UNIVERSITY OF ILORIN

THE TWO HUNDRED AND SIXTY-SEVENTH (267TH) INAUGURAL LECTURE

"MIND OVER MATTER IN THE REMOVAL OF THICK VEIL OF NEGLIGENCE"

By

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FACULTY OF CLINICAL SCIENCES,
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UNIVERSITY OF ILORIN, NIGERIA

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Gentlemen of the Print and Electronic Media,
Distinguished Ladies and Gentlemen.

Preamble

It is with profound gratitude and a sense of purpose that I stand before you today to deliver this 267th inaugural lecture on a topic that is at the heart of our humanity: **MIND OVER MATTER IN THE REMOVAL OF THICK VEIL OF NEGLIGENCE.** This inaugural lecture is the second one in the 19 Northern States of this Federation in Nursing. It is the first to be delivered by a Professor of Nursing in North- Central Nigeria and the first in the Department of Nursing Science, University of Ilorin.

Nursing as a Profession by choice and my Journey in the World of Caring

The Vice Chancellor sir, when I was coming into nursing profession, it was seen as a second fiddle profession which was seen more or less as an apprentice and not a

profession and not many people were available to serve as mentors. Although I have family members as nurses and midwives, who I looked unto as models, like Dr. (Mrs.) Lydia Titilayo Dada who is in this hall today and Mrs. Titilayo Ologun of blessed memory. In spite of these two significant members of the family, there were people who still discouraged me from venturing into the profession. Today, the boy that was seen as going into a "*hopeless profession*" by God's grace is standing before this cream of men and women from all walks of life presenting an inaugural lecture. I actually joined nursing profession when it was not too common for men to be in nursing but I had a push in my life that since it is a profession of my choice then I should be able to make a career in it. However, one thing that further motivated me was the fact that I had many of my lecturers in the school of nursing as males including my principals (some are of blessed memories while some are still alive and, in this hall, today. They have moulded my life to become whatever I have become today and I doff my hat for all of them. This University served as a foundation for my professional nursing and it opened the door for me to explore opportunities to become what you are celebrating with me today by the grace of God. After securing a nursing job, I proceeded to the University of Ibadan for my B.Sc. in Nursing and other degrees up to Ph.D.

Mr. Vice Chancellor, I stand before you today with a profound sense of purpose and optimism as we embark on a journey of exploration and enlightenment. The title of today's inaugural lecture encapsulates a concept that is not only profound but also profoundly transformative: "Mind over Matter in the Removal of Thick Veil of Negligence." In our modern world, we are inundated with challenges, both personal and collective. These challenges often seem insurmountable, their weight bearing down upon us like an impenetrable fog. Yet, amidst this fog, lies a beacon of hope - the power of the human mind. "Mind over Matter" is not merely a catchy phrase; it is a profound truth that has been echoed throughout the annals of

history. It speaks to the inherent resilience and potentials that reside within each and every one of us. It reminds us that regardless of the obstacles we face, our minds have the capacity to transcend them.

"Mind over matter" is a concept that suggests the power of the mind to influence physical reality. It is often associated with practices like meditation, visualisation, and positive thinking, where mental focus and intention can supposedly bring about tangible results or changes in one's circumstances. The idea has deep roots in various philosophical and spiritual traditions, including ancient Eastern philosophies like Buddhism and Hinduism, as well as Western philosophical schools such as Stoicism. These traditions propose that our perceptions, thoughts, and attitudes play a significant role in shaping our experiences and outcomes in life. However, despite its long history and widespread acceptance in certain circles, the concept of "Mind over Matter" can also be met with skepticism, particularly within scientific and materialistic frameworks. Critics argue that it lacks empirical evidence and can veer into the territory of pseudoscience or magical thinking. But perhaps the real power of "Mind over Matter" lies not in its literal interpretation but in its metaphorical significance. It can serve as a reminder of the profound influence that our mindset and mental state have on our actions, decisions, and overall well-being. By cultivating mindfulness, self-awareness, and a positive outlook, we may be better equipped to navigate life's challenges and pursue our goals with greater resilience and effectiveness.

In terms of "Removing the Thick veil of Negligence," this phrase suggests overcoming ignorance or apathy towards the power of our minds and the importance of mental health. Neglecting our mental well-being can have serious consequences, both personally and collectively. It can lead to stress, anxiety, depression, and other mental health issues, as well as hinder our ability to fulfill our potentials and contribute meaningfully to society. Therefore, raising awareness about the significance of mental health and promoting practices that

support psychological resilience and flourishing is crucial. This includes destigmatising conversations around mental illness, providing access to mental health resources and support networks, and integrating mindfulness and emotional intelligence training into educational curricula and workplace environments. In essence, "Mind over Matter" can be seen as a call to recognize and harness the power of our minds to shape our lives and the world around us positively. By doing so, we can strive for greater well-being, fulfilment, and collective flourishing. But what, you may ask, does this have to do with negligence? Negligence, in its myriad forms, is the antithesis of mindful awareness. It is the thick veil that shrouds our vision, blinding us to the opportunities and responsibilities that lie before us. Whether it be personal negligence in our own lives or institutional negligence on a broader scale, the consequences are profound and far-reaching. Negligence robs us of our potentials, stifling our growth and hindering our progress. It leads to missed opportunities, shattered dreams, and untold suffering. But fear not, for where there is negligence, there is also opportunity for change.

Today, we gather not only to acknowledge the existence of this veil of negligence but also to proclaim our collective commitment to removing it. We do so with the unwavering belief that through the power of our minds, we can transcend the limitations that have held us back for far too long. But make no mistake; this journey will not be easy. It will require courage, determination, and a willingness to confront our own shortcomings. It will demand that we take responsibility for our actions and strive for excellence in all that we do. Yet, in the face of adversity, we find strength. In the depths of despair, we find hope. And in the power of our minds, we find the key to unlocking a brighter, more promising future for ourselves and for generations to come. So let us embark on this journey together, with open hearts and open minds. Let us cast aside the veil of negligence that has clouded our vision for too long and embrace the limitless potential that lies within each and every one of us.

Negligence in the Context of "Mind over Matter"

Neglecting the power of the mind can have detrimental effects on mental health and overall well-being. Ignoring or dismissing mental health concerns can lead to increased stress, anxiety, depression, and other psychological issues. By addressing negligence and promoting the importance of mental health, individuals can access the support and resources they need to maintain their psychological resilience and thrive. Negligence towards the mind can hinder personal growth and fulfilment. When individuals fail to recognise the influence of their thoughts, beliefs, and attitudes on their lives, they may feel powerless or stuck in negative patterns. By acknowledging the role of the mind and adopting practices that cultivate mindfulness, self-awareness, and positive thinking, individuals can unlock their potentials for growth, creativity, and fulfilment. In various domains such as sports, academics, and the workplace, mindset plays a critical role in performance and success. Neglecting mental conditioning and mindset training can limit individuals' ability to achieve their goals and reach their full potential. By addressing negligence and investing in mental skills development, individuals can enhance their focus, resilience, and performance in their chosen endeavors.

Understanding Negligence towards the Mind

Understanding negligence towards the mind involves examining societal attitudes, systemic barriers, and individual behaviours that contribute to the overlooking or dismissal of mental health and well-being. Negligence towards the mind manifests in various forms, ranging from stigma and discrimination to lack of awareness and access to resources. Discrimination against those struggling with mental health issues can lead to social isolation, marginalisation, and reluctance to seek help or disclose their struggles. Lack of awareness and education, cultural and societal factors, limited access to resources, by understanding the multifaceted nature of negligence towards the mind, we can work towards dismantling barriers, challenging stigma, and promoting a culture of

compassion, acceptance, and support for mental health and well-being. This involves advocating for policies and initiatives that prioritise mental health, fostering inclusive and accessible mental health services, and promoting education and awareness to empower individuals to prioritise their mental well-being. Understanding negligence towards the mind requires an exploration of various societal factors that contribute to the marginalisation and neglect of mental health and well-being. These factors are deeply embedded in cultural norms, institutional practices, and systemic inequalities, shaping attitudes, behaviours, and policies related to mental health. By examining these societal factors, we can better understand the root causes of negligence and work towards creating a more supportive and inclusive environment for mental health. Such factors include; stigma and discrimination, lack of awareness and education, cultural beliefs and norms, socioeconomic factors and structural barriers to mention but a few

Illustrating the Impact of Negligence on Individuals and Communities

Figure 1:

Figure 2:

Figures 1 and 2: Mental health Image (Long & Shutterstock, 2023)

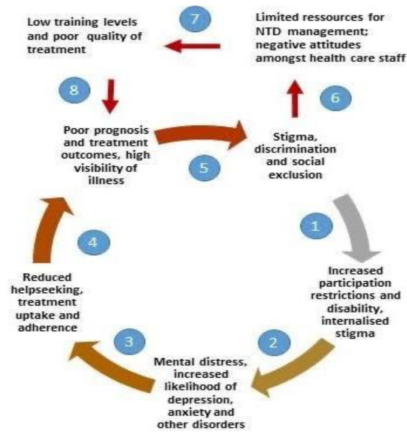

Figure 3: Neglect in Mental Health (Samyak, 2022)

Figure 4: Mental health Image Credit (Long & Shutterstock, 2023)

Figure 5: Six Keys to Mental Health (Sketchbubble, 2024)

My Academic Contributions to Psychology, Mental Health Nursing, Spirituality and Spiritual Care to Nursing Education and Practice

Mr. Vice Chancellor, I joined the Faculty of Nursing Sciences, Niger Delta University, Bayelsa State as a Lecturer II under the mentorship of Prof. Musa Kolawole Jinadu who passed unto glory few years ago. He was a Professor of Community Health Nursing with bias in Community Mental Health Nursing and in fact, my mentor. I still remember that one evening he invited me to his quarters when I resumed that he had gone through my CV and that it is better I catch a niche for myself in Mental Health Nursing by researching and publishing in this area. Sir, this was the beginning of my academic publication life and do permit me to now look into few of my personal and collective contributions to these areas of nursing specialty. I wish to put these contributions into various themes.

