retention strategies for African health professionals

from the statements above that financial incentives, that come in varied forms are manipulated in ways that achieve the desires of any given nation in order to maximize the retention of their health workers. It could come in the form of salary increases, loans etc. The issue of salaries is among the most complex and difficult to implement for many countries as was noted in study (Awases et al, 2004).

As most health workers report migration due to economic reasons, governments are encouraged to ensure regular and fair provision of at least a ‘living wage’. Realistic remuneration packages mean different amounts in different countries. However, the principle is that salaries of health workers should be at least comparable to those of other professionals in the same country and there should be sufficient funds for accommodation, transport, utilities and opportunities for education. Good quality and quantity of health service delivery is not cheap, but the cost of the consequences of not paying staff well is even more expensive. If health service delivery is considered important, then it should be demonstrated in reality by the salaries paid to those delivering the services. Otherwise the few who remain may continue to pretend to work or migrate. Improved remuneration and creation of incentives could contribute to reversing the brain drain and returning health workers to their home countries.

Policies directed at improving financial incentives can not do it alone, so we do agree with study (Masango et al, 2008) that financial incentives can contribute to retention of health workers, but to be sustainable, schemes must be complemented by non-financial incentives (improved working conditions and human resources management). Policy recommendation being made by the study which we totally agree with is that the government should put in place national-level policies to retain health workers in rural areas, in lower-income districts and at lower levels of the health system to ensure that all areas reach minimum standards with regard to numbers of personnel per population (such as the WHO recommended minimum standard of 20 doctors per 100,000 patients). We stress that such incentives should not only be financial. According to the feedback
received from respondents in study (Ndetei et al, 2008), a number of non-financial incentives are highly valued:

- improved working conditions;
- training and supervision; and
- good living conditions, communications, health care and educational opportunities for themselves and their families.

The government needs to invest not only in its health workers but in its facilities, by ensuring regular medical supplies, upgrading facilities and improving working conditions in rural and poorer areas. Continuous medical education in specific areas is required, depending on service needs, in response to areas of increasing public health burden, such as antiretroviral therapy (ART), voluntary counselling and testing (VCT), and services for tuberculosis, epilepsy, mental health, diabetes and hypertension. Management practices also appear to be important. However, the strategic information needed for effective management was often missing in the facilities that needed it most. A study (Masango et al, 2008) did suggest which we totally agree with that Institutions should provide human related quality management tools, namely supervision, feedback, staff appraisals, staff satisfaction surveys, clear leadership and guidance, clear organizational objectives and missions, and staff participation mechanisms (including staff meetings), adequate training, as well as self assessments With these there will be less confusion and dissatisfaction which may constitute a push factor.

A study (Ministry of Health, Uganda, 2007) is of the opinion that important correlates of intent to stay or job satisfaction which we do recommend as well as a policy include the importance of salary (but not the satisfaction with salary, which is uniformly low), a good match between the job and the worker, active involvement in the facility, a manageable workload, supportive supervision, flexibility to manage the demands of work and home, job security and a job perceived as
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stimulating or fun. Some of these issues could be addressed without a large capital investment.

Policy issues coming out of study (Takougang et al, 2006) is of the opinion that problems of research scientists from developing countries could be addressed through the provision of incentives for the time devoted to manage and execute internationally funded research activities, or through national investment in direct salaries and other financial rewards. Non financial rewards may include letters of congratulations for outstanding research achievements.

The issue of salaries is among the most complex and difficult to implement for many countries. As most health workers report migration due to economic reasons, governments are encouraged to ensure regular and fair provision of at least a ‘living wage’. Realistic remuneration packages mean different amounts in different countries. However, the principle is that salaries of health workers should be at least comparable to those of other professionals in the same country and there should be sufficient accommodation, transportation, utilities and opportunities for education. Good quality and quantity of health services delivery is not cheap, but the cost of the consequences of not paying staff well is even more expensive. If health service delivery is considered important, then it should be demonstrated in reality by the salaries paid to those delivering the services. Otherwise the few who remain may continue to pretend to work or migrate. Improved remuneration and creation of incentives could contribute to reversing the brain drain and returning health workers to their home countries (Takougang et al, 2006).

The policy recommendation out of study (Nguyen et al, 2008) which we totally agree with is that student nurses and as a matter of fact other health providers who are inclined towards rural practice or the public sector should be educationally sponsored by the government since they are less likely to desire emigration and express a higher sense of loyalty to their country. Their recruitment could lead to a more stable workforce as was observed in Uganda. Therefore, the study suggested that nursing schools could use interviews,
recommendations and personal goal statements in the admission process to favour those candidates likely to express a commitment to rural practice or continued service to Uganda. Government subsidy of nursing education could also be directed towards these students.

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RETENTION STRATEGIES FOR THE MIGRATING AFRICAN NURSE - A REVIEW

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Abstract
The migration of African nurses is dealing a hard blow on the already fragile health systems in the continent. This is a constraint to achieving the health related Millennium Development Goals by African countries. Retention strategies for the African nurse has become imperative. Six out of resulting 680 references from electronic search were found worthy of review for addressing the research questions. These qualitative and quantitative articles uncovered nine major motivational themes identified as push factors responsible for the northward migration of African nurses. The main push factors are lack of further training and clear career profiles, poor remuneration and working conditions, political conflicts and wars, while the pull factors range from better remuneration and improved standards of living to opportunities for educational advancement. Dissatisfaction with remuneration and working conditions are the main determinants.

Introduction

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of the ill, disabled and dying people. Advocacy, promotion of a safe (work) environment,
research, participation in shaping health policy and in patient and health systems management, and education are also nursing roles’ (Inter’l Council of Nurses).

Therefore, fundamentally, nurses have four responsibilities, namely:

i) to promote health;
ii) to prevent illness;
iii) to restore health; and
iv) to alleviate suffering.

These activities are being compromised in less developed countries, from where nurses migrate to high income countries and some low income countries. Thus, the former countries experience both financial and workforce losses, which impact adversely on development and health systems. The health related millennium development goals are in jeopardy should this trend continue. A combination of push and pull factors account for the migration of nurses from Africa to the developed countries. The push factors are responsible for the outflow of nurses from Africa, while the pull factors account for the inflow of nurses into developed countries (Chikanda, 2005; Hansdotter, 2007; Bauman, 2007; Kingman et al, 2006).

