11TH INAUGURAL LECTURE

NURSING ON THE MOVE: CONSOLIDATING AND HARNESSING THE GAINS FOR CLINICAL EXCELLENCE

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BABCOCK UNIVERSITY
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INAUGURAL LECTURE

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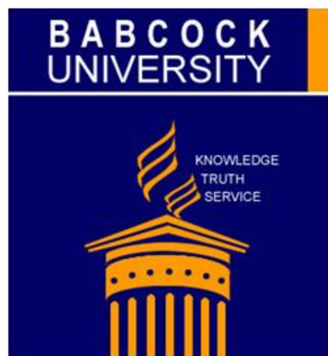

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All other Heals of Departments
All other Faculty and Staff of Babcock University
My Lords Spiritual and Temporal
Friends of the University and Special Guests
My family members
Secretary General/Registrar of the Nursing and Midwivery Council of Nigeria
Representatives of the National Association of Nigerian Nurses and Midwives
All Nursing Students
All other Babcock University Students
Gentlemen of the Press
Distinguished Ladies and Gentlemen.

Preamble

Mr. Vice Chancellor Sir, it is with immense gratitude to the Almighty Father that I stand before you and this august assembly today to deliver this inaugural lecture. The first inaugural lecture given by a nurse in this country was that of late Prof. (Mrs). E.O. Adebo, the former Head of the Department of Nursing, University of Ibadan. The late Prof. (Mrs.) Adebo was not only my teacher and mentor, but was also the First Chairman, Faculty of Community Health Nursing of the West African College of Nursing while I served under her as the First National Secretary, between 1981 and 1984. Following Prof. (Mrs.) E.O. Adebo, were three other nursing inaugural lectures, by Prof. Kolawole Jinadu and Prof. Ruben Fajemileyin of the Obafemi Awolowo University between 2007 and 2009, while Prof. Adeleke Ojo of the Department of Nursing, Igbinedion University gave his inaugural lecture in 2010. Today's lecture is a clear example of consolidating and building on the gains which these excellent scholars started. The uniqueness of today's lecture however, is the fact that it has provided a rare honour and privilege of being the first inaugural lecture to be given by a lecturer from the first Faculty/School of Nursing within a university system in this country. Mr. Vice Chancellor Sir, we are grateful to you and your predecessor for this monumental achievement. Between 2005 and 2015, Babcock University employed four Professors of Nursing Sciences and one Associate Professor to assist in piloting the new school to full maturity. I was employed in 2007, first as a visiting professor and later in 2009 as a full-time faculty member.

My attraction to the nursing profession started in 1958 when student nurses from the Seventh-day Adventist Hospital School of Nursing Ile-Ife visited the Seventh-day Adventist Secondary Modern School Erunmu for recruitment drive. They were boys and girls

immaculately dressed with a mission to attract us into the nursing profession. After working briefly as a pupil teacher with the Seventh-day Adventist Mission, Oke-Bola, Ibadan between August 1961 and February 1963, I was enrolled as a student nurse on 30th March, 1963. Prior to this time I was admitted to the Adventist Teacher Training College, Otun Ekiti and Saint Luke's College, Molete Ibadan but I preferred to be trained as a nurse. While pursuing my nursing training I also enrolled and passed the University of London General Certificate of Education in five subjects including English Language, Biology, and Chemistry. In 1965, the University of Ibadan commenced a post-basic degree programme in nursing. Although I became a registered nurse in June 1967, I could not attend the University of Ibadan until September 1969 due to insufficient clinical experience. In the interim, I applied to Cuttington University College in Liberia and was admitted into the nursing programme in February 1969. While at Cuttington, I reapplied to Ibadan and was eventually admitted in September 1969. Since that day, the Lord has continued to lead and guide my path. Mr. Vice Chancellor Sir, according to the University of Bristol Ceremonial and Events Office (2002):

> Inaugural lectures are given by newly appointed professors. It is an ideal opportunity for new professors to introduce themselves and present an overview of their contributions to their field to academic peers, students and research collaborators. It is also an excellent way to present and highlight the latest development in a discipline to an audience consisting of both members of university and the wider general public. It is also a time to celebrate an important personal milestone with families, friends, mentors and colleagues and for the university to celebrate the academic achievement of its staff.

Consistent with this explicit characterization of an inaugural lecture, I intend to take you through an excursion into the world of nursing starting with conceptual definition of nursing. It will be followed by a brief historical perspective with the latest in the field of nursing succinctly captured. My contributions to knowledge, clinical service and community will be discussed and recommendations to enhance and sustain the momentum will be highlighted.

