

Introducing the *Vice Syndrome Theory (VST)*: A Model of Nursing Administration

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Abstract

Among the many contributions of Professor Rasidi Akinade Salawu to nursing profession in Nigeria, is his introduction into nursing of a model about the prevailing administrative and managerial environment in nursing. Although not formally documented all these years, many nurse managers, his colleagues as well as students (like us) who have encountered him have informally experienced and applied the tenets of this model in their day-to-day running of their wards and units. Drawing from Management and Nursing Science philosophies, Rasidi Akinade Salawu developed the *Vice Syndrome Theory* which has led to a better understanding of the intrigues and patterns in the working relationships between heads of units/departments/organisations and their deputies within the nursing circles. This presentation aims at sensitising the nursing (and general) scientific world to increase the awareness of this model, and increase its acceptance as an explanation for administrative processes and its application in a variety of research settings. This model has a great potential to make nursing administration more robust with sound scientific explanation. It will be an alternative paradigm for describing, explaining and predicting and therefore control issues of leader-deputy (“boss-vice”) engagements.

Keywords: Nursing administration, theory, leadership, Vice, Deputy, Boss, nursing knowledge.

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PREAMBLE

From time immemorial, organizations have had to contend with the rivalry between the boss and his deputy. Often, the relationship between a leader and his vice (or deputy) has not always been a smooth one. This and many aspects of the “boss-vice” relationship are what the *Vice Syndrome Theory* brings to the forefront.

The theory was propounded by Professor Salawu in 1994 as part of his innovative approaches to teaching and many years of observation and experiences in diverse clinical and administrative capacities. The theory presents real-life circumstances in everyday administrative and leader-deputy relationships and scenarios, locating his classical personal and professional experiences of the theorist

within the tenets of the theory. This paper presents this innovation, to colleagues, managers, administrators, researchers and the public especially public affairs analysts for interrogation, and refinement and application. Researchers are particularly enjoined to ‘give spice’ to this proposal by interrogating its empirical applications in diverse research frameworks with the intent to subsequently modify and standardise its relevance especially in managerial and administrative settings.

It is worthy of note that Professor Salawu’s ideas emanate from his many years of professional nursing practice. The principal author was a postdoctoral Masters student under the tutelage of Professor Salawu, and privileged to be exposed to this

rare repertoire of intellectual wealth of the professor and decided to share it with the co-authors, and now with the universe of intellectuals.

Let us first begin by introducing the theorist, then his “theory.” We will conclude and make recommendations to the scientific community, particularly nursing and management scientists and practitioners. Professor Rasidi Akinade Salawu is a Nigerian nurse practitioner, administrator, lecturer, researcher and a theorist.

As a professor, he presented his Inaugural Lecture titled: *The Dilemma Of Nursing Profession In Nigeria: Rebranding As Top Priority For Professional Ascendancy And Consumer Satisfaction* at Babcock University Ilishan-Remo, Ogun State Nigeria on the Thursday, November 1st, 2018.

THE VICE SYNDROME THEORY: INTRODUCTION

The Vice Syndrome Theory which may also be referred to ‘Deputy Syndrome Theory,’ is an initiative of a Nigerian Professor of Nursing that portrays the relationship that characterizes the work environment of the Head of Units, Parastatals, governmental and non-governmental agencies, and Ministries in relation with their lieutenants (deputies) within the nursing administration. The term “vice” in this theory connotes the position of the next senior officer acting as the second-in-command (2-i-c) to the head of the organisation or even a unit of an organisation.

It is necessary to state that this is a Nigerian home-grown theory of personnel management, from the perspective of a nurse administrator cum lecturer, which is aimed at providing the required precepts which is, in the words of the originator of the theory, “giving necessary warnings” to the present and future deputies as well as bosses to facilitate understanding followership (Salawu, 2007).

Overview and Origins of the Vice Syndrome Theory

Vice Syndrome Theory is a theory borne out of many years of observation and experiences in diverse clinical and administrative settings in which the theorist had worked, and his exposure as a lecturer and researcher. The theory was first articulated in 1994 during a continuing education programme for nurse leaders in Nigeria.