Both developing and developed nations need nursing services, which constitute the backbone of health systems. Nurses are paramount to health services in every country. They usually constitute the first point of contact for most patients and their services are immeasurable. Many countries experience cyclical shortages of nurses, usually caused by an increased demand which exceeded a static or more slowly growing supply of nurses. However, the current shortage differs markedly from past ones in that today’s health systems are suffering from pressure exerted on both supply and demand. Several factors have converged to account for today’s crisis. These include (Kingman et al, 2006):
Retention strategies for the migrating African nurse

- Poor management practices and performance structures;
- Weak human resource information systems resulting in incomplete and inaccurate workforce data;
- High attrition rates due to unsatisfactory and unsafe working conditions;
- Limited opportunities for professional development and career advancement;
- Poorly conceived and short-term policy actions that negatively affect health care delivery, such as reductions in student intakes, inappropriate downsizing of the professional workforce and ineffective retention strategies; and

Shortage of nurses has become one of the greatest obstacles to achieving the United Nations Millennium Development Goals (MDGs), three of which relate directly to health, namely: to reduce infant mortality, maternal mortality and halt and reverse HIV/AIDS, tuberculosis and malaria epidemics. African countries need at least one million additional workers in order to offer basic services consistent with the MDGs. Instead, these countries are affected by health worker loss crippling the already fragile health care systems (Willis-Shattuck et al, 2008; Nguyen, et al 2008).

There is a link between the number of nurses and patient mortality, rate of respiratory wound and urinary tract infection, number of patient falls, incidence of pressure sores and medication errors. Nursing recruitment and retention are serious issues. Vacancies abound in all countries. South Africa had 30,000 vacancies for nurses in 2003. Job turnover is often used to evaluate retention difficulties. Various consequences are associated with the inability to recruit and retain nursing staff. Closure of, or reduced access to, clinics and wards, as well as lower quality of care and productivity, are common examples of problems associated with nursing shortages. In addition, high turnover is likely to lead to higher provider costs, such as in recruitment and training of new staff and increased overtime and use of
temporary agency staff to fill gaps (Kingman et al, 2006; West et al, 2004; WHO, 2005).

International migration is widely blamed for the current crises. Nurse migration is motivated by the need for professional development, better quality of life and personal safety. Highly skilled professionals represent an increasingly large component of global migration flows, currently accounting for around 65% of all economically active migrants to highly developed countries and comprising in the health care workforce physicians, nurses, dentists and pharmacists. Emigration is predominantly determined by political and socioeconomic differences between countries (Hongoro, 2006; WHO, 2004).

A number of push and pull factors, have been cited as influencing the decisions of health professionals to leave their countries of origin. Push factors refer to events in the country of origin that motivate professionals to leave, while pull factors are the deliberate and/or unintended actions from recipient countries that attract health professionals to their health services. Examples of push factors include low remuneration, poor working conditions, low job satisfaction, lack of professional development and career opportunities and political and ethnic problems including civil strife and poor security. Poor governance of health services and the lack of technology and equipment to perform professional tasks are also important factors. Pull factors are caused by increased demand for health professionals in developed countries and include attractive remuneration, new career and personal development prospects and active recruitment by those countries. The common use of a professional language such as English and similarities in professional training and systems arising from the colonial experience of African countries are also thought to enhance the pull factors (Dovlo, 2004).

Many African nations have tried a combination of strategies to curb the exodus of nurses from their various countries to developed countries with more attractive economies. These strategies have included improved remunerations, better working conditions, bonding and compulsory service schemes, extended retirement age among
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others. The study reviews the push and pull factors with a view to drawing the strategies and policy options to stem the tide.

Methodology
Six out of resulting 680 references from electronic search were found worthy of review because they adequately address the research goals of unearthing the motivating factors responsible for nurses’ migration from Africa to the developed countries, factors that will help improve the recruitment and retention of nurses in Africa, and how best to use the findings from above to improve the retention of nurses in Africa.

Using a data extraction form adapted from Greenhalgh et al (2005, the selected studies were summarized based on their design, the research questions, context and coverage, findings, and validity of conclusions (Table 5.1). This Greenhalgh mode of analysis was used due to the differences in the methodologies used in the included papers. A narrative synthesis was used to summarize their findings.

Of the selected included papers, four (Mariani et al, 2003; Chikanda, 2005; Hansdotter, 2007 and Adamson et al, 2005) used qualitative research methodology, one (Mangham, 2007) used quantitative research methodology and one (Nguyen et al, 2008) used a mixture of both qualitative and quantitative methodologies. The countries studied were from Africa: South Africa (Mariani, et al, 2003), Zimbabwe (Chikanda, 2005), Zambia (Hansdotter, 2007), Uganda (Nguyen et al, 2008), Malawi (Adamson et al, 2005) and Malawi (Mangham, 2007).

Results and Discussion
Nine major themes were discovered in the process of reviewing the selected studies (Table 5.2). These themes constitute the motivating factors for nurses’ migration:

1. Desire for higher education;
2. Desire for higher pay;
3. Desire for career prospect;
4. The impact of staff shortage;
5. Lack of recognition;
6. Unsafe working conditions;
7. Lack of supervision;
8. Poor facility and equipment;
9. Better safe living condition

There were other minor themes related to poor staff relationship (Mariani et al, 2003; Adamson et al, 2005), patient complaints (Mariani et al, 2003) and the impact of HIV/AIDS (Nguyen et al, 2008; Mangham, 2007). The number of papers that discussed a particular theme tend to highlight how important that theme is as a motivating factor.

A report illustrates the increasing level of recruitment of doctors to the United Kingdom (UK) from selected source countries including three African countries. These three African countries alone supply 7,873 general duty doctors and 1,384 specialists registered in the UK as at 2004. The number of Ghanaian doctors and specialists on full registration represents about 20 per cent of the stock in public service in Ghana. The situation is worse with the nursing profession. Currently about 45% of all new entrants into the UK nursing register are from international sources, compared with between 12 and 15% in 1996 (Dovlo, 2004). Top ten countries losing nurses to the UK in 2002 include 6 African countries, some with relatively small health professional stocks, such as Mauritius (Table 5.3).
## Retention strategies for the migrating African nurse

### Table 5.1: Design/methodology, the research question, study coverage extent and findings/conclusion of selected studies