Theme 1: Psychology Applied to Nursing

Psychology is the scientific study of the mind and behaviour. It encompasses a wide range of phenomena, from the processes of brain function to the behaviour of individuals and groups, and from child development to care for the elderly. Psychologists explore various aspects of mental processes such as perception, cognition, emotion, motivation, personality, and social behavior (Kalat, 2020). There are key areas of psychology such as:

1. Developmental Psychology: This focuses on the psychological growth of individuals throughout their lifespan, studying how people change from infancy through adulthood and old age.
2. Cognitive Psychology: This examines internal mental processes such as problem-solving, memory, learning, and language, focusing on how people perceive, think, and understand the world around them.
3. Clinical Psychology: This involves diagnosing and treating mental illness, emotional disorders, and

abnormal behaviour. Clinical psychologists often work in therapy and mental health services.

4. Social Psychology: This investigates how individual behaviour is influenced by social contexts, including how people perceive others, group dynamics, and the impact of social norms.
5. Behavioural Psychology: This concentrates on the study of observable behaviour and the processes of learning, often based on principles of reinforcement and punishment (e.g., in behaviour therapy).
6. Biopsychology: This is also known as biological psychology. This area focuses on the connection between biology (the brain and nervous system) and psychological processes. It looks at how the brain influences behaviour, emotions, and mental processes.

Coon and Mitterer (2019) described psychology as a gateway to man and it has a broad range of applications in everyday life, including education, health care, marketing, business, and law. For instance, in clinical settings, psychological principles are used in psychotherapy to help people manage mental health issues. In educational settings, psychology is applied to improve learning outcomes and understand developmental needs. Moreover, industrial-organisational psychologists apply psychological concepts to improve work environments and increase productivity. Psychology's multifaceted approach to understanding human behaviour and mental processes makes it a valuable tool for improving individual and societal well-being. Hence, the study of psychology by Nurses is germane to rendering a quality care to the patients because human being is seen as biopsychosocial individual. Ameighame….**Afolayan,** *et al*., (2017) researched into the psychosocial implications of HIV/AIDS on female patients which were multifaceted and can have profound effects on various aspects of their lives. The study identified some key considerations as stigma and discrimination, because HIV/AIDS stigma remains a significant issue, particularly for women, who

may face intersecting forms of discrimination based on their gender, HIV status, and other factors such as race, ethnicity, or socioeconomic status. Stigma can lead to social isolation, rejection by family and community members, and discrimination in employment and healthcare settings. All these can have detrimental effects on women's mental health and well-being, contributing to feelings of shame, guilt, and low self-esteem and they concluded that seeing the victims from biopsychosocial perspective would be enhancing.

Parental Modelling on Children Outcome

Parental modeling refers to the process by which children observe and learn behaviours, attitudes, and values from their parents or primary caregivers. This modeling process plays a crucial role in shaping children's development and influencing their outcomes across various domains. Children learn by observing and imitating the behaviours of their parents. Parents serve as role models for behaviours such as communication, conflict resolution, empathy, and self-regulation. Positive parental modeling of prosocial behaviours, healthy habits, and adaptive coping strategies can promote children's social and emotional competence and contribute to their overall well-being. Parental involvement and modeling of academic behaviours and attitudes significantly influence children's academic success and educational outcomes. Parents who demonstrate a positive attitude toward learning, provide academic support and encouragement, and prioritise education as a value tend to have children who are more motivated, engaged, and successful in school. Parents' health behaviours and lifestyle choices, including diet, exercise, substance use, and self-care practices, can influence children's health habits and lifestyle choices. Children who observe their parents engaging in healthy behaviours are more likely to adopt similar habits and attitudes toward health and well-being, reducing their risk of chronic diseases and promoting overall health outcomes. The study concluded that children are products of their parents either now or later (**Afolayan,** 2016).

The Challenge of Parents with Sickle Cell Children

From my nursing clinical practice, parents of children with sickle cell disease (SCD) face a variety of emotional, financial, and social challenges due to the nature of the illness and its demands. Sickle cell disease is a genetic blood disorder that affects the shape of red blood cells, causing them to become sickle-shaped and leading to blockages in blood flow, which results in pain, organ damage, and increased susceptibility to infections. Caring for a child with this chronic illness can have profound impacts on family life. **Afolayan** and Jolayemi (2011) identified some common parental attitudes and considerations of children with sickle cell disease often experience heightened concern and anxiety about their child's health and well-being. Stigma and misconceptions surrounding sickle cell disease can contribute to feelings of social isolation and discrimination for both children and their families. Parents may encounter stigma in various contexts, including healthcare settings, schools, and communities, which can affect their attitudes toward seeking support and disclosing their child's diagnosis. Cultural norms regarding illness causation, spiritual beliefs, and traditional healing practices may influence parents' decisions about seeking medical care, adhering to treatment recommendations, and engaging with healthcare providers. Understanding and respecting cultural diversity is essential for providing culturally competent care and supporting families affected by sickle cell disease. Despite the challenges of managing sickle cell disease, many parents demonstrate remarkable resilience, strength, and hope in caring for their children. Parents may draw upon their faith, social support networks, and coping strategies to navigate the complexities of the healthcare system, advocate for their child's needs, and promote their overall well-being. Sickle cell disease can impact family dynamics and relationships, affecting parental roles, sibling relationships, and overall family functioning. The study reflected that parents may need to balance care giving responsibilities for their sick child with the needs of other family members, work obligations, and personal well-

being. Open communication, support from extended family members, and access to community resources can help alleviate stress and promote family cohesion. The study concluded that caring for a child with sickle cell disease presents numerous emotional, medical, financial, and social challenges for parents. The unpredictable and chronic nature of the illness demands continuous care giving, vigilance, and management, which can strain families. Support systems, proper education about the disease, and access to medical and mental health resources are crucial in helping parents navigate the complexities of raising a child with SCD.

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) pose significant challenges on various levels: medical, social, psychological, and economic. While advancements in treatment have improved the prognosis for individuals living with HIV/AIDS, the disease remains a global health issue, particularly in resource-limited settings. These challenges affect not only individuals living with HIV but also their families, communities, and healthcare systems. **Afolayan** and Falaye (2017) in the study of using Self-management techniques to enhance self-disclosure of HIV+ status encompasses a range of strategies and practices aimed at enhancing individuals' ability to regulate their thoughts, emotions, behaviours, and overall well-being. Building and maintaining social connections with supportive friends, family members, or peer groups can provide valuable encouragement, validation, and practical assistance in managing challenges and achieving goals. Seeking support from trusted individuals and engaging in activities that foster social connection can enhance resilience and well-being. By incorporating these self-management techniques into their daily lives, individuals can cultivate greater self-awareness, resilience, and overall well-being, enabling them to navigate life's challenges more effectively and pursue their goals with confidence and purpose.

Afolayan *et al*., (2015) in the study of perception of pain, sees pain as a complex and subjective experience influenced by a

variety of factors, including biological, psychological, social, and cultural factors. Biological factors such as genetics, physiology, and neurological pathways play a significant role in how individuals perceive pain. Differences in pain sensitivity, pain threshold (the point at which a stimulus becomes painful), and pain tolerance (the ability to withstand pain) can vary among individuals based on genetic predispositions, sensory processing, and neurochemical responses in the brain and nervous system. Psychological factors, including emotions, beliefs, expectations, and past experiences, can influence the perception of pain. Anxiety, depression, stress, and fear can amplify the experience of pain by increasing arousal and altering pain processing in the brain. Conversely, positive emotions, relaxation techniques, distraction, and cognitive coping strategies can mitigate the perception of pain and enhance pain tolerance. Individual differences in personality traits, coping styles, resilience, and coping resources can influence how individuals perceive and respond to pain. Some individuals may possess greater adaptive coping skills, social support networks, and psychological resilience, enabling them to effectively manage pain and maintain functioning despite experiencing discomfort. Understanding the multidimensional nature of pain perception is essential for healthcare providers to provide comprehensive assessment and management of pain. A biopsychosocial approach that considers the interplay of biological, psychological, social, and cultural factors can help tailor pain management interventions to address the unique needs and experiences of individuals, promoting optimal pain relief and quality of life. In addition, raising awareness and promoting empathy and understanding about the subjective nature of pain perception can help reduce stigma and improve communication and support for individuals living with pain.

Health-seeking Behaviour

Health-seeking behaviour refers to the actions or steps individuals take to address health-related issues, from recognising symptoms to seeking and adhering to appropriate

treatments. Understanding the factors that influence health-seeking behaviour is essential for improving health outcomes, particularly in communities facing barriers such as limited access to healthcare, cultural beliefs, or lack of health literacy. **Afolayan** and Dada (2011) in our study of health seeking behaviour of non-academic and non-literate individuals stated that this group of individuals may face numerous barriers to accessing healthcare services, including geographic, financial, cultural, and language barriers. Limited transportation options, lack of health insurance, and financial constraints can make it difficult for individuals to afford or access healthcare services. In addition, cultural beliefs, language differences, and mistrust of healthcare providers may deter individuals from seeking medical care. Non-academic and non-literate individuals may rely on traditional healing practices, home remedies, and alternative medicine due to cultural beliefs, accessibility, and affordability. Traditional healers, herbalists, and community health workers may play a significant role in providing healthcare services and health education in underserved communities. Non-literate individuals may engage in crisis-driven health-seeking behaviour, seeking medical care only when symptoms become severe or unmanageable. Limited awareness of preventive healthcare services, lack of routine healthcare screenings, and delay in seeking medical attention can lead to late-stage diagnoses, complications, and poorer health outcomes. But addressing the health-seeking behaviour of non-literate individuals requires a holistic approach that addresses the multifaceted barriers to access, promotes culturally competent care, and empowers individuals to make informed decisions about their health. By engaging with communities, fostering partnerships with local organisations, and tailoring healthcare services to meet the unique needs of non-literate populations, healthcare providers can improve health outcomes and promote health equity for all.