Introduction

Nursing: A Conceptual Definition

Mr. Vice Chancellor Sir, nursing is as old as mankind. At creation, the Almighty God performed the first major surgery and ultimately nursed Adam until he was fully recovered (Genesis: 21-24). Furthermore, the Holy Scripture refers to the word nurse several times. For instance in Genesis 24:59, the Bible says " and they sent away Rebecca their sister and her nurse…" similarly in Exodus 2:7, referring to Moses, the Holy Bible further says, " then said his sister to Pharaoh's daughter, shall I go and call thee a nurse of the Hebrew women, that she may nurse the child for thee?" The word nurse from the spiritual standpoint means to nurture, nourish, replenish and to restore to life. From the scientific viewpoint, nursing has been described in various ways (Abdellah, 1960; Henderson, 1966; Orem; 1980; Watson, 1985; Anderson & McFarlene, 2012). However, one of the most frequently cited definition by many scholars is that of Virginia Henderson who defined nursing as:

> The unique function of the nurse is to assist the individual, sick or well in the performance of those activities contributing to health, or its recovery (or to peaceful death) that he would perform unaided if he had the necessary will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible (Henderson, 1966).

Recently, the International Council of Nursing (ICN, 2009) described Nursing as:

> Autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings.
> Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.

Furthermore, utilizing the new nursing language definition, the American Nurses Association defined nursing as diagnosis and treatment of human responses to actual and potential health problems (ANA, 2010). Earlier, according to Taylor et al., (2008) the North American Nursing Diagnosis Association gave a more comprehensive definition of the nursing diagnosis "as a clinical judgement about individual, family or community responses to actual or potential health problems/life processes. Nursing diagnosis provides the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountab1e."

Underpinning the above definitions is the reality that nursing is a caring discipline with multi—faceted concerns; it is not a monolithic entity but rather a complex meta-disciplinary profession by the very essence of its intrinsic and extrinsic service expectations. Responding to these definitions, and as a result of rapid technological and scientific innovations, nursing profession has differentiated into many specialties and sub-specialties. The major specialties include: Community /Public Health Nursing, Maternal and Child Health Nursing, Medical-Surgical or Adult Health

Nursing, Psychiatry/Mental Health Nursing, Nursing Education and Nursing Administration. The sub-specialties on the other hand comprise, Perioperative Nursing,

Orthopaedic Nursing, Gerontological Nursing, Palliative Nursing —Hospice, Paediatric Nursing, Accident and Emergency Care Nursing, ENT Nursing, Opthalmic Nursing, Occupational Health Nursing, School Health Nursing, 1-Tome Health Nursing among others.

Definition of Community/Public Health Nursing

My own area of specialization and practice is Community/Public Health Nursing. This is an area of practice that focuses on promoting and protecting the health of populations using knowledge from nursing, social and public health sciences (AACN, 2007). In a more comprehensive definition, Allender *et al*.,(2014) characterized public health nursing as a specialty practice within nursing and public health. It focuses on improving population health by emphasizing prevention, and attending to multiple determinants of health. Often used interchangeably with community health nursing, this nursing practice which includes advocacy, policy development, and planning, also addresses issues of social justice. With a multi-level view of health, public health nursing action occurs through community application of theory, evidence, and a commitment to health equity.

Historical Perspective

Whether from the global or local perspective, nursing profession has come a long way. It has evolved from the unenviable state of low credibility and respectability to that of a relatively stable and emerging professional discipline. It started from the period of intuitive nursing when nursing was practiced within the milieu of magico-religious beliefs, when there was no training of any kind; a period when nursing activities were performed by men and women using their nurturing qualities. This was followed in the middle ages by services organized and rendered by religious orders using women and volunteers to care for the poor and those in shelters. This period was followed by Nightingale era which was influenced by her personal philosophy, the experience from Crimean war and the civil war, arousal of social consciousness of the people and increased educational opportunities for women. In 1860, Nightingale Training School for Nurses was opened at Saint Thomas Hospital in London. Her school represented the first major institution that articulated a theory-based curriculum and clinical practice. Her theory and practice of asepsis led to drastic reduction in mortality and morbidity rates among the soldiers during the Crimean war. This action was a precursor for the development of Florence Nightingale School of Nursing in London. In addition, her theory served as one of the most significant contributions of nursing to health care industry in the late 19th Century. This change contributed immensely to the development and improvement of hospital services which hitherto attracted low patronage. The development of antibiotics and the validation of Nightingale's theory of asepsis accelerated the growth of hospital to a unique phenomenon (Hood, 2010).