<table>
<thead>
<tr>
<th>Study/Year</th>
<th>Country</th>
<th>Design/Methodology</th>
<th>Research questions</th>
<th>Coverage</th>
<th>Findings/Concl.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mariani et al.</td>
<td>South Africa</td>
<td>Qualitative interview with nurses.</td>
<td>Reasons for nurses’ migration</td>
<td>79 health clinics in KwaZulu Natal Province- South Africa</td>
<td>56% of Nurses willing to travel abroad. A call to halt it.</td>
</tr>
<tr>
<td>(April,2003)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chikanda, Abel.</td>
<td>Zimbabwe</td>
<td>Qualitative interview with nurses.</td>
<td>Reasons for nurses’ migration</td>
<td>One tertiary hospital, five regional and six district hospitals</td>
<td>Increasing number of nurses’ migration. A call to halt it.</td>
</tr>
<tr>
<td>(2004)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hansdotter, Frida. (2007)</td>
<td>Zambia</td>
<td>Qualitative interview with nurses.</td>
<td>Reasons for nurses’ migration</td>
<td>Sampled Nurses from the University of Zambia. The only university that offer BSc in nursing</td>
<td>Increased reasons for nurses to leave Zambia including poor finance, accommodation and equipment and a growing call to halt the trend</td>
</tr>
<tr>
<td>Nguyen, L. et al (2008)</td>
<td>Uganda</td>
<td>A combination of qualitative and quantitative studies</td>
<td>Examines the reasons for nurses’ migration</td>
<td>Sampled Nurses at the only two universities offering BSc in Uganda- Makarere and Khan</td>
<td>70% of nurses will like to migrate on graduation. Reason-poor remuneration being the most.</td>
</tr>
<tr>
<td>Adamson, Muula, S. and Maseko, Fresier C.</td>
<td>Malawi</td>
<td>In-depth qualitative interview.</td>
<td>Reasons for continued nurses’ migration.</td>
<td>Nation-wide health institutions</td>
<td>Reasons for continued nurses’ migration inequitable pay, overwhelming responsibilities etc. Retention strategies include increase remuneration and improved housing.</td>
</tr>
<tr>
<td>Mangham, Lindsay (2007)</td>
<td>Malawi</td>
<td>Discrete choice experiment. Quantitative in nature. Nurses were asked to indicate their preferences to hypothetical job descriptions with six job attributes.</td>
<td>Addresses the shortage of nurses in the country.</td>
<td>A total of 107 registered nurses working in 15 of Malawi’s 27 districts were involved in the experiment.</td>
<td>Net monthly pay for nurses was poor and had statistically significant impact on how nurses valued their job and the intent to travel abroad.</td>
</tr>
</tbody>
</table>

Source: Greenhalgh et al, 2005
Table 5.2: Major motivating factors for the African nurse migration

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Desire for Higher Education</th>
<th>Desire for Higher Pay</th>
<th>Desire for Career Prospects</th>
<th>The Impact of Staff Shortage</th>
<th>Lack of Recognition</th>
<th>Unsafe Working Conditions</th>
<th>Lack of Supervision</th>
<th>Poor facilities and Equipment</th>
<th>Better and safe living conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Marian, D. et al</td>
<td>2003</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1</td>
<td>Chikanda, Abel</td>
<td>2005</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>-</td>
<td>X</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Hansdotter, Frida</td>
<td>2007</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>-</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>Nguyen, Lisa et al</td>
<td>2008</td>
<td>-</td>
<td>X</td>
<td>X</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1/5</td>
<td>Adams, S. Muual a. et al</td>
<td>2005</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>-</td>
</tr>
<tr>
<td>1/6</td>
<td>Mangham, Lindsay</td>
<td>2007</td>
<td>X</td>
<td>X</td>
<td>-</td>
<td>X</td>
<td>-</td>
<td>X</td>
<td>-</td>
<td>X</td>
</tr>
<tr>
<td>Weight / %</td>
<td></td>
<td>83.3%</td>
<td>100%</td>
<td>83.3%</td>
<td>83.3%</td>
<td>33.3%</td>
<td>83.3%</td>
<td>50%</td>
<td>66.6%</td>
<td>66.6%</td>
</tr>
</tbody>
</table>

Source: Greenhalgh, et al., 2005

x = present.
- = not present
Retention strategies for the migrating African nurse

Table 5.3: Top Ten Countries from Which Applicants for Nursing Work

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Country issued</th>
<th>No. of work permit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Philippines</td>
<td>10,242</td>
</tr>
<tr>
<td>2.</td>
<td>India</td>
<td>3,392</td>
</tr>
<tr>
<td>3.</td>
<td>South Africa</td>
<td>2,835</td>
</tr>
<tr>
<td>4.</td>
<td>Zimbabwe</td>
<td>2,346</td>
</tr>
<tr>
<td>5.</td>
<td>Nigeria</td>
<td>1,501</td>
</tr>
<tr>
<td>6.</td>
<td>Ghana</td>
<td>528</td>
</tr>
<tr>
<td>7.</td>
<td>Australia</td>
<td>503</td>
</tr>
<tr>
<td>8.</td>
<td>Pakistan</td>
<td>385</td>
</tr>
<tr>
<td>9.</td>
<td>Kenya</td>
<td>354</td>
</tr>
<tr>
<td>10.</td>
<td>Mauritius</td>
<td>351</td>
</tr>
<tr>
<td>11.</td>
<td>Others</td>
<td>2,983</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>25,602</td>
</tr>
</tbody>
</table>


The desire for higher education
A majority, 83.3% (Mariani et al, 2003; Chikanda, 2005; Hansdotter, 2007; Adamson et al, 2005 and Mangham, 2007) of the studies identified the desire for higher education as one of the compelling push factors responsible for the migration of nurses to the northern hemisphere. Chikanda (2005) submits:

*Because of insufficient opportunities for promotion and self-improvement the nurses were quick to travel overseas in search of better opportunities.*

Hansdotter (2007) observed that the opportunity to progress academically within the nurse profession was little. Yet, Mangham (2007) reported that registered nurses commonly placed importance on
opportunities for further education, usually referred to as ‘upgrading’. Nurses migrating abroad saw upgrading of their skills as a compelling push factor.

**Desire for higher pay**
All 100% (Mariani et al, 2003; Chikanda, 2005; Hansdotter, 2007; Nguyen et al, 2008; Adamson et al, 2005 and Mangham et al, 2007) of the studies saw the desire for higher pay as one of the most important reasons to migrate abroad by African nurses. This finding concurs with several other studies looking into the reasons African nurses choose to migrate northward to Europe and North America. Financial satisfaction was perceived to be highest in the United States of America (U.S.A.) and Canada (94%), followed by Europe (89%), another African country (41%), then lastly Uganda (5%). These percentages also represent the quantifiable preferences of migration out of the country by nurses. Supporting this view, Adamson et al (2005) and Mangham et al (2007) argued the nurse’s salary was very low, compared to other health professionals.

**Desire for career prospect**
About 83.3% (Mariani et al, 2003; Chikanda, 2005; Hansdotter, 2007; Nguyen et al, 2008 and Adamson et al, 2007) reported on desire for career prospects in the receiving countries as a pull factor. Mariani et al (2003) revealed that there is a significant difference when cross tabulating career development with willingness to go overseas. About 44% of those who did not expect a career promotion expressed intention to emigrate against 56% that will not emigrate because they have career prospects.

African countries have insufficient opportunities for promotion and self-improvement for nurses (Chikanda, 2005). Hansdotter (2007) mentioned a lack of structure as a reason for nurses with a B.Sc. leaving the country. This lack of structure was described as a shortage of posts where nurses with a Bachelor’s degree can make full use of their knowledge and competence, i.e. few job positions designed to fit
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and make use of the competence they have attained in training. Nguyen et al (2008) and Adamson et al (2007) reported that even nurses with higher degrees were not promoted, leading to apathy to work and resignation.