Health and Social problems of the Elderly

Elderly population faces various health and social problems that can significantly impact their well-being and quality of life such as chronic health conditions, like arthritis, hypertension, diabetes, heart disease, and osteoporosis which are prevalent among the elderly population. These conditions often require ongoing management, medication, and medical care, leading to increased healthcare utilisation and costs. Chronic illnesses can limit mobility, independence, and overall functional capacity, impacting older adults' ability to perform activities of daily living and engage in social activities. Aging is associated with physical decline, including decreased muscle mass, strength, and flexibility, as well as changes in sensory perception and balance. Physical limitations and mobility impairments can increase the risk of falls, injuries, and disability among older adults, affecting their ability to live independently and participate in social and recreational activities. Mental health issues often go unrecognised and untreated in this population, leading to poorer health outcomes and reduced quality of life. Social isolation and loneliness are significant social problems affecting many older adults, particularly those living alone or in institutional settings. Loss of social networks, limited mobility, and decreased participation in social activities can contribute to feelings of loneliness and isolation, which have been linked to adverse health outcomes, including depression, cognitive decline, and increased mortality risk. Addressing social isolation requires community-based interventions that promote social connections, foster meaningful relationships, and provide opportunities for social engagement and participation. Economic insecurity is a significant concern for many older adults, especially those living on fixed incomes or with limited financial resources. Social security benefits, pensions, and retirement savings may not be sufficient to cover the rising costs of healthcare, housing, and basic needs, leading to financial strain and difficulty accessing essential services. Economic insecurity can overburden their health disparities and increase the risk of poverty, homelessness, and social exclusion among older adults (Adeyanju *et al*., 2010).

Theme 2: Maternal and Child Health Nursing

Maternal and Child Health (MCH) nursing is a specialised field of nursing that focuses on providing care and support to women during pregnancy, childbirth, and the postpartum period, as well as ensuring the health and well-being of infants and children. MCH nurses play a critical role in promoting positive health outcomes for mothers and children through preventive care, education, and direct patient care. In our study titled "Factors influencing utilisation of antenatal care services among pregnant women in Ife Central, LGA, Osun State, Nigeria" Onasoga.… **Afolayan** *et al*., (2012) asserted that antenatal care is a key strategy for reducing maternal and neonatal morbidity and mortality rate because adequate utilisation of antenatal health care services is associated with improved maternal and neonatal health outcomes. But there are determining factors influencing the utilisation of antenatal clinic among pregnant women in the study centre. Stratified sampling technique was used to select 102 pregnant women. Data were collected using a questionnaire. Both descriptive and inferential statistics were used to analyze the data generated and level of significance was set at 5% (0.05). The findings revealed that majority of the respondents 48 (47.1%) first heard of ANC in the hospital. Most of the respondents 85 (83.3%) knew the services rendered at antenatal clinic and had adequate knowledge of the importance of antenatal care. The findings also revealed that majority of the respondents 58 (56.9%) attend ANC regularly; 56 (57.1%) booked for antenatal care in the first trimester; and attend on appointment days after booking. The study also showed that majority of the respondents opined that affordability of antenatal services, schedule of ANC, lack of knowledge about the existing services in ANC and husband's acceptance of the services rendered as the major factors influencing its utilisation. The findings also revealed that there was significant association between knowledge, distance, marital status, religion and level of education of respondents under study and their utilisation of ANC services with $p < 0.05$. On the other hand, respondents under study and their utilisation of ANC services with p0.05 (see Tables1 – 4)

Table 1: Frequency Distribution of Respondents on Knowledge of Antenatal Care (Onasoga... **Afolayan,** *et al*., 2012)

Knowledge Variable	Frequency (n)	Percentage (%)
You first heard of ANC through:		
Friends	15	14.7
School	21	20.6
Hospital	41	47.1
Others	18	17.6
Do you know the services rendered at ANC		
Yes	85	83.3
No	17	16.7
ANC helps detect complications during pregnancy		
Yes	84	82.4
No	18	17.6
ANC helps to reduce maternal and neonatal morbidity and mortality		
Yes	81	79.4
No	21	20.6

Table 2: Frequency Distribution of Respondents showing utilization of ANC (Onasoga... **Afolayan,** *et al*., 2012)

Variables	Response	Frequency (n)	Percentage (%)
Do you attend ANC regularly	Yes	58	56.9
	Sometimes	40	39.2
	Never attended	4	3.9
Proximity of ANC	Walking distance	30	30.6
	One bus	52	53.1
	Two or more buses	16	16.3
Booking	1-3 months (first trimester)	56	57.1
	4-6 months (second trimester)	25	25.5
	7-9 months (third trimester)	17	17.4
Pattern of attendance of ANC after booking	Appointment days	65	63.7
	When I have complaints	33	32.4
	I do not go at all	4	3.9
Working days/days of the week	Throughout the week	35	34.3
	Only week days	37	36.3
	Do not go to work at all	20	19.6
	Go at anytime	10	9.8
Working time (time of the day)	In the morning	31	30.4
	Throughout the day	20	19.6
	Anytime I like	31	30.4
	Do not work	20	19.6
Attendance time of ANC	In the morning	85	83.3
	Anytime I want	13	12.8
	Not at all	04	3.9

Table 3: Factors influencing the Utilisation of ANC (n=102) (Onasoga... **Afolayan,** *et al*., 2012)

Variables	**Response**	**Frequency (n)**	**Percentage (%)**
Attitude of the healthcare provider	Yes	85	83.3
	No	17	16.7
Availability of facilities/equipment	Yes	98	96.1
	No	04	3.9
Lack of knowledge about the existing services in ANC	Yes	92	90.2
	No	10	9.8
Language barrier	yes	72	70.6
	No	30	29.4
Schedule of ANC	Yes	94	92.2
	No	08	7.8
Accessibility to AN services	Yes	82	80.4
	No	20	19.6
Affordability of AN services	Yes	96	94.1
	No	06	5.9
Cultural acceptance	Yes	72	70.6
	No	30	29.4
Religious acceptance of the services rendered	Yes	85	83.3
	No	17	16.7
Husband's acceptance of the services rendered	Yes	90	88.2
	No	12	11.8

Table 4: Association between selected variables and attendance/ utilisation (Onasoga… **Afolayan**, *et al*., 2012)

Variables	**Attendance and Utilisation of Respondents**			**n=102**
	Person's Chi-square (X^2)	df	p-value ($p < 0.05$)	Remarks
Parity	0.191	2	0.055	No significant association
Distance /proximity to ANC	0.622	2	0.000	Significant association
Knowledge about ANC services	0.377	3	0.000	Significant association
Marital status	0.536	2	0.000	Significant association
Religion	0.207	2	0.037	Significant association
Education	0.530	3	0.000	Significant association
Occupation	0.057	2	0.572	No significant association

Compliance refers to the adherence to laws, regulations, policies or standards set by organisations, governments, or governing bodies. In various sectors, including healthcare, business, finance, and legal frameworks. Compliance ensures that individuals or organisations operate within established rules, promoting ethical behaviour, safety, accountability, and efficiency. In our study on the "Assessment of Compliance with Labour and Birth Information among Post-Natal Women attending a Nigerian General Hospital" Onasoga… **Afolayan** *et al*., (2019) asserted that childbearing is a life-threatening event and compliance with labour and birth information can help reduce maternal and infant morbidity and mortality during pregnancy and childbirth this study, therefore assessed the level of compliance with labour and birth information received; as well as maternal perception and satisfaction with birth information received by pregnant women. A descriptive cross-sectional survey was used for the study. A pre-tested structured questionnaire was administered to 119 postnatal women using purposive sampling technique. Data collected were analyzed using descriptive and inferential statistics at 0.05level of significance. The study revealed that majority of the participants received adequate labour and birth information and nurse-midwives were the major source of information received. Majority of participants received information on signs of labour (93.3%), basic requirement at the time of admission (93.3%), labour process (63%), plan of care and procedure during labour (62.2%) and care of the new born (60.5%). However, less than 40% received information on pain relief during labour, augmenting and induction of labour, and episiotomy while the remaining claimed that they did not. Also, 109 (91.6%) of participants were satisfied with the information received and more than three quarters of the participants claimed to comply with the birth information given. However, some of the participants did not comply due to inability to cope with labour pain, anxiety and unexpected events. There was significant association between previous birth experience, participants' parity and level of compliance with birth information given (p-value = .005). Therefore, there is need to intensify child birth education during antenatal to ensure compliance during labour.