Some management analysts may regard this theory as part of role theory, General system theory, Bureaucratic theory, leadership theory, followership theory or compliance theory. The difference between the vice syndrome theory and other management theories is that it puts the philosophical, psychological, sociological, cognitive and psychomotor potentials of the deputy under the spotlight for better understanding and harmonious relationship in the organization.

Focus of the Theory and Variants of Vice Syndrome Theory

The deputy, due to the strategic position he/she holds in the organization is one follower/officer whose feeling, thought, speech and action can facilitate or hinder the achievement of the organization goals. According to the theorist, it has been observed that only 40% of deputies work harmoniously with the heads to achieve organisational goals while the majority (60%) operate counter to their respective heads (Salawu, 2007). This suggests that this theory can be described as having two facets or variants, which may be referred to as negative and *positive* vice syndrome theory.

VARIANTS OF VICE SYNDROME THEORY

From the foregoing, the Vice Syndrome Theory can be discussed from two perspectives: the *negative* and *positive*.

Negative Vice Syndrome Theory

This component of the theory describes the unwillingness, reluctance and inability of some officers in the second command to learn the ways the first command administers the organization. The vice or deputy shows indifference to the problems faced by his boss, rather he joins forces with the detractor of the boss to escalate the problems. Sometimes he runs the boss down in high places and antagonizes the boss in his/her presence. When the boss is on leave and picks his vice to act for him and the vice performs well, he thinks he has accomplished great feats as if that is all the job of the boss entails. He incites his subordinates or junior officers not to respect the order and directives of the boss. He denounces the directives of the boss, engages in overt or covert disloyalty and claims to be better than the boss. He campaigns and lobbies for the removal or redeployment of the boss so that he can be the boss. They work at variance with their ‘bosses’ to facilitate failure of the head, to pave way for their take-over as heads.

Change of Baton

Professor Salawu had casually observed that about 60% of deputies who took over leadership after their bosses, at any point in time, often perform woefully, distantly far below their predecessors. The factors which account for this state of affairs are many. As he put it:

When the deputies assume the reins of office, most of them are colossal failures. In fact, about 60% of them are found to be unmitigated failure, unable to clear mails on his or her table daily, unable to work harmoniously with the staff, unable to strike a balance between achievement of organization goals and personal goals of staff, unable to self-administer himself positively, unable to achieve effective communication, unable to defend the position of management before staff or board and so forth (Salawu, 2007: p.3).

Part of the explanation for this dismal level of performance is that the followers of the (deputies') subordinates were already worked up to high expectations of the performance of the new bosses" (p.1) but which, such deputies disappointedly, are unable to meet.

The Negative Vice's Antics and Sequelae

Most deputies pay little attention to the activities of their bosses, except to focus on elements and issues that have the potential to pull down the success and achievement of their bosses. All they desire is to take over the helm of affairs which often quickly come to them. Becoming the new boss (the former deputy or vice), he/she will "start with a trial-and-error method as he/she often lack experience or even training" from his/her former head (boss). In the process, he/she commits policy somersault by changing policies jointly laid down with the former boss. He/she glorifies the little progress made by him/her and undermines the huge achievement of the former boss, disregarding the fact that the little progress made by

him is due to the good foundation laid by his former boss.

However, their subordinates would not be contented with little progress as he has made promises of good results in quick succession. Soon, such subordinates are disappointed and later become frustrated. They soon ask for his replacement.

Environment of Negative Vice Syndrome Theory

The negative vice syndrome theory has many facets and dimensions, chief among which are sit-tightism, rivalry, deception, over-ambition, pull-him-down, crave for power, control or wealth, which could be on the part of the deputy, the boss or both. Thus, the negative vice syndrome may be a product of many factors. According to the theorist, what is referred to as "some factors in the management environment" that can lead to negative vice syndrome theory include 'boss factors,' 'deputy factors' and 'institutional decisions.' These factors are highlighted in Table 1.