The 20th Century witnessed a phenomenal growth of the nursing profession. This period was characterized by training of nurses in diploma programmes, development of baccalaureate and advance degree programmes. Major catalysts for this growth being the explosion of scientific and technological knowledge as well as unprecedented social changes. Health is perceived as a fundamental human right. In North America for instance, unprecedentedgrowth in nursing

education, service and research characterized that century. It was a decade when substantial efforts were concentrated on moving nursing forward from a low status, women's occupation into a relatively formidable professional discipline. The International Council of Nurses founded by middle class women in 1899 played significant role in sensitizing National Nursing Associations to engage in professionalization of nursing. The first four nursing training programmes were established in the US between 1872 and 1873 in Boston, New Haven and in New York. They were all hospital-based. There was a steady growth leading to the establishment of many schools and by 1900, there were 432 programmes with 3,456 graduates and by 1926, the number of training schools rose to 2,155 (Leddy &Pepper, 1998). This period also witnessed a significant surge in graduate education and research leading to the award of masters and doctoral degrees in nursing. From the establishment of the first university programme in nursing in Yale and to the early part of 21st Century in which we are now, the United States continues to lead the world of nursing in all its ramifications. With phenomenal increase in number and complexity of university programmes, and continuing emphasis on intellectual and clinical excellence, the nursing profession is moving in the right direction. Similar effort toward professional excellence is apparent in all nations of the world. From United Kingdom to Germany, Russia, France, Canada, China, South Korea, India, South Africa and Nigeria, the International Council of Nurses continues to galvanize many nations toward full professional maturity. While evidence abounds to show that each country is at various stages of professional development and intellectual attainment, a common trend is that of multiple levels of professional preparation designed to meet the need of each country (AACN,2005; AACN, 2008).

Locally, Nursing in Nigeria started from a humble beginning with men and women of little and modest educational qualifications on the vanguard. The First School of Nursing in Nigeria was established in Calabar in 1938 and later followed by the Preliminary Training School (PTS) for nurses, which was based in Lagos, and later transferred to Ibadan (capital of the then Western Region) as one of three such schools in the country. The others were in Kano (in the North) and Aba (in the East). Whereas the two schools in the South (Ibadan and Aba) had only a 6-month programme, that in North (Kano) had two courses, one of them admitted students with lesser qualifications, that is candidates with standard two, and the programme lasted for one year, while the other programme of six months duration was for students with a higher entry qualification, that is candidates with standard four. By 1954, 23 (all men) graduated from the Kano School, 40 (16 women and 24 men) graduated from the Aba School and 71 (42 women and 29 men) graduated from the Ibadan School. (Schram, 1976). As was the case with physicians, there was displeasure expressed over the incomplete training of nurses who received local training. This subsequently led to the establishment of a-3-year nursing programme at designated government hospitals, seven in the North, six in the East and eight in the West. In addition, the Nursing Council granted recognition to 17 missionary programmes for the training of full-fledged nurses and PTS nurses. By 1955, there were 100 female student nurses at the University College Hospital in Ibadan qualifying as British-type State RegisteredNurses. There were two cadres of midwifery schools in Nigeria. One trained grade I Midwives and the other trained grade II Midwives the latter being a lower standard of entry qualifications and training. Grade I Midwives were trained in the designated government centres and by 1954, 12 women have

graduated from the Northern School in Kaduna, 23 from Eastern School in Aba, 10 women from the other Eastern School in Calabar and 20 women from both Massey street, Lagos and Ade-Oyo Hospital, Ibadan in the West. Grade II midwives were trained in missionary hospitals or Native Authority (equivalent of present day local government) facilities. These individuals worked mostly in rural areas and in 1954, 5 were trained in the North, 21 in the East and 103 in the West (Scott-Emokpor, 2010).

Two major professional associations in the past were the Nigerian Nurses Association (NNA) and Professional Association of Trained Nurses of Nigeria (PATNON). We thank God and we praise the courageous efforts of our leaders who sank their differences and united to form the present association. Prior to this time, nurses trained in England and those trained in Nigeria teaching hospitals considered themselves superior to nurses trained elsewhere in Nigeria. Certainly, there were objective reasons to support their claims. First, foreign and teaching hospital trained nurses had superior entry qualifications. Second, they enjoyed recognition by the United Kingdom Central Council for Nursing, Midwifery and Health Visiting, now Nursing and Midwifery Council (UKCC) with unique privilege to practice nursing in the United Kingdom. In contrast, locally trained nurses and midwives came into the profession with poor educational background clearly below that of their counterpart in the teaching hospitals. Thirdly, on graduation one received the prestigious State Registered Nurse title which automatically gave her access to serve in the United Kingdom, while the other received the Nigeria Registered Nurse appellation. What a contrast! Today's lecturer represents one of those old registered nurses with low entry qualification but with the grace of God, determination and hard work has been recognized as a Nigerian Nursing icon by the National Association of Nigerian Nurses and Midwives , Ekiti State University Teaching Hospital, Ado Ekiti in 2015.

From 1930 to date the growth of nursing and midwifery in