Theme 3: Mental Health and Psychiatric Nursing

Mental health and psychiatric nursing is a specialised field of nursing that focuses on the care of individuals with mental health disorders and emotional or behavioural challenges. Nurses in this field work to promote mental health, prevent mental illness, and provide care and rehabilitation for individuals experiencing mental health issues. This branch of nursing plays a critical role in the healthcare system by addressing the unique needs of patients with psychiatric disorders, promoting recovery, and enhancing their quality of life. Abiola… **Afolayan** *et al.*, (2017**)** in our study of wellbeing elements leading to resilience among undergraduate nursing students which is crucial for their well-being and success in both their academic journey and future careers. We identified some key elements contributing to resilience among this demographic such as strong social connections with peers, faculty members, mentors, and family provide a sense of belonging and support during challenging times. Nursing students often face high-pressure situations, and having a supportive network to lean on can significantly enhance their resilience. Teaching students those techniques for managing stress, such as mindfulness, time management, and relaxation exercises, empowers them to regulate their emotions and cope effectively with academic and personal stressors. These skills enable them to bounce back from setbacks and maintain their focus on their goals. Providing education on adaptive coping strategies equips students with the tools to navigate the demands of nursing education. This includes problem-solving skills, seeking help when needed, and reframing challenges as opportunities for growth and learning. Developing emotional intelligence allows students to recognise and understand their own emotions and those of others. This skill enhances communication, empathy, and interpersonal relationships, which are essential in the nursing profession. Helping students connect with their values and motivations for pursuing a career in nursing fosters a sense of purpose and resilience. The study concluded that integrating these elements into undergraduate nursing education programmes, educators can empower students to cultivate resilience, enabling them to thrive academically, professionally, and personally despite the inevitable challenges they may encounter.

Also, in Perceptions and Experiences of Human Right Violations of People Living with Mental Illness: A multi-centre descriptive cross-sectional study in Nigeria. Anyebe… **Afolayan,** *et al*., (2023) examined the perceptions and experiences of human rights violations among individuals with mental illness. A descriptive cross-sectional study of four mental health facilities in the southwest and north central zones in Nigeria was conducted. Data were collected from 227 randomly selected and consecutive patients with various mental disorders using a researcher-constructed questionnaire. The Statistical Package for the Social Sciences (SPSS) version 25.0 was used for data analysis. The participants were predominantly low- or no-income young males aged between 18 and 74 years old (mean age: 32±9.86 years). The majority was single and Christian over 80% was males. Patients' diagnoses were largely mood disorders (29.1%), psychotic disorders (17.0%), and trauma disorders (13.2%), relatively recently diagnosed, ≤5 years (61.7%). The respondents had a good awareness of their basic human rights: mean: 3.4 – 3.7; with a mean of 2.5 as good perception), with over half of the individuals having an excellent perception. On average, 16.2% of the patients reported having experienced human rights violations in the past (range: 6.2 – 21.1%), mostly from informal safety networks (friends and family), residential arrangements, and job losses or denial. The study found a statistically significant correlation between the patients' diagnoses and the degree of human rights violations experienced (_p-value_ < 0.05). Overall, the study suggests that individuals with mental illness have a clear understanding of their rights and the ways in which they are violated.

In the study of community's attitude toward mentally ill individuals which revealed deeply ingrained societal perceptions, misconceptions, and stigmas surrounding mental health. Some key aspects of community attitudes and associated stigma like many individuals in the community harbour fear and misunderstanding about mental illness due to lack of education and exposure. Common misconceptions like associating mental illness with violence, unpredictability, and personal weakness. This fear often stems from media portrayals that sensationalise

and stereotype mental health conditions. Stigma toward mentally ill individuals can lead to social exclusion, discrimination, and marginalisation within communities. People may avoid interactions or relationships with those who have mental health conditions out of fear or discomfort, leading to social isolation and a lack of support networks for affected individuals. The study concluded that by addressing the underlying attitudes and beliefs that perpetuate stigma toward mentally ill individuals and communities can play a vital role in creating a more compassionate and supportive society where everyone feels valued, understood, and able to access the care and support they need to thrive (**Afolayan** *et al.*, 2017a). Also **Afolayan** *et al.*, (2017b) in the study of cultural beliefs about epilepsy identified some common cultural beliefs and perceptions about epilepsy in many cultures indeed; epilepsy has been historically attributed to supernatural causes or spiritual influences. Epilepsy has often been associated with stigma, fear, and social exclusion. Misconceptions about the condition as contagious, dangerous, or indicative of mental illness can lead to discrimination and marginalisation of individuals with epilepsy. In some societies, people with epilepsy may face barriers to education, employment, marriage, or social participation due to prevailing cultural attitudes and beliefs. Cultural taboos and restrictions related to epilepsy may vary widely across different cultures. For example, in some communities, individuals with epilepsy may be prohibited from participating in certain religious rituals, handling food or sacred objects, or engaging in specific occupations or social roles due to perceived impurity or spiritual contamination. Understanding cultural beliefs about epilepsy is crucial for providing culturally competent care and support to individuals affected by the condition. By acknowledging and respecting cultural diversity, healthcare providers, policymakers, and community leaders can work together to address the social, economic, and psychological challenges faced by individuals with epilepsy and promote inclusive and equitable health outcomes across diverse cultural contexts.

Drug Addiction or Substance Abuse

Drug addiction, also known as substance use disorder, is a chronic and complex disease that impacts not only the individual but also their family, community, and society at large. Drug addiction, a chronic and relapsing condition characterised by compulsive drug use, significantly affects multiple facets of life, including education. Students at various educational levels—high school, college, or university—are at risk of substance use, and its impact on academic performance is both profound and multifaceted. Addiction affects cognitive abilities, motivation, behaviour, and emotional stability, which are all crucial for successful academic performance. **Afolayan,** *et al*., (2017) concluded that substance abuse can lead to cognitive impairments, including deficits in attention, memory, and executive functioning. These cognitive deficits can interfere with academic tasks such as studying, retaining information, and completing assignments effectively. Individuals may struggle to concentrate in class, comprehend complex material, or perform well on exams. Drug addiction often leads to declines in academic performance, as individuals may prioritise obtaining and using drugs over attending classes, completing assignments, or studying for exams. Chronic absenteeism, incomplete assignments, and low grades are common consequences of substance abuse among students. Academic probation, suspension, or expulsion may result from persistent academic underachievement. Drug addiction can dampen individuals' motivation and engagement in academic pursuits. The authors asserted that addressing the academic implications of drug addiction requires a comprehensive approach that integrates education, prevention, intervention, and support services. School-based substance abuse prevention programmes, counseling services, and support groups can help students develop coping skills, resilience, and healthy coping mechanisms to manage academic stressors and avoid substance abuse. Early identification and intervention are critical for supporting students struggling with drug addiction and mitigating its negative impact on their academic success and future prospects.

Postpartum Depression (PPD)

Postpartum depression (PPD) is a type of mood disorder that occurs after childbirth, affecting new mothers in the weeks or months following delivery. It goes beyond the "baby blues," which are common feelings of sadness or irritability that typically subside within a few days after giving birth. PPD can persist much longer and it is characterised by severe emotional, physical, and behavioural changes that impact the mother's ability to care for herself and her newborn. In **Afolayan** *et al.*, (2016)'s study Postpartum depression (PPD), it has been discovered that PPD can significantly impact a woman's ability to care for herself and her baby and can strain relationships with partners and family members. Postpartum Depression can have significant consequences for both the mother and the baby. Women with PPD may have difficulty caring for themselves and their baby, leading to neglect of personal hygiene, poor nutrition, and difficulty with breastfeeding or bonding. Infants of mothers with PPD may be at increased risk of developmental delays, insecure attachment, and behavioural problems. Treatment for Postpartum Depression may involve a combination of psychotherapy, medication, and support services. Cognitive-behavioural therapy (CBT), interpersonal therapy (IPT), and other evidence-based psychotherapies can help women address negative thought patterns, improve coping skills, and strengthen social support networks. Partners and family members play a vital role in supporting women with Postpartum Depression. Providing emotional support, practical assistance with childcare and household tasks, and encouragement to seek professional help are essential ways that loved ones can help women navigate PPD. The study concluded that by addressing the symptoms of Postpartum Depression and providing comprehensive support and treatment, women can recover and regain their emotional well-being, allowing them to care for themselves and their baby more effectively and enjoy a fulfilling postpartum experience.

Schizophrenia

Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. It is characterised by distortions in thinking, perception, emotions, language, sense of self, and behaviour. People with

Schizophrenia may seem like they have lost touch with reality, which can cause significant distress for the individual and those around them. It typically manifests in late adolescence or early adulthood, and it affects men and women at similar rates, though onset tends to be earlier in men. **Afolayan,** *et al*., (2015) studied the prevalence of Schizophrenia and its impacts on the various groups in a Nigerian community. The prevalence can vary across different regions, with some studies suggesting higher rates in urban areas and among certain demographic groups. This study was a retrospective one where the case files of the patients involved were collected at the Medical Records Department of the hospital to generate the needed data. The population for this study was all the patients admitted into the Nigeria Neuro-Psychiatric Hospital between January 2005 and December 2009 (See Table 5). Simple percentages and tables were used for analysis of the data collected at the Medical Records Department of the hospital. Social advantages and disadvantages have been found to be a risk factor to Schizophrenia including poverty, migration related to social adversity, discrimination, family dysfunction, unemployment and poor housing. No wonder the prevalence of Schizophrenia was higher among the students and the unemployed. In this study, prevalence of Schizophrenia was higher in males than in females and the prognosis was better in females than in males and that long-term treatment outcomes were better in developing countries than developed countries despite the fact that antipsychotic drugs were typically not widely available in poorer countries although it was said that several factors were associated with better prognosis like being females, acute onset of Symptoms and good premorbid functioning of the individuals.

Negative attitudes toward individuals with Schizophrenia can have a significant adverse impact on the patients especially critical comments, hostility, intrusive or controlling attitudes from family members which have been found to have correlate with a higher risk of relapse in schizophrenia across cultures. The prevalence of Schizophrenia in this study showed a higher percentage among the secondary and tertiary levels of education, singles and the unemployed. The study concluded that Schizophrenia is a complex mental health

disorder that significantly impacts the lives of those who experience it, as well as their families and communities. Though it is a lifelong condition, advances in treatment have made it possible for many individuals to manage their symptoms and achieve stability. Through a combination of medical treatment, therapy, and support, people with Schizophrenia can work toward recovery and lead meaningful lives.