The impact of staff shortage
Another 83.3% (Mariani et al, 2003; Chikanda, 2005; Hansdotter, 2007; Adamson et al, 2005 and Mangham, 2007) highlighted on HIV/AIDS or temporary freezes on employment during austerity measures as push factors for the African nurse. Because the workload in the health services of these countries were too heavy (Hansdotter, 2007; Adamson et al, 2005 and Mangham, 2007), all participants stated shortage of equipment and staff as a significant reason for leaving the country. This situation increases the nurse/patient ratio and hence, workload was mentioned as a reason to travel abroad. It was said to generate frustration, low motivation and unhappiness among the nurses. Lack of equipment made it difficult to give the adequate care the nurses are trained to give, which created frustration. It was also described as frustrating to see the patients suffer while knowing how to alleviate their suffering, but due to lack of resources not being able to give the required care (Hansdotter, 2007).

Lack of recognition
Roughly, one third 33.3% (Mariani et al, 2003 and Adamson et al, 2005) attributed migration of African nurses to lack of recognition in their places of work. Mariani et al (2003) reported lack of recognition as a major de-motivating factor and a reason to leave the country. Those that travelled abroad for additional degrees were not accorded the proper recognition nor were they promoted for their efforts (Adamson et al, 2005). These led to resentment and frustration and further the attitude to leave the country.
Unsafe working conditions
Over 83.3% (Mariani et al, 2003; Chikanda, 2005; Hansdotter, 2005; Adamson et al, 2005 and Mangham, 2007) reported unsafe working conditions as motivating factors often fueling the migration of African nurses to the developed world. There was a general perception among health professionals that they were at an increased risk of occupational exposure to HIV and other infectious diseases, such as tuberculosis. Although almost all health facilities had a focal person responsible for universal precautions against hospital-acquired infections, the availability of supplies, such as disinfectants, was not universally guaranteed (Adamson et al, 2005). This issue was often raised alongside the shortage of resources, particularly of surgical gloves, and some nurses explained that there were circumstances where they felt compromised when treating patients, knowing that they were at risk of contracting the infection (Mangham, 2007).

Lack of supervision
One half 50% (Mariani et al, 2003; Hansdotter, 2007 and Adamson, 2005) identified lack of supervision of nurses as partly responsible for their migration to developed countries. The more experienced nurses have left for greener pastures abroad leaving behind the less experienced ones to fend for themselves. This often led to frustration and the intent to migrate (Mariani et al, 2003). The managerial support in provision of proper introduction and job orientation was weak in the workplace. Nurses experienced a feeling of standing alone in difficult work situations (Hansdotter, 2007).

Supervision is perceived to be a motivating factor by health workers. Confirming his concern, supervisors blamed it on a lack of resources, especially transport, coupled with other commitments and responsibilities. In some cases, supervisors lacked the requisite training and experience, so they had a poor understanding and appreciation of the importance of supervision. For fear of exposing their shortcomings, some supervisors did no supervision at all. Lack of supervision
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resulted in workers feeling unappreciated, demotivated and frustrated, and was an acknowledged push factor (Adamson, 2005).

**Poor facility and equipment**
Two-thirds 66% (Mariani et al, 2003; Chikanda, 2005; Hansdotter, 2007 and Mangham, 2007) identified poor facility and equipment as a major push factor responsible for the migration of nurses from Africa to the developed. “Unsafe working conditions” were the most important de-motivating factors for nurses working at health centres (HC), followed by “dissatisfaction with salary” and “poor equipment” (Mariani et al, 2003). Lack of resources and facilities within the health care system of the country of Zimbabwe was cited by 45% of the respondents (Chikanda, 2005) as a major de-motivating factor favouring nurses’ migration. “All participants (Hansdotter, 2007; Mangham, 2007) stated shortage of equipment and staff as a significant reason for leaving the country. A situation of not having adequate equipment in the wards as well as teaching institutions was described.

Also, a shortage of staff, which increases the nurse/patient ratio and hence the workload, was mentioned. It was said to generate frustration, low motivation and unhappiness among the nurses. Lack of equipment made it difficult to give the adequate care the nurses are trained to give and this created frustration. It was also described as frustrating to see the patients suffer while knowing how to alleviate that suffering, but due to lack of resources not being able to give the required care.

**Better and safe living condition**
Two-thirds 66% (Chikanda, 2005; Hansdotter, 2007; Nguyen et al, 2008 and Mangham, 2007) identified better and safe living condition in developed countries as a major pull factor accounting for nurses’ migration. About 47.2% of participants intended to emigrate for better living conditions (Chikanda, 2005) and about 50% envied their
colleagues who leave the country and make better money to improve their standard of living (Hansdotter, 2007).

**Improving retention of African nurses**

Improving retention of African nurses will require reversing the push factors that are responsible for their emigration in the first place. This will require first of all developing incentive strategies that are country-specific because what may work in one country may not work in the other. Also, gender and marital status are worthy issues that also must be considered. Females respond differently from males to push factors, so also are the married from the unmarried.

Nevertheless, there are some general factors worthy of mention. The survey revealed that better salary is a major retention factor for the nurses (76.6%), better fringe benefits (71.4%), a more pleasant working environment (69.3%), improved facilities and resources in the care system (63.3%) and a reasonable workload (59.7%). Other retention factors include the presence of a more peaceful social environment (51.5%) and more accessible education and training opportunities (50.6%).

Most of the key informants (83.3%) agreed that better salaries could lure skilled personnel back to their country of origin. Better incentives (58.3%) were also cited as a major pull factor for skilled health personnel residing outside the country. Other factors that can influence the return of health professionals residing abroad are good working conditions (33.3%), prospects for further education (16.7%), redress of macro-economic environment (16.7%) and a well-developed human resources policy (16.7%). A stable political climate (41.7%) and the provision of adequate drugs and equipment (25%) were also cited as some of the factors that might influence the return of skilled health personnel.

Thus, the main reasons for wanting to emigrate are not just economic. Although, adequate reward is a prerequisite for achieving the minimum level of acceptable performance, other conditions,
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including job security, housing, sick and maternity leave, and benefits for school children, are also important.