Table 1: Factors in the Management Environment of Negative Vice Syndrome Theory

S. N	Boss Factors	Deputy Expectations
1	Lack of official legal responsibilities for the deputy, only given ad-hoc assignment.	Deputy over estimates his potential and ability to take over full control of management and shows no interest in understudying the boss.
2	Deputy not given opportunity to exercise initiative, creativity, originality, novelty, among others.	Deputy is impatient to take over.
3	Positive effort of deputy not given due recognition by the boss.	Deputy is troublesome and cantankerous
4	Deputy not involved in planning and management.	Boss is aggressive and arrogant
5	Boss allocates all jobs to himself.	One-time boss transferred to be deputy in another arm of the organization- low esteem de-motivates
6	Boss overburdens deputy to enable the latter make mistakes.	Deputy transferred elsewhere for punitive reason
7	Imprest or similar fund not transparently disbursed e.g. through a fund allocation committee.	Deputy often transferred or deployed to difficult and dangerous area or to difficult bosses- this is an irony when regarded as negative vice syndrome theory
8	Undue intimate relationship between male boss and female deputy	
9	Incompetent boss	
10	Deputy not considered for promotion or not promoted as and when due	
11	Unwillingness and insistence of boss not to vacate office when term expires(sit-tightism)	

Source: Salawu (2007) Vice Syndrome Theory Lectures

Organisational/Institutional decisions

Officers heading sections on same grade with one being overall head e.g. Chief Nursing Officer in theatre, Chief Nursing Officer in family planning and Chief Nursing Officer being in charge of the hospital/Matron's Office. It is to be noted however, that even in the presence of these negative influences from some bosses, many deputies remain resolute to serve

their bosses faithfully according to established procedures. The following organisational/institutional factors are relevant to the Vice Syndrome Theory:

- i. Keeping one boss in acting position beyond normal period in order to discredit him/her
- ii. Organisation seeks professional and administrative advice from the boss and deputy directly;

- iii. Organisation secretly planning to invite the acting boss and deputy for interview into the substantive position;
- iv. Organisation cancelling letter of promotion given to the boss and transferring same to the deputy with both working in the same place;
- v. Organisation appointing deputy as chairman of some institutional committees and keeping the boss idle;
- vi. Organisation branding the boss as too difficult for his/her refusal to work against the institutional policy and procedure and so transfer the headship to the deputy; and
- vii. Officers heading sections on the same grade.

Positive Vice Syndrome Theory (Preventive and Corrective Actions)

This component of the theory describes the willingness, and support of some officers in the second command to learn the ways the first command administers the organization, taking the place of a mentee to the first in command. According to Salawu

(2007), the positive vice or deputy accounts for only 40% of cases where the deputy provides collaborative and subordinate support to the boss to solve the problems and strive to achieve organisational goals.

Characteristics of the Positive Vice Syndrome Theory

The 40% of deputies who serve their bosses loyally, skillfully, effectively and respectfully, often understand their bosses intelligently, ask questions politely and take corrections in good faith. They carry out assignment effectively and efficiently. No wonder, a good number of them are able to translate their management potentials and experiences to proven ability when they eventually collect the baton from their bosses with mutual good will.

Environment of Positive Vice Syndrome Theory

Certain factors are however associated with positive vice syndrome, which Salawu (2019) refers to as “tips of what to do.” These include what may be referred to as a combination of ‘boss factors and deputy expectations,’ they are shown in Table 2.

Table 2: Tips of What To Do by the Boss and Deputy in Positive Vice Syndrome Theory

S. N	Boss Factors	Deputy Expectations
1	Boss avails the deputy the opportunity for management training	Deputy is expected to be willing to learn from the boss and accept corrections.
2	Boss allocates definite written responsibilities to deputy with regular reporting to the boss.	Deputy is expected to show respect and loyalty to constituted authority.
3	Boss actively involves deputy in planning, execution and evaluation of management tasks.	
4	Boss lives above board.	
5	Boss exercises reward system as appropriate, fair and just.	
6	Charisma of deputy overshadows the achievement of boss and vice-versa	
7	Health and psycho-social problems affecting deputy and/or boss	

Source: Salawu (2007) Vice Syndrome Theory Lectures

These ingredients set the stage for a supportive deputy-boss relationship. However, even in the presence of these positive boss factors, many deputies display negative tendencies because of the “desire to take over.”