Table 5: The total number of the patients per year (**Afolayan,** *et al*., 2015)

Year of admission	**No of admission**	**No admitted due to Schizophrenia**	**Percentage (%)**
2005	1684	921	54.69
2006	1573	873	54.50
2007	1462	877	59.99
2008	1440	882	61.25
2009	1564	941	60.17
Total	**7723**	**4494**	**58.19**

In another study of **Afolayan,** *et al*., (2010) on demographic indices of patients diagnosed with Schizophrenia, the demographic profile of individuals diagnosed with Schizophrenia can vary across different populations and regions. However, several demographic factors have been consistently identified as associated with the onset, prevalence, and course of Schizophrenia such as age of onset which typically emerges in late adolescence or early adulthood, with the peak age of onset occurring in the late teens to mid-20s for men and slightly later for women. but Schizophrenia can also develop later in life, with a second peak in incidence observed in individuals aged 45 and older, particularly in women, it affects men and women at roughly equal rates, although some studies suggest that men may have an earlier age of onset and a slightly higher risk of developing Schizophrenia compared to women (WHO,2023). In addition, the clinical presentation and course of Schizophrenia may vary between men and women, with differences in symptom severity, response to treatment, and functional outcomes. It occurs across all racial and ethnic groups, but there are notable differences in the prevalence, presentation, and treatment of Schizophrenia among different racial and ethnic populations. Some studies have reported higher rates of Schizophrenia among

certain minority groups, including African Americans and Hispanic Americans, compared to Caucasians. Factors such as socioeconomic status, access to healthcare, cultural beliefs, and discrimination may contribute to these disparities. Socioeconomic status (SES) is strongly associated with the risk of developing Schizophrenia, with higher rates observed in individuals from lower socioeconomic backgrounds. Social and environmental factors associated with poverty, unemployment, inadequate housing, and limited access to healthcare can increase the risk of psychosis and contribute to the onset and progression of Schizophrenia. Individuals with Schizophrenia from lower SES backgrounds may also experience greater barriers to accessing mental health services and receiving adequate treatment. Marital status and living arrangements can influence the course and outcomes of Schizophrenia and individuals who are unmarried, divorced, widowed, or living alone may experience greater social isolation, economic insecurity, and difficulties in managing their illness compared to those who are married or living with family members or caregivers. Understanding the demographic characteristics of patients diagnosed with Schizophrenia is essential for informing prevention efforts, early intervention strategies, and the delivery of culturally sensitive and equitable mental health services. WHO, (2022) stated that Schizophrenia affects approximately 24 million people or 1 in 300 people (0.32%) worldwide. This rate is 1 in 222 people (0.45%) among adults (Harrison *et al*., 2001). It is not as common as many other mental disorders. Onset is most often during late adolescence and the twenties, and onset tends to happen earlier among men than among women. Schizophrenia is frequently associated with significant distress and impairment in personal, family, social, educational, occupational, and other important areas of life. People with schizophrenia are 2 to 3 times more likely to die early than the general population (Laursen *et al*., 2014). This is often due to physical illnesses, such as cardiovascular, metabolic, and infectious diseases. By addressing the social determinants of health, reducing disparities in access to care, and promoting early detection and intervention, healthcare providers and policymakers can help improve outcomes and quality of life for individuals living with Schizophrenia.

Public Attitude towards Persons with Mental Illness

Mental illness refers to a broad range of mental health conditions that affect mood, thinking, behaviour, and overall functioning. These disorders can be chronic or episodic and can interfere with a person's ability to relate to others, work, or carry out daily activities. Mental illness affects individuals of all ages, genders, and backgrounds, and the severity of the condition can vary from mild to severe. **Afolayan** *et al*., (2014) in our study on public attitude toward persons with mental illness, discovered that public attitudes toward persons with mental illness vary widely and are often influenced by cultural, social, and historical factors. While progress has been made in reducing stigma and increasing awareness about mental health issues, negative stereotypes, fear, and discrimination persist in many communities. Stigma and stereotypes, Fear and misunderstanding of mental illness are widespread and can lead to avoidance, reluctance to seek help, and barriers to social inclusion for individuals with mental health conditions. Lack of knowledge about the prevalence, causes, and treatment of mental illness can fuel misconceptions and myths, further worsening stigma and discrimination. There is a tendency in some societies to blame individuals for their mental health struggles, viewing mental illness as a personal failing rather than a medical condition. Nigeria is grappling with a staggering mental health crisis, as millions of its citizens suffer from various mental disorders. The World Health Organization (WHO) estimates that a whopping 20% of Nigerians, or around 40 million people, are affected by mental illness (Coker, 2023). One in every four Nigerians has mental illness (Soroye, 2021). A study evaluating mental health problems among Almajiris and public primary school pupils in Zaria by Abubakar-Abdullateef *et al.,* (2017) showed that the current prevalence of psychiatric disorders among Almajiris and public-school pupils was 57.7% and 37.0% respectively. In a study on prevalence of Mental Disorders in Abakaliki, Ebonyi State, Stanley & Chinwe (2022) stated that the prevalence of mental disorders among the respondents was 70% depressive disorders and 52.3% substance use disorders while 85.3% suffered anxiety disorders.

Figure 6: Adults experience of mental illness (NAMH, 2023)

National Alliance on Mental Health (2023) states that 22.8% of U.S. adults experienced mental illness in 2021 which is (57.8 million people). This represents 1 in 5 adults. 5.5% of U.S. adults experienced serious mental illness in 2021 (14.1 million people). This represents 1 in 20 adults. 16.5% of U.S. youth aged 6-17 experienced a mental health disorder in 2016 (7.7 million people), and 7.6% of U.S. adults experienced a co-occurring substance use disorder and mental illness in 2021 (19.4 million people). Baker & Kirk-Wade (2024) survey of Mental Health and Wellbeing in England found that 1 in 6 people aged 16+ had experienced symptoms of a common mental health problem, such as depression or anxiety, in the past week. Women were more likely than men to be experiencing common mental disorders. The prevalence of mental disorders has been shown to vary widely in Sub Saharan Africa. For example, the prevalence of Post Traumatic Sydrome Disease (PTSD) has been shown to range from 4% to 25% in the general population and up to 30% in community samples of persons affected by conflict (Lauren *et al*., 2022).

There are socio-cultural factors playing a significant role in shaping mental health service delivery, influencing access to care, help-seeking behaviours, treatment preferences, and treatment outcomes according to **Afolayan** and Okpemuza (2011)**,** vary widely across different cultural groups such as cultural factors influencing perceptions of mental illness, treatment preferences, and attitudes toward mental health professionals. Cultural beliefs about mental illness, fear of social judgment, and misconceptions about the effectiveness of treatment can contribute to stigma and discrimination. Disparities in access to culturally competent mental health care persist for many cultural and ethnic minority groups. Cultural

competence involves understanding and addressing the unique cultural, linguistic, and social needs of clients within their cultural context. Lack of culturally competent care can contribute to mistrust, disengagement from treatment, and poor treatment outcomes and the study concluded that family and social support networks play a crucial role in mental health service delivery, particularly in commend setting where family involvement is valued and family members may serve as informal caregivers, advocates, and sources of emotional support for individuals with mental illness and by recognizing and addressing the socio-cultural context of mental health service delivery indeed, providers, policymakers, and stakeholders can work collaboratively to ensure that individuals receive high-quality, culturally competent care that supports their mental health and well-being.

Theme 4: Nursing Education

Nursing education plays a vital role in preparing individuals to provide competent and compassionate care in various healthcare settings. It encompasses a broad range of instructional and experiential learning that equips nurses with the knowledge, skills, and attitudes necessary to deliver high-quality patient care. The primary goal of nursing education is to produce professional nurses who can meet the complex healthcare needs of diverse populations, adapt to technological advancements, and practice within an ethical and legal framework. **Afolayan,** *et al*., (2013) in the study of anxiety and academic performance found that relationship between anxiety and academic performance was complex and multifaceted, with anxiety impacting various aspects of cognitive, emotional, and behavioural functioning. Anxiety can impair cognitive functioning, including attention, concentration, memory, and problem-solving skills, which are essential for academic success. Individuals experiencing anxiety may have difficulty focusing on tasks, retaining information, and processing complex information, leading to decreased academic performance and learning difficulties. Chronic anxiety can intensify feelings of inadequacy and self-doubt, often fueling imposter syndrome - a state where individuals feel like frauds, doubting their abilities despite clear evidence of their accomplishments. Emotional distress can interfere with

motivation, engagement, and overall satisfaction with academic pursuits. The study concluded that relationship between anxiety and academic performance requires a holistic approach that considers the individual needs and challenges of students, as well as systemic factors within educational settings. By promoting mental health awareness, fostering a culture of support and understanding, and providing targeted interventions and resources, schools and universities can help students manage anxiety effectively and achieve their academic goals (See Tables 6 - 8).

Table 6: Psychological Expression of Anxiety among Students during Examination (**Afolayan** *et al.*, 2013).