Hansdotter (2007) suggests that salary is just one of the reasons why nurses are quitting, but that dissatisfaction with training and promotion opportunities has a stronger impact than workload and pay. Motivation can be raised through clear job descriptions related to the tasks to be performed. When talking about possible interventions that would help to retain nurses with a Bachelor’s degree in nursing almost every participant suggested financial interventions. The majority of the participants mentioned improved salaries as the most important intervention. The majority of the participants also suggested facilitating loans, car loans and house loans, to nurses as an important intervention that would assist the nurses and possibly retain them in the country. It was mentioned how these loans are supposed to be offered to all degree holders but how in reality the possibility for nurses is not there. A retention package was also suggested as something that should be given to nurses with a B.Sc degree as an incentive in order to retain them. Other allowances were also mentioned e.g. risk allowance, children’s allowance and improved rural hardship allowance. Also mentioned to be an important intervention was the development of an adequate salary scale for nurses. According to Adamson et al (2005), a combination of nine financial and non-financial incentives was seen as important. Financial measures proposed, together with bonding mechanism, supported by advocacy with international bodies including the World Bank and the International Monetary Fund (IMF) to retain nurses include:

- increasing remuneration;
- using the 'cash budget policy';
- assisting with house ownership;
- providing free anti-retrovirals (ARVs);
- ensuring mandatory public health sector employment;
- providing re-employment after leaving public sector;
- strengthening health professionals’ associations;
using the Health Services Commission; and
decentralising health services.

Conclusion and policy recommendations
Improving African countries health systems, both at the district and national levels is critical to meeting the MDGs. The issue of high quality health care for these countries cannot be resolved unless factors that contribute to the de-motivation of staff are comprehensively addressed. It is clearly understood that nurses have left the shores of their countries in Africa for many reasons pertaining to unfulfilled financial expectation to career actualization. Addressing this issue of brain-drain of nurses require concerted policy initiative to control their outflow. More information is needed to strengthen the evidence base for effective health human resource management and strategies for policy decisions in these countries.

Policy recommendations should focus on reversing the push factors that work in different countries. Some general factors and incentives, if well managed, will help retain nurses in their various countries and even pull back those already gainfully employed outside their respective countries. They may include:

- Subsidies for child education (i.e. books voucher, discounted computers etc.)
- Housing
- Sick and maternity leave to be more generous
- Outstanding nurses of the month award
- Time off
- Cash substitutes (gift certificates)
- Certificate of achievement

Policy measures on the retention of nurses should include the provision of housing and a transport allowance, call and stand-by allowances, a performance management system, salary reviews, fellowship and scholarship programmes, advanced training programmes and bonding.
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of newly trained graduates. Fellowship and scholarship programmes, together with advanced training programmes are meant to enhance the capacity of the health professionals in the discharge of their services and are also meant to reduce the migration of health professionals for reasons of furthering their studies.

Recognition awards for outstanding performances should be put in place for health staff. In order to create rewards that may produce a real impact on motivation, it is critical to identify what is of value to health personnel and what is perceived fair and equitable. This could be done by carrying out a mail survey to ask what motivates nurses.

A profile of students with high sense of national loyalty and lesser desire to emigrate was realized especially among married couples who also expressed willingness to work in the rural areas. This creates a new policy implication that the government and nursing schools may want to court a particular "profile" of students associated with a lower tendency to emigrate and a higher sense of loyalty to the country when choosing whose education to subsidize or admit to nursing school. These are usually the students who wished to work in public practice or a rural area. Government funding for nursing education could thus be prioritized towards these types of students, as opposed to being based solely on academic test scores. In this manner, governmental resources would be retained within country. Preferential admission based on a particular profile has been a strategy utilized for many years by numerous U.S.A. medical schools in an attempt to increase the number of physicians working in rural areas.

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A STUDY ON PIONEER MARKETING THOUGHTS

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Abstract
The study reviews the works of pioneers in marketing thought, appreciating their contributions to the marketing place. It is aimed at reviving the interest for historical marketing, which has been on the steady decline in the 21st century. The history of marketing thought includes not only the ideas, theories, and schools of thought, but also the centre of influence upon marketing thought. The study worked with secondary data. The publications of the marketing scholars provided the literature base for this review. The search included all of the major marketing journals, business and economic history periodicals, and an internet bibliographic search. The search was a thorough, yet not exhaustive review, of the literature. The finding of the study showed the humble conception of marketing, the available early courses in marketing, the emergence of earlier teachers in marketing, and early contributors to marketing thought. The implication of the study suggests that today marketing must be understood not in the old sense of making, a sale, but in the new sense of satisfying customer needs. This means that if the marketer does a good job of understanding consumer needs; develop products that provide superior value; and prices, distributes and promotes them effectively, these products will sell very easily.
Introduction
According to Bartel (1962: 3- 4), if marketing thought is an expression of what is known about marketing, it follows that the beginnings of marketing thought would be traceable to the beginnings of marketing. If, as is commonly claimed, the beginnings of marketing are lost in antiquity, the beginnings of marketing thought would be equally ancient. That this cannot be taken for granted, however, is clear from the fact that the beginnings of marketing are associated with events following the turn of the 20th century. It is, therefore, of concern in this study to review the efforts of the pioneers in marketing thought in order to appreciate the contribution of those who were concerned with solving problems of the market place. Also, the study is intended to revive interest for historical marketing, which has been on the decline in this 21st century.

New market problems at the beginning of the 21st century did not of themselves produce a body of marketing thought. They impelled inquiry, resulting in teaching and writing and in gradual evolution of thought, involving new concepts, literature, educational programmes, and business practices. Neither did the information provided by early studies constitute a body of thought. That developed only as thought about marketing attained structure, breadth, and maturity. Nevertheless, from the new circumstances, and from men’s endeavour to make the best of them, has arisen in the name of marketing thought a significant body of social and economic knowledge.

As this accumulation of information and knowledge has been viewed objectively in recent years, interest in its origin and character has increased. There has been speculation as to whether the study of marketing has attained the status of a science, and why it has developed in the particular way that it has. Such questions relate to facts about the beginnings of the study of marketing that passing time is increasingly making obscure. They are facts, however, that are important to understand if one is to gain a correct appreciation of the influences that shaped marketing thought.
Research method
This study worked with secondary data. Related works were used to examine the development of the literatures, biographies of the pioneer scholars, the role played by important organisations and institutions, the history of university teaching, and of course, the development of concepts, theories and schools of thoughts. If one were looking for a single publication which signalled the emergence (or rather, the revival) of history as a “legitimate” field within the marketing discipline, it might either be Ronald Savitt’s (1980) Historical Research in Marketing published in the Journal of Marketing or Robert Bartel’s (1962) The Development of Marketing Thought. These works were very helpful for this study. Other historical and development research by marketing scholars published primarily in marketing or marketing-related publications, also provided the literature base for this study. The search included all the major marketing journals, business and economic history periodicals, and an internet bibliographic search. It was a thorough, yet not exhaustive review of the literature.

Literature Search
From the early 1930s to the late 1950s historical research in marketing was dominated by the study of marketing thought. During this period, attention was focused on tracing the earliest literature and marketing courses taught in American Universities (Converse, 1959: 76-88). Other early historical studies focused on the individuals and organisations that pioneered the development of the marketing thought (Coolseens, 1936: 120-130), and a series of 23 biographical sketches published in the Journal of Marketing between 1956 and 1962 was later compiled in a book (Wright and Dimsdale, 1974: 23-26).