APPLICATIONS OF THE THEORY IN OTHER SITUATIONS

Both variants can also be found at primary social groups such as the family, vocational settings and institutional levels as in the following cases:

- Between husband and wife
- Relationship of first wife with second wife
- Sibling rivalry for parent’s favour and property. Such siblings are in court most of the time.
- Head artisan and joiner e.g. tailor and assistant, mechanic and assistant e.t.c.
- Organizations boss and designated deputy
- Acting boss and next person

- Commissioners or ministers jostling for juicy ministries
- Clerics struggling for leadership taking themselves to court and even forging the Corporate Affairs Commission (CAC) certificate to favour them.
- Captains of sporting teams threatened with deposition by teammates. So also are champions threatened by aspirants
- 10. Teachers in a department jostling to teach popular courses and so forth.

LIMITATIONS

There are several areas of weakness in the model which require strengthening. First, empirical evidences of this model are lacking to attest to its applicability and efficacy in explaining the issues being speculated. Second, if it must fit into nursing theory, not all the four concepts of nursing theory (human person, environment, health and nursing) have been clearly

interrogated, although, the managers functioning in the administrative environment (the environment in this case appears to be the ward, units or organisation) is clearly defined. Third, there could be deputies or even heads that do not fit neatly into the two categories described. Although the two strands (positive and negative) attempt to point out and explain ‘boss’ and ‘vice’, it fails to address another possible variant, a neutral or laissez faire deputy or even head. Fourth, the use of term *boss* can be argued to be unconventional in an administrative setting. A ‘boss’ may not be necessarily a good leader but a ruler, whose posture is often predominantly authoritarian. Such may be resisted in the formal administrative set up in caring professional circles like nursing. This may explain the high negative profile in the model. Fifth, calling the work a theory appears too early, since empirical evidences are yet to justify this framework. Its theory nomenclature should however be seen as a proposed theory.

Despite these limitations, the model presents strong grounds for the nursing and social science worlds a rare explanation for running social institutions especially those settings concerned with caring: nursing, families, teaching, counselling among others. The realistic and high practical applicability of this model positions it for widespread adoption (and adaption) for use in research in a variety of settings. It has dwelt richly on the leadership structure of many nursing units in the Nigerian context.

CONCLUSION

Vice Syndrome Theory is a Nigerian home-grown model applicable to any management situation and structure including nursing profession. It is propounded to eliminate negative followership especially among deputies to make achievement of organizational goals less traumatic and with less dispersion of energy. The ‘bosses’ too have to create a conducive management environment for self-actualization of the deputy. They need to be more leaders than bosses!

STEPS TO BE TAKEN TO ENSURE CONTINUED EVOLUTION OF VST

This presentation aims to sensitise the scientific world particularly Nursing and Management communities of this ‘theory’ or model to increase the awareness of its existence for use for theoretical interrogation and evidence gathering. Its ultimate acceptance as an explanation for administrative processes and its application in a variety of research settings will depend largely on this. Attempts should therefore be made by researchers, postgraduate students and others examining administrative structures especially in nursing and other caring professions to build tools based on this model to expose its empirical relevance.

Subjecting this ‘theory’, to evaluation using the different theory evaluation models will provide the right grounds for critiquing its contribution to nursing knowledge and management science. Such exercises will help to fill in the gaps towards a richer theory. In specific terms, we recommend that:

- i. Students in all disciplines should be encouraged to use the theory as a frame work in studies to test the appropriateness.
- ii. Testing of the theory in everyday situations to test its applicability should be rigorously undertaken.
- iii. Periodic meta-analysis of papers in which the theory was used should be done to establish validity.
- iv. Importantly, the theorist could link up with renowned theorists for more interaction and support.

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