S/N	Question/Statement	(f)	(%)
1.	**Thought of doing poorly interferes with my performance**:		
	Not at all typical of me	27	54.0
	Not very typical of me	15	30.0
	Somewhat typical of me	6	12.0
	Fairly typical of me	1	2.0
	Very much typical of me	1	2.0
2.	**Thinking of things unrelated to the actual study material**:		
	Not at all typical of me	36	72.0
	Not very typical of me	7	14.0
	Somewhat typical of me	2	4.0
	Fairly typical of me	5	10.0
	Very much typical of me	0	0.0
3.	**Usually get very depressed after taking an examination**:		
	Not at all typical of me	28	56.0
	Not very typical of me	8	16.0
	Somewhat typical of me	3	6.0
	Fairly typical of me	6	12.0
	Very much typical of me	5	10.0
4.	**Feel very panicky when I have to take on an examination**:		
	Not at all typical of me	27	54.0
	Not very typical of me	14	28.0
	Somewhat typical of me	6	12.0
	Fairly typical of me	2	4.0
	Very much typical of me	1	2.0

5.	**I do better of when I am not anxious in an examination than in the once that I am anxious**:		
	Not at all typical of me	15	30.0
	Not very typical of me	1	2.0
	Somewhat typical of me	9	18.0
	Fairly typical of me	0	0.0
	Very much typical of me	25	50.0

Table 7: Physiological Expression of Anxiety among Students during Examination (**Afolayan** *et al*., 2013)

S/N	Question/Statement	(f)	(%)
1.	**Frequently get nervous and forget facts I already know**:		
	Not at all typical of me	29	48.0
	Not very typical of me	14	28.0
	Somewhat typical of me	2	4.0
	Fairly typical of me	5	10.0
	Very much typical of me	5	10.0
2.	**Sweat profusely**:		
	Not at all typical of me		
	Not very typical of me	43	86.0
	Somewhat typical of me	5	10.0
	Fairly typical of me	2	4.0
	Very much typical of me	0	0.0
		0	0.0
3.	**Frequently tense that my stomach gets upset**:		
	Not at all typical of me	25	50.0
	Not very typical of me	12	24.0
	Somewhat typical of me	8	16.0
	Fairly typical of me	3	6.0
	Very much typical of me	2	4.0
4.	**Fast breathing**:		
	Not at all typical of me	19	38.0
	Not very typical of me	9	18.0
	Somewhat typical of me	17	34.0
	Fairly typical of me	2	4.0
	Very much typical of me	3	6.0

Table 8: Behavioural Expression of Anxiety among Students during Examination (**Afolayan** *et al*., 2013)

S/N	Question/Statement	(f)	(%)
1.	**I wish examination did not bother me so much**:		
	Not at all typical of me	15	30.0
	Not very typical of me	16	32.0
	Somewhat typical of me	5	10.0
	Fairly typical of me	4	8.0
	Very much typical of me	10	20.0
2.	**Feel anxious even when prepared**:		
	Not at all typical of me	19	38.0
	Not very typical of me	10	20.0
	Somewhat typical of me	7	14.0
	Fairly typical of me	5	10.0
	Very much typical of me	9	18.0
3.	**Mostly fall sick days before an examination**:		
	Not at all typical of me	37	74.0
	Not very typical of me	1	2.0
	Somewhat typical of me	2	4.0
	Fairly typical of me	6	12.0
	Very much typical of me	4	8.0
4.	**Never always complete 80% of my study load**:		
	Not at all typical of me	13	26.0
	Not very typical of me	14	28.0
	Somewhat typical of me	6	12.0
	Fairly typical of me	9	18.0
	Very much typical of me	8	16.0
5.	**Do not find it difficult to prepare for an exam**:		
	Not at all typical of me	16	32.0
	Not very typical of me	7	14.0
	Somewhat typical of me	13	26.0
	Fairly typical of me	6	12.0
	Very much typical of me	8	16.0
6.	**Hardly organize study and leisure time**:		
	Not at all typical of me	19	38.0
	Not very typical of me	10	20.0
	Somewhat typical of me	11	22.0
	Fairly typical of me	6	12.0
	Very much typical of me	4	8.0

Theme 5: Nursing Practice

Afolayan *et al*., (2016) asserted that Nursing is a demanding profession that often involves high levels of stress due to the nature of the work, including long hours, emotional intensity, and frequent exposure to suffering and trauma. Nurses frequently experience high workloads, understaffing, and inadequate resources, which can contribute to feelings of overwhelm, frustration, and burnout. To address these challenges, healthcare organisations should prioritise adequate staffing levels, workload management, and resource allocation to ensure that nurses can provide quality care without excessive strain. Nurses often face intense emotional demands in their work, including caring for patients who are suffering, coping with loss and death, and supporting families through difficult situations. Over time, exposure to emotional stressors can lead to compassion fatigue, a state of emotional exhaustion and decreased empathy. By addressing the underlying causes of stress in the workplace and implementing effective strategies for stress management and support, healthcare organisations can create environments that promote nurses' health, well-being, and professional fulfilment, ultimately enhancing the quality of patient care and organisational outcomes. Evaluating the utilization of nursing process and patient outcome in psychiatric nursing using a Nigerian psychiatric hospital. In **Afolayan** *et al*., (2013), the nursing process, upon introduction by North American Nurses Diagnosis Association (NANDA) has proved to be a means of standardising nursing care and in maintaining professional autonomy. However, despite its benefits, many nurses are yet to fully understand and put to practice the nursing process. This may have led to poor patient care and outcome; and it is the basis for this study which evaluated the utilisation of the nursing process and patient outcome at Neuro -psychiatric hospital. Findings from the study showed that although the trained nurses at the hospital had good theoretical knowledge of the nursing process, they did not apply it in the care of their patients. The study then, recommended that the Nursing and Midwifery Council of Nigeria should embark on regular seminars, workshops and symposia focused on practical implementation of the nursing process in Nigeria.

Theme 6: Negligence in Nursing

Negligence in nursing refers to the failure of a nurse to provide the standard of care that a reasonably competent nurse would offer in similar circumstances, resulting in harm or injury to the patient. This breach of duty can arise from either action taken or a failure to act when required, leading to adverse consequences for the patient. Mr. Vice Chancellor, as a result of cases of negligence that I witnessed at the various clinical settings, I decided to take a diploma course in legal study to expose me to a better knowledge and thereafter conducted my Bachelor of Science degree in Nursing in this area of the patients and negligence. Patients may perceive negligence when healthcare providers fail to meet the established standards of care expected in their profession which may include errors in diagnosis, treatment, medication administration, surgical procedures, or monitoring of patients' conditions or communication failures, inadequate monitoring and follow-up, medication errors. However, the resolution of negligence claims can be complex and challenging, requiring careful consideration of the circumstances, evidence, and legal standards applicable to each case. Healthcare providers and institutions have a responsibility to address patient concerns, investigate allegations of negligence, and take appropriate corrective actions to prevent future occurrences and promote patient safety and quality of care (**Afolayan,** 2009).

Theme 7a: Spirituality and Spiritual Care in Nursing

Mr. Vice Chancellor, in my second doctoral degree in University of the Western Cape, South Africa, I ventured into the wholistic care in nursing and I came forward with a model called “Biopsychosocial-Spiritual Model” and from the study explored the account here. **Afolayan,** and Frantz (2019a) asserted that the relationship between mental health and spirituality is complex and multifaceted, with both overlapping and distinct aspects. Spirituality often involves the search for meaning, purpose, and connection to something greater than oneself. Engaging in spiritual practices, such as prayer, meditation, or participation in religious rituals, can provide individuals with a sense of comfort, hope, and resilience in times of adversity. For many people,

spirituality serves as a source of strength and support, contributing to their overall sense of well-being and mental resilience. Spirituality can serve as a coping mechanism for individuals experiencing mental health challenges, providing them with a framework for understanding and making sense of their experiences. Spiritual beliefs and practices may offer solace, guidance, and a sense of control in navigating difficult emotions, stressors, and existential concerns. For some individuals, spirituality provides a sense of transcendence and connection to a higher power that can help alleviate symptoms of anxiety, depression, or trauma. Participation in religious or spiritual communities can provide social support, belongingness, and a sense of community for individuals with mental health concerns. Spiritual communities often offer opportunities for fellowship, shared values, and mutual support, which can help reduce feelings of isolation, loneliness, and stigma associated with mental illness.

The study concluded that spiritual beliefs and practices may foster a sense of inner strength, acceptance, and gratitude that supports individuals' capacity to cope with life's challenges and bounce back from setbacks. **Afolayan** (2019) stated that the influence of spirituality on mental health is a complex and multifaceted relationship that encompasses various dimensions of well-being. The study identified some ways in which spirituality can impact mental health such as coping and resilience, sense of meaning and purpose, social support and connection, forgiveness and compassion. Spirituality is often associated with a sense of gratitude, appreciation, and contentment with life. Practicing gratitude and mindfulness can promote greater awareness of the present moment, increased resilience to stress, and enhanced emotional well-being. The study concluded that grateful individuals are more likely to experience positive emotions, savor life's pleasures, and cope effectively with challenges. Spiritual practices that cultivate gratitude and contentment can contribute to greater overall life satisfaction and mental health.

Theme 7b: Integration of Spirituality and Spiritual care into Nursing Education and Practice

Afolayan and Frantz (2019b) in our study of the view of stakeholders in integration of spirituality and spiritual care into nursing education and practice to prepare nurses for their future pursuits, concluded that the integration of spirituality and spiritual care into nursing education and practice has become increasingly recognised as essential for holistic patient care. This integration acknowledges that health and well-being encompass not only the physical aspects but also the spiritual, emotional, and psychosocial dimensions of a person.

My further Contributions to Nursing Profession

University Nursing Education:

When I was the NANNM State Chairman, I conceived an idea of establishing departments of nursing science in all the federal and state universities in Nigeria because as at that time, nursing education programme was only in UI, OAU, ABU and Calabar. So, on our way to Calabar National Executive Council (NEC) I decided to put up a memo for discussion in NEC under the leadership of Sir, L.O. Awowoyin being the National President. I presented a memo to NEC, debated and approved and it was resolved that every State Chairman should write memo to all State and Federal Universities' Vice Chancellors where university nursing programme does not exist for interaction and with the backing of the national excos, a committee of very senior was set up and memo was submitted to Prof. I. O Oloyede, the former Vice Chancellor through Prof. A. Soladoye and some of us are beneficiaries today. Today, nursing programme has turned very big, offering both undergraduate and postgraduate courses at both professional and academic levels in most universities of Nigeria.