Bartels’ (1951: 1-17) article entitled “Influences on the development of marketing thought,1900-1923” was seminal in that it was an early attempt to go beyond a simple chronicle of “firsts.” It drew upon numerous interviews of pioneer scholars in order to examine some of the sources of early marketing ideas. Bartels’ article
was also the most ambitious historical analysis at that time based, as it was, on his 1941 doctoral dissertation at Ohio State University.

During the 1950s, a trend began towards focusing on the history of marketing concepts, theories, and schools of thought. Cassels (1936: 129-133) had earlier examined the influence of significant schools of economic thought on marketing, but it was not until the 1950s that marketing ideas were developed enough to warrant a retrospective. An important collection of such articles was published in 1951 under the title *Changing Perspective in Marketing*. It claimed to be “one of the few, if not the only one, in which a series of papers has been compiled to give historical treatment and perspective to the development of marketing thought” (Wales, 1951: 72-81). This includes topics, such as retailing, sales management, marketing research and marketing theory.

Converse (1959: 27-34) noted remarkably a transition point, both in time and in depth of analysis, in the history of marketing thought. On his own, Bartels (1962: 29-45) noted the major events that played role in the development of marketing thought since 1990. Schwartze (1982: 23-27) was more concerned with specific theories in marketing. In addition to examining the historical development of well recognised marketing theories, such as retail gravitation, regionale theory, marketing functions and fundamentalist theory, he included chapters examining the potential contribution of fields, such as social physics and game theory.

During the 1960s, some researchers began to integrate marketing history with the history of marketing thought. Such work went beyond the simplistic approach to earlier writings by using the history of marketing practice to interpret the development of marketing thought (Jones, 1992: 126-138). As the marketing discipline moved away from the institutional and commodity schools of thought, and began to popularise marketing functions through managerial approach, research in marketing history reflected that trend (Savitt, 1980: 53-54).

Ironically, as the 1960s drew to a close, there seemed to be a decline of interest in historical research in marketing. The marketing
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discipline had been moving during the 1960s in a more quantitative, scientific direction and perhaps historical research seemed less rigorous (Schwartzc, 1982: 48-49). The quantity and quality of historical research in marketing have grown enormously since the early 1980s. Of course, much of this work is accounted for by the marketing history conferences.

Findings and Discussion
As might be expected in the development of a body of scientific knowledge, universities and men engaged in academic pursuits have played a major role in the evolving of marketing thought. It was in response to social issues more than to business urgency that schools first began to offer courses in the distributive trades, for businessmen and others early in the 20th century viewed dimly the profitability of such study (Bartels, 1976: 12-19). In keeping with programme, however, universities and academicians did foresee new lines, along which the business economy was developing, and they gave expression to what they knew.

Pioneer Teachers of Marketing
An early impulse to the formation of marketing thought lay in the decisions, by whomever they were made, to provide at several universities courses that dealt with what was then known as the distributive industries. According to Bartels (1962: 29), the first of such courses on record were given between 1900 and 1910 as follows:

1902 — University of Michigan, by B.D. Jones
1902 — University of California, by Simon Litman
1902 — University of Illinois, by George M. Fisk
1903 — University of Pennsylvania, by W.B. Kreusi
1904 — University Pennsylvania, by H.S. Person
1905 — The Ohio State University, by James B. Hargety
1908 — Northwestern University
1909 — University of Pittsburgh
The background of all those courses is not known (Hagerty, 1936: 20), but it appears that the idea for such a course did not always originate with the individual who taught. Some were assigned to teach a course; others undertook it as a product of their research interest. In any case, the beginnings of thought were original, and there is no indication that any teacher prior to 1910 had any knowledge of anyone else working in this field (Bartels, 1962: 29).

According to Hagerty (1936: 48), inductive research and descriptive findings characterized the studies he made among businessmen in Philadelphia, who were amazed that anyone should be objectively interested in their practices and curious as to what use could possibly be made of such information. He used for text purpose, after 1905, volume 6 of the *Industrial Commission Reports* dealing with the distribution of farm products. He also had businessmen speak to his classes, but found that he had to spend several hours with them showing what he wanted them to tell the class (Weld, 1941: 380-381).

When Simon Litman was asked to teach a course called *The Technique of Trade and Commerce*, he had never heard of such a subject. Moreover, he was unfamiliar with American business, for he had lived and been educated in Russia, France and Germany. He assumed that the “problem and methods do not differ in essentials from country to country” and that “fundamentals are the same irrespective of boundaries within which they are being applied” (Litman, 1950: 220). For help in planning and organizing his course, he relied upon material obtained from treaties by three German writers: Cohn, Grunzel, and Van de Borgt. Thus, Litman brought to the study of marketing a viewpoint probably unlike that of anyone else at that time. He may have been justified in emphasizing similarities rather than differences among practices of various countries more than that later, for the practice of marketing had not yet wrought changes in American
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business that during ensuing years were to differentiate it from business elsewhere.

Pioneer Courses in Marketing

Notwithstanding the immaturity of concepts and thought during those early years, the content of courses offered showed that they have dealt substantially with the subject that was later called marketing. At that time, the course titles usually identified them with distribution rather than marketing (Maynard, 1941: 382). Bulletins from two universities reveal the following content of their courses during the first years in which they were offered:

i. University of Michigan — 1902 (Distributive and Regulative Industries of the United States — Course Content and Description. This course will include a description of the various methods of marketing goods, of the classification, grades, brands employed, and of wholesale and retail trade. Attention will also be given to those private organisations, not connected with money and banking, which guide and control the industrial process, such as trade associations, boards of trade and chambers of commerce, etc. (Bartels, 1962: 30.).

ii. The Ohio State University — 1906 (Distribution of Products - Course Content and Description). This course considers mercantile organisations from points and views: (1) the evolution of mercantile organisations in the United States and their relation to each other; the origin and development of the various mercantile institutions with special reference to economic conditions which brought them into existence and perpetuated them. The various methods of marketing goods, and the functions of the various distributors, manufacturers, manufacturers’ agents, brokers, jobbers, traveling salesmen, etc. Advertising, its
psychological laws, its economic importance and the changes it has introduced in selling goods. The work of stock and produce exchanges. (2) The internal or administrative organisation in mercantile concerns. A study of the divisions and subdivisions of mercantile concerns amid the relation of the various departments to each other and to the whole. The systems in use of recording and preserving data (Bartels, 1962: 32).