Nursing Professional Development: The Vice Chancellor sir, after my basic nursing education and working on the clinical side, I felt within me an hunger to improve my knowledge and skills then I started pursuing advanced nursing education, from nurse tutor programme of FTC/THS/UI, to undergraduate and postgraduate programmes in UI, later to legal studies, Nursing Fellowship programme and another Ph.D in the University of the

Western Cape, South Africa so as to prepare me for the enormous academic and professional task ahead which cumulated to what we are celebrating today.

Community Service: Sir, I am a community man in all ramifications, I like developing and making my best contributions to the community either where I was born or live and that is why, I pay community development dues wherever I live apart from paying my tax from source and that's why my communities are represented today in this lecture. My coming to work in this university was a product of my community contribution as stated above with my highly respected Prof. W. B. Johnson then the Dean of the Faculty of Clinical Sciences in 2012 a living witness. I resumed on 17th July, 2012 and took over the leadership of the Department the following week by God's grace. I was the Ag. Head from 2012 to 2015, 2017-2019 and I must mention here that I took over the leadership of the Department. Nursing Science programme in this university has so far had Six inductions and Six graduation ceremonies leading to 242 graduates with some graduating with Distinctions /First Classes and postgraduates showed that 88 have been admitted into the programme and some already graduated.

Figure 8: My first official interaction with Prof. I. O. Oloyede in the University of Ilorin

Vice Chancellor sir, I sincerely appreciate the University for giving me the opportunity to serve and to weather the storms of accreditations successfully and the cooperation I enjoyed from both the students and staff of the Department, the Provosts, my Faculty Deans and University Administration, all the three sets presented for their RN Professional examinations passed gallantly and I need to put this on record that from the inception of the Department to date (2024) none of our students has failed the professional examinations either RN, RM or PHN and not

only are they passing but with Distinctions and Credits to the glory of God. I have served in this University at the Departmental, Faculty, College and University levels where I have contributed to the growth and development of this University. I have had the opportunity of being a Senator of the University since 2012 while as HOD and since I became Professor in 2019. I have served in the various committees and as Faculty representative to different Faculties of the University. I am still serving in some capacities as PG Coordinator of nursing in PG School and Coordinator of the Affiliation of Nursing Programme in the University. I have served as the Chairman of the Departmental Promotion Committee in which we have produced two full Professors and four Readers in the Department. It should be mentioned here that I joined the University in 2012 as a Senior Lecturer and being the second most senior but today the Department has two Professors and four Readers to the glory of God.

West African Postgraduate College of Nurses and Midwives and West African Health Organisation (WAHO):

I became a Fellow on 24th March, 2009 and since then I have been contributing my services to the organ. I have served and still serving in various capacities and as a member of Examination Board. I have participated and still participating in the statutory meeting of the Regional Council for Health Professionals reviewing and harmonising Nursing and Midwifery curricular used in West African Region comprising both Anglophone, Francophone and Portugues speaking member countries.

University Nursing Education: The Vice Chancellor, I have served NUC and NMCN in some capacities among which included accreditation of nursing programme in some universities either as team lead or member of the team such as Caleb University, Michael and Cecilia University, Ajayi Crowther university, Delta State University, Ambrose Ali University, Benson Idahosa University, Benin, Uthman Dan Fodiyo University, Sokoto, Igbinedon University, Okada to mention but a few. I have also led to some universities for

several accreditations through NUC and NMCN to secure accreditations both at Undergraduates/Postgraduates and professional levels in Bowen University, Iwo- Osun State and Thomas Adewumi University, Oko-Irese to secure Faculty of Nursing Sciences, Achievers University, Owo, Federal University, Oye, LAUTECH, Lead City University, Ibadan, Bayero University, Kano, Afe Babalola University, Ado-Ekiti, to mention a few.

Professional Development: International level

Figure 9: Interaction between Department of Nursing, University of Ilorin and Swansea University, Wales, United Kingdom

University Nursing Education

By the grace of God, Mr. Vice Chancellor, I have had several opportunities to serve, develop, and take Nursing to various international platforms either for self- development or for the interest of my university at different times and levels. Among others, were my journeys to the USA, South Africa, Ghana, Togo, Benin Republic, United Kingdom, USA,

Indianapolis, New York, Washington DC, Oklahoma and Dallas to attend different programmes on Nursing development especially being a member of STTI (Sigma International), a world renowned Nursing organisation of highly honoured individuals in nursing profession while in the UK, the university of Swansea for follow-up visit on the Undergraduates MoU and in University of Salford, Manchester for the development and pursue of Postgraduates programmes MoU in Nursing Science. I have had the privilege to travel with some respected professors at the university of Ilorin like Professors W.R.B. Johnson today retired gloriously, A.T Oladiji of Biochemistry now Vice Chancellor of Federal University of Technology, Akure, O.A Mokuolu of Peadiatric Department in the Faculty of Clinical Sciences of the University, C. O. Bewaji of Biochemistry, also gloriously retired, and today, These MoUs are under reviews.

Figure 10: MOU in University of Salford

Conclusion

Addressing negligence towards mental health is a critical imperative, for promoting well-being, resilience, and social equity in our communities. Throughout this inaugural, we have explored the concept of negligence towards mental health, its consequences, and strategies for removing the thick veil of negligence that shrouds mental health issues. Addressing negligence towards mental health requires a concerted effort from individuals, communities, policymakers, and stakeholders at all levels. By working together to raise awareness, challenge stigma, promote access to care, and support individuals in their mental health journey, we can build a more compassionate, resilient, and inclusive society where mental health is valued, supported, and prioritised. Therefore, this lecture provided valuable insights into the importance of addressing negligence towards mental health and well-being.

Recommendations

Vice Chancellor sir, the following are my passionate recommendations which I am sure, will be of tremendous benefits to individual, families, universities, governments and society at large but it is essential to note that creating supportive environments and communities is essential for promoting mental health and well-being. Here are actionable steps to foster supportive environments and communities:

1. **Foster Inclusivity and Acceptance:** Cultivate an inclusive community culture that embraces diversity, respects individual differences, and celebrates the unique strengths and contributions of each member. Promote open dialogue and mutual respect by creating spaces where individuals feel safe and valued, regardless of their background, identity, or experiences. Challenge stereotypes, biases, and discriminatory attitudes through education, awareness-raising activities, and proactive efforts to address systemic inequities.
2. **Strengthen Social Connections:** Facilitate opportunities for meaningful social connections and interactions by organising community events, support groups, and recreational activities that bring people together.
3. **Provide Peer Support and Mentorship:** Establish peer support networks, mentorship programmes, and build systems that pair individuals with shared experiences or interests to provide mutual support, encouragement, and guidance.
4. **Advocate for Policy Change:** Advocate for policies and legislation that prioritise mental health, increase funding for mental health services, and improve access to care for all individuals, regardless of their background or socioeconomic status.
5. **Domestication and implementation of the National Mental Health Act 2023:** This gives breakthrough to mental health service delivery in Nigeria of today which promotes access to Mental Health Services.
6. **Raise Awareness:** Organise mental health awareness campaigns, events and initiatives to educate the public about the importance of mental health and the impact of mental illness on individuals, families and communities by utilising various platforms, including social media, traditional media outlets and community newsletters, to share information, personal stories and resources related to mental health awareness and support.

Acknowledgements

I give all glory to the Lord Almighty, The Lord of lords, the King of kings, the I am that I am, my Rock of ages, my Creator, my Helper, my Shepherd, my Provider, my Wisdom, my All in all, The Ancient of Days, The One that opens and no one can shut and shut and no one can open, my Jehovah Jireh, Jehovah Rapha, Jehovah Nissi, Jehovah Shalom, Jehovah Raah, Jehovah Tsidkenu, Jehovah Shammah, Jehovah Sabaoth, Jehovah Mekoddishkem, Jehovah Elohim, Jehovah El Elyon, Jehovah El Shaddai, Jehovah Tsuri, for this unique opportunity to reach the zenith of my profession. To Him alone be all the glory.

The Vice Chancellor, kindly permit me to publicly acknowledge some people that have played critical roles in my life because I am a child or product of collective good hands and their great investment we are reaping today. Firstly, I thank the University of Ilorin (my Employer) for the offer of appointment in this great University. I thank Mr. Vice Chancellor, Prof. Wahab Olasupo Egbewole, respected Senior Advocate of Nigeria, the Chairman of today event, I sincerely thank Prof. O. A. Omotesho, the DVC, (Academic) who has greatly impacted my children, Prof. S. A. Ambali, DVC (MS), Prof. A. A Fawole DVC (RTI), Mr. M.A. Alfanla, the current Registrar and other Principal Officers of the University. I appreciate the Chairman of Library and Publications Committee led by my respected former ASUU Chairman, Prof. A. A. Adeoye for his efforts and great sacrifice to proofread this work. Thank you. I thank the members of the Senate of this University who directly or indirectly contributed to what we are celebrating today.

I equally thank the present and past Provosts of the College of Health Sciences, present and past Deans in the College and especially my Dean, Prof. L. O Abdur-Raman, I say thanks so much for your support to allow us to grow as a Department of Nursing Science. I must appreciate all the reviewers of this script right from the conception till the delivery, who protected the pregnancy from abortion and no complications at the delivery table. Particular mentions are Professors Gbenga Mokoulu, Mama Mildred John of the University of Calabar, Abdus-Salam of Chemistry Department, Unilorin, W. A. Tijani of FUOYE, Badru of Unilag and Prof. D. T

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Special thanks to Professors J. A. Ogunwole, the immediate past Vice Chancellor of Bowen University popularly known as COACH. I also thank the current Vice Chancellor of the University, Prof. Jonathan Babalola; a prayerful, dogged man, easy going but full of innovations and creativities who is also a leader by sacrifice and per excellence. I thank Prof. A. O. O. Olaogun, the pace setter and pioneer Head of the department of Nursing, Bowen University, Iwo for her motherly role; the current and first Dean of faculty of nursing, Prof. Deborah Esan, other staff of the faculty. I say thanks for your supports. I appreciate Prof. E. F. Ojo the Dean, Faculty of Nursing Sciences, ABUAD who has been supportive since 1995.

I also thank the Founder and Chancellor of Thomas Adewumi University, Oko-Irese for believing in the University of Ilorin for the supervisory role and because of this trickled down to the Department of Nursing Science, which gave me the visiting role in the University. The Pro Chancellor (Prof. Olanrewaju), I am equally grateful to the present and immediate/maiden Vice Chancellors of the University (Prof. Franscisca Oladapo & Prof. Luke A. Ayorinde of this great university), the Principal Officers and Management staff and my professional colleagues in the faculty of nursing sciences.

I am very grateful to my beloved parents of blessed memory, Pa Most Special Apostle James Ademola Akanbi Afolayan who rested in the Lord on 28th November; 1975 when I was in secondary school (Form Two), Most Senior Mother in Israel, my beloved and visionary best mother, Alice Mojirola Tolani Afolayan who also rested in the Lord, my step mother, Most Mother

in Israel Comfort Aderinola Afolayan who has also rested in the Lord I appreciate their love, care, sacrifice and encouragement on me and how I wish they are alive to see what their small fourth born has become today, to God be all the glory. I sincerely thank my beloved mother, a disciplinarian mother to the core who continued shouldering the responsibilities of raising us up in all ways after the demise of my beloved father and I will never forget her deepest sacrifice.

I acknowledge the family members where I was born, both dead and alive, particularly my Uncles and Aunties; Mr. Timothy Adekunle and family, Mr. Ezekiel Adekunle and family, Mrs. Deborah Titilayo Adeoye (Nee Afolayan) and family, Mr. Gabriel Adebayo Afolayan (who retired in ASCON) and family, Pastor Michael Olalere Afolayan (who also retired as Director of Education) and family, Mrs. Abigail Adepeju Oladipo (Nee Afolayan), Mrs. Ruth Erinfolami (Nee Afolayan) and family, Mrs. Elizabeth Ayodele Akande (Nee Afolayan) and family and Mr. Emmanuel Oluwagbenga Afolayan. I also thank my other family members either from the father or mother sides and many of them are here today. They are Prof. S. A. Lawani and family formerly of Chemistry Department of this University, Chief Joseph O. Ajayi and family, Dr. F.O.A Dada and family, Mr. David Adebayo Adekunle and family, and those of blessed memories. I also thank our son's Supervisor, Prof. Mimonitu Opuwari of University of the Western Cape, South Africa and Co-Supervisor, Prof. Eric Mackay of Heriot-Watt University, Edinburgh, UK both co-supervised our son Dr. Blessing Ayotomiwa Afolayan in University of the Western Cape (UWC), South Africa and by extension have become members of our family because they took our son like their son and not just a supervisee or mentee, they made him a beneficiary of their different grants and in turn provided him a good environment to get his potentials out to what we are all very proud of in the University of the Western Cape, South Africa and the University of Ilorin also celebrated because his doctoral project was adjudged as UWC groundbreaking research on carbon dioxide storage.

I thank my mentors both dead and alive, for God has used them to sacrifice all to make me what I am today. I really appreciate their very deep love for me whether convenient or not. They are

Prof. Musa Kolawole Jinadu (Rtd) of Faculty of Nursing Sciences, Niger Delta University, Wilberforce Island, Ammassoma, Bayelsa State, Dr. Fredrick A. O. Dada and Dr. Lydia Titilayo Dada (I am more of their first born), Prof. Mildred John, Prof. Adeleke Ojo and Prof. Jose Frantz the current DVC (R and I) of University of the Western Cape, South Africa.

To the glory of God, I thank the Lord for being the first Professor of Nursing Science in the 19 Northern States of this country as at today. I would have been the second one after Prof. W. A. Tijani who was first and after becoming one in BUK had to leave the Northern States for Ekiti State. I wish to appreciate all other Professors of Nursing in Nigeria today. To my teachers at various levels and times, I am very grateful for molding me to become what I am today by the grace of God. I have earlier mentioned them and either dead or alive, I am very grateful. I want to specially thank my supervisors: undergraduate level: Dr. T. Filani and Prof. O. A. Oluwatosin, Master's level: Prof. J. K. Mojoyinola, first Ph.D. in Nigeria: Prof. A. O. Falaye who just passed on in July 2024 (all of the University of Ibadan)and my Ph.D. in Advanced Mental Health and Psychiatric Nursing from the University of the Western Cape, South Africa: Prof. Oluyinka Adejumo and Prof. Jose Frantz who is the current DVC (Research and Innovations)

With all humility, I thank my Kabiyesi, Oba Samuel Olabanji Olanrewaju, the Onipetu of Ipetu-Igbomina. The Oba-in Council, the President and other Executive Members of Ipetu-Igbomina Development Association, sons and daughters of Ipetu-Igbomina Community present and absent for the honour, God bless you richly.Also, Prof S.A. Lawani of former Department of Chemistry, University of Ilorin and President, Ipetu -Igbomina Development Association. To my spiritual consistency, firstly, I thank my beloved highly revered pastor and father, Pastor Moses Rahaman Popoola the founder and General Overseer of New Testament Christian Mission (NTCM) and my spiritual mentor and beloved mummy the wife, Mummy F. M. Popoola. Pastor J.O.S. Adeboye, the current General Overseer of the Mission and the wife; Mummy E. O. Adeboye, your impacts on my family, prayers and encouragement on this project cannot be quantified and I say thank you. With humility, I thank all the Pastors and their wives in the

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The Vice Chancellor, permit me, and on your behalf, to thank various Professors at one time or the other, you contacted with my papers for assessment into the positions of a Reader and full Professor. I thank you specially for believing in them and for them also doing justice to my papers and with their signatories at different fora, that finally led you to make the pronouncements of what we are celebrating today. God knows them individually and I thank all of them.

I thank all the former Vice Chancellors, Provosts, Deans and HODs of Nursing Departments I thank all the Vice Chancellors that I have served under their authorities and still serving. I thank all Provosts, Deans and HODs of my Department in various universities, and, I have indeed garnered several experiences from these institutions which are quite useful to me today and beyond.

I must not end this inaugural lecture without thanking the Committee that packaged this wonderful celebration of achievements of a small boy of few years ago that God has helped to become a lantern in the midst of darkness. To God be all the glory. I thank you all for your love, sacrifice in cash and kind.

I am grateful to God for my father in-law, Baba Joel Ogunbiyi Ibiteye of very blessed memory, who took me as his first born and made me to assume that position in his lifetime which made it easy to continue after his departure to glory. I appreciate my mother in-law, Mama Comfort Ibiteye who is with us in this hall today physically and the families of my wife's siblings (Mr. Isaac Ibiteye, Toyin Ibiteye & Michael Ibiteye).

To my children and their families; the Lord has bestowed us with wonderful children and what a great and unique privilege that God has given to us. I am very proud of them not because of their achievements in life and ministries but because God helped

them to be found by Him and daily building a future in them and I say to God be all the glory and honour. What a privilege to be the custodians of these great children and their families? They are Mrs. Faith Jesupemi Olaitan (Nee Afolayan) who is a Pharmaceutical Microbiologist, a lecturer in a Nigerian University and almost done with her Ph.D, her husband Mr Ebenezer Tosin Olaitan and children, Dr. Blessing Ayotomiwa Afolayan who by God's grace was awarded a groundbreaking honour in his Ph.D. research in the University of the Western Cape, South Africa and I thank the University of Ilorin for honouring him with a publication in the University Bulletin on Monday,20th May, 2024 which is online. He is a trained Petrogeophysicist and his wife, Dr. Abimbola Afolayan and family. Engineers Favour Jesufikayo Afolayan (an Information and Communication expert) and Victor Adeleke Afolayan (a Mechanical Engineer & IT expert) are all dear to me. Mr. Vice Chancellor, I need to inform you that all our children are alumni of this University and thank you for leading the University that gave all of them a solid academic and moral foundation. I particularly recognise our grandchild; Master Perez Shinaayomi Adeleke Olaitan.

The Vice Chancellor sir, I thank you specially for this opportunity to thank my beloved wife, sweetheart and not just a wife to me but a mother, protector, prayer warrior, lover of God, a disciple and discipler, confidant, a preacher of the gospel, woman leader, virtuous woman, carer per excellence, a keeper of home while I was sojourning around for academic acquisition, a professional Ophthalmic nurse, who retired as a Deputy Director of Nursing with the Kwara State Government, my personal counsellor and my mother to the core. I appreciate your unquantifiable love, support, encouragement, untiring sacrifice for the children and myself.

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I thank The Vice Chancellor and the entire Management of this University, members of Senators, other academic staff, non-academic staff, students and especially the academic and nonacademic staff and students of the Department of Nursing Science of this University and other universities that have impacted my life greatly. I also thank my Creator, the Saviour of my soul Who has given the grace and peace to see this day and to stand before this congregation to deliver this 267th inaugural lecture today.

In the lyrics David Ingles in **That's What I Have, That's Who I Am** (2009)

1. Blessings and more blessings overtake me
   All God's commandments Christ observed
   And my soul doth prosper in the knowledge
   Of Jesus Christ my Lord the living Word

Chorus:
   That′s what I have, that's who I am
   I am a king come out of Abraham
   Because of Christ, I reign in life in Him
   That′s what I have, that's who I am.

2. He blesses everything I set my hand to
   My enemies run from me seven ways
   The Lord has opened to me His good treasure
   Cos Christ observed and did all God has said.

Chorus:

Thank you all for your attention and the Lord bless you richly as you celebrate me.

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