Following the initial offering of courses in distribution, marketing thought developed in specialized areas as courses and writings grew simultaneously. Frequently, the necessity to teach a course in a particular subject impelled research and writing by the teacher; at other times the availability of writings encouraged the multiplication of courses in some phase of marketing. As an example of the growth of thought expressed in course offerings, the additions to the curriculum in marketing at the Ohio State University are cited in Bartels (1962:31-32) as follows:

1905 Spring — Distribution of products offered for the first time.

1905-1906 — The course was expanded into a year’s work, two terms (Fall, 1905; Winter, 1906). It was titled Distribution and Regulative Institutions; in the Spring term, 1906, Commercial Credit was offered.

1906 — Title of Distributive and Regulative Institutions was changed to Mercantile Institutions.

1909-1910 - Commercial Credit was dropped, but the subject was absorbed in the international course. Two courses were then in effect: Mercantile Institutions in Domestic Trade,
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and Foreign Markets and the Consular System.

1911 — Principles of Advertising was added and it has been offered Continuously since that time.

1915-1916 - Title of Mercantile Institutions was changed to Marketing.

1916-1917- Salesmanship was added.

1920-1921 - Wholesaling and Retailing were added.

1921 - The curriculum consisted of the following courses: Business Communications, Marketing; Marketing Problems; Wholesaling; Retailings; Credits and Collections; Salesmanship; Advertising; Advertising Practice; Importing; Research in Marketing.

1925 — Sales Management was combined with Salesmanship

1927 — Marketing Problems was omitted.

1940 — Credit Problems was introduced.

1940 — Business Research and Market Research became two courses.

1941 - Salesmanship and Sales Management became two courses.

Conception of Marketing by a Pioneer

During the earliest years of the study and teaching of distributive trade practices, no use was made of the word Marketing. Instead, trade, commerce and distribution were the most common designations of the area to which thought was being given. Between 1900 and 1910, conceptual changes occurred that resulted in the adoption of the term marketing to identify this field. As the study of distribution began simultaneously in several places, it is reasonable to think that several people may also have felt the necessity of finding a new term to
designate the subject with which they were dealing. Ralph Starr Butler, then a professor at the University of Wisconsin, has told how he, for one, conceived Marketing.

In considering the whole field of selling, I developed the idea that personal salesmanship and advertising had to do simply with the final expression of the selling idea. My experience with the Procter and Gamble company had convinced me that a manufacturer seeking to market a product had to consider and solve a large number of problems before he ever gave expression to the selling idea of sending a salesman on the road or inserting an advertisement in a publication.

I surveyed the very meager literature of business which was available at that time and was astonished to find that the particular field that I have very briefly described above had never been treated by any writer. I decided to prepare a correspondence course covering this phase of business activity.

In brief the subject that I intended to treat was to include a study of everything that the promoter of a product has to do prior to his actual use of salesman and of advertising. A name was needed for this field of business activity. I remember the difficulties I had in finding a suitable name, but I finally decided on the phrase MARKETING METHODS (Bands, 1962: 32).

Recognising that the subject with which they were dealing was different from that designated by distribution or trade, other men also used the term marketing, and gradually it became accepted in both course and book titles, as is indicated in Bartels (1962: 33) by the following:
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1902 — *Universities of Michigan Bulletin* used the phrase *Various Methods of Marketing Goods* in the description of the course entitled *The Distribution and Regulative Industries of the United States*.


1909 — *University of Pittsburgh* offered a course entitled *Marketing of Products*.

1910 — *University of Wisconsin* offered a course entitled *Marketing Methods*, taught by Ralph Starr Butler, who also that year published six pamphlets, with the same title.

1913 — *University of Wisconsin* offered a course entitled *The Marketing of Farm Products*, taught by Louis D.H. Weld.


1917 — Ralph Starr Butler published *Marketing Methods*.

**Pioneer Contributors to Marketing thought**

In comparison to the number of men who were engaged in marketing practice early in the 20th century, or even of those who taught and wrote on the subject, the number who made significant contributions to the development of marketing thought was small. Contributions consisted of a variety of undertakings: original research, new conceptions, fresh viewpoints, innovative writing or teaching, unprecedented analysis or synthesis of thought. Judged by their works and by consensus of men making contributions to marketing thought, the following men in Bartels (1962: 33-34) were leaders in the development of marketing (Table 6.1). The number of teachers contributing to marketing thought increased as the study of the subject gained momentum and scope. Among them there was remarkable stability of devotion to advancing knowledge of marketing. Having
once taught in this field, most men remained in that occupation, and of those who were so engaged in teaching before 1920 a great many remained in that work into the 1930s.

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Some early teachers were drawn from marketing to other interests. Others left teaching entirely; but the majority continued in that work. Few men remained long in their first teaching assignment. On the other hand, when once well established, they were little inclined to change schools, for they bore responsibilities for developing courses and programme upon which their reputations were to rest (Bartels, 1962: 34; Bartels, 1988: 66-68; Savitt, 1980: 52-58; Converse, 1959; 73-77).

**Implications and Conclusion**

As writers, those pioneers were very impressive. To them may be traced roots not only of general writings on marketing but also of such specialized fields as agricultural marketing, advertising, retailing, commercial research, salesmanship, wholesaling, credits and
collection, marketing of manufactured goods and compilations of case and problem materials. It would be difficult to find elsewhere such a small group to whom so much credit is due for the development of an important segment of human knowledge.

As knowledge of marketing increased, it was influenced by the characteristics of the men who produced it and by the environments in which they worked. The schools where the first four or five marketing courses were taught were not the ones whence emanated the foremost marketing scholars of the first two decades of the study of marketing. Preparation for original thought in that area was best achieved at established, advanced, and liberal centres of learning at that time.

The works of the pioneers laid the foundation for the growth of marketing as a discipline. With the founding in 1915 of the National Association of Teachers of Advertising (NATA) leading to the formation of the American Marketing Association (AMA) in 1937, there emerged an important impetus for historical work (Agnew, 1941: 374-379). These first attempts formally to organize marketing scholars led naturally to reflections about the origins and development of this emerging discipline. At the same time, these events provided specialised outlets for the publication of such historical reflection. Thus, there were a number of attempts to put things on the record.

Today, marketing must be understood not in the old sense of marketing a sale –“telling and selling” - but in the new sense of satisfying customer needs. If the marketer does a good job of understanding consumer needs; develops products that provide superior value; and prices, distributes, promotes them effectively, these products will sell very easily. Thus, selling and advertising are only part of a larger “marketing mix” - a set of marketing tools that work together to satisfy customer needs and build customer relationship.

Broadly defined in this century, marketing is a social and managerial process by which individuals and groups obtain what they need and want through creating and exchanging values with others. In a narrower business context, marketing involves building profitable value-lader exchange relationships with customers. Hence, we define
marketing as the process by which companies create value for customers and build strong customer relationships in order to capture value from customers in return (Kotler and Armstrong, 2006: 5).

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Pioneer Marketing Thoughts


BOOK REVIEW

Title Page: Federal Presence in Nigeria: The “Sung” and “Unsung” Basis for Ethnic Grievance

Authors: Festus O. Egwaikhide, Victor A. Isununah, and Olumide S. Ayodele

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Nigeria, the oxymoronic land and clime of riches and rags, prosperity and poverty, and development of underdevelopment, is a federation, comprising of 36 federating states, a federal capital Abuja and 774 local governments. Federalism is a constitutionally established system with a least two tiers of government each of which has some genuine autonomy from the other. The governments at each level are primarily accountable to their respective electorates.

Like most federations, notably, USA, India, Brazil, Australia and South Africa, Nigeria is forged in the thesis and antithesis of multiplicities and complexities with a synthesis of unity in diversity. Superintending the Nigerian federation is a federal government saddled with the responsibility of welding the federating units together by managing the contending and contentious individual, group, state, ethnic, regional and geopolitical interests.

A major strategy for an effective management of the multivariate interests is Federal Presence which defines the
expenditure profile of the federal government and complements federal allocations for sub-national governance. Federal Presence in Nigeria is a vexed and volatile issue aptly described by the book under review as ‘the sung and unsung basis for ethnic grievance”, and ethnic jingoism for that matter. In other words, Federal Presence or lack of it is the manifest and latent cause of ethnic grievance in Nigeria. This is so because of the skewed pyramid of Nigerian federation.

A federation is supposed to be a normal pyramid with a loose centre and resources and wealth generated, concentrated and channeled at the base comprising the state and/or local governments, for sustainable development. But Nigerian case is an inverted pyramid with the centre having a disproportional share of the resources which it spends according to its whims and caprices on federal projects, interpreted as Federal Presence.

Another factor that underpins the contentious nature of Federal Presence in Nigeria is the wooly substructure and superstructure of Nigeria’s federation. Late Chief Obafemi Awolowo, in a rare gift of clairvoyance and presence of mind described Nigeria as “a mere geographical expression”. The disparate and disparaged ethnic groups are yet to be welded smugly together by any furnace of nationalism. Past and present Nigerian leaders have exhibited little or no statesmanship and sportsmanship in statecraft and leadership. They have at best been clannish scoundrels who don’t believe in the Nigerian Project. Thus, Federal Presence and Federal Allocation are uneven and inequitable, dogged with lamentations of marginalization. This is the trouble with Nigeria which is at the root of the Nigeria Biafra War, Gideon Orkar’s Separatist Coup, the Niger Delta Region crisis and the strident calls for Sovereign National Conference, Resource Control, Confederacy and Irredentism.

In the introduction to the book, the authors noted that “it is well documented, even to the point of being ‘flogged’ that the Centre monopolizes a large chunk of expenditure resources, however, the spatial distribution of federal expenditures as the other side of revenue sharing among regions has not been investigated in studies into
Nigerian fiscal federalism”. It is a well-known fact in public finance and macro-economics that expenditures on projects have multiplier effects which impact on the economic growth and development of an area. This is the literature gap that the book has come to fill.

As regards the content analysis, the book’s major strength is in its empiricism, with the study covering the entire country which enhances more accurate generalizations on the pattern of resources distribution in Nigeria. The First Chapter is predictably the “Introduction” which is a synopsis of the work. The Second Chapter is a Literature Review on ethno-regional competition for resources in Nigeria. Chapter Three, deals with Nigeria’s Fiscal History including the demand for resource control and the effects of the Supreme Court judgment on onshore/ offshore oil dichotomy. Chapter Four is on Educational Facilities and their beneficiaries as a measure of Federal Presence or lack of it. Chapter Five is on Appointments into Federal Public Service as a metaphor for Federal Presence. The Distribution of Health Benefits in terms of Federal Ministry of Health (FMOH) capital expenditures is the theme of Chapter Six. Federal Expenditure on Roads, Housing and Erosion Control is the title of Chapter Seven. Chapter Eight is the Conclusion. The book concludes that the South-West is unmistakably the greatest gainer of Federal Presence. The South-South fares very well contrary to popular opinion or received knowledge.

Except for federal expenditures on erosion control, the South-East is worse off. This perhaps reinforces the South East’s lamentation of marginalization and clamour for reintegration into the mainstream of Nigerian politics by being gifted with the Presidency. In terms of regional comparison, the South is the greater gainer than the North and perhaps explains the North’s agitation for monopoly of political power to guarantee some leverage.

Given these findings, the book poses the questions: “where lies the power of what the federal government retains? Is it headship of the state or influence in the civil services?” The implication is that both the presidency and civil service are bulwarks for favourable policy
decisions, policy and project implementations. It is important to note that the distribution of the type of resources focused by this study is guided by some unalterable criteria, which benefit those with the advantage of a head start or drive.

The book is a leading and authoritative publication on Federal Presence or lack of it in Nigeria. But the book raises some fundamental questions. For one, the work relies heavily on time series, cross country, aggregated data between 1966 and 2001. What happened to a more current data, from 2002-2008 before the year of publication (2009)? Were the authors hamstrung by Nigeria’s proverbial poor keeping of records and data? Did it take eight years between when the data was collected (2001) and the year of publication (2009) to collate analyze and present the data in a publication? Will the South, especially the South-West and South-South accept the findings? Will the findings assuage the feelings of the South-South over resource control and stem the tide of militancy? Is it not contradictory that the North which has held more political power than the South will enjoy less Federal Presence than the South? Does the study justify the lamentations of the South-East ‘that they are grossly marginalized and disempowered and that bitterness, unforgiveness and fear are the morbid emotions the rest of Nigeria nurse against them?’

After thunder, comes rain! The South-East, after the bitter experiences, losses and reversals of the civil war, now believe strongly in the Nigerian Project and therefore should be given a “federal presence” personified in producing the next president of Nigeria in 2015. Dr. Alex Ekweme Committee’s altruistic and nationalistic recommendation that the presidency should be rotated among the six geopolitical zones of Nigeria, and made a constitutional provision, is the most auspicious and pragmatic equity consideration, given Nigerians peculiar geopolitics and ethnic grievance. This, coupled with effective application and astute management of federal character, fiscal federalism, quota system, gender mainstreaming, integrated rural and urban development and responsible leadership, would ensure an inclusive, stable and progressive polity, away from centripetal forces
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of an eclipse. Otherwise, Nigeria will continue to be tottering and faltering dangerously on the edge of the precipice waiting anxiously for the verdict of history, as a failed state.
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Paper should conform to Harvard style of citation and referencing. Citation in the text is by author’s surname, year of publication and page where necessary, e.g. Moma (2008: 13) for in-sentence citation or (Moma, 2008:13); (Okolo and Adams, 2007); (Musa et al, 2003); (Mica, 1975 a and b), as appropriate, for end-sentence citation. Several citations by the same author should be arranged by date of publication. Full references should be listed alphabetically by author’s surname, followed by initials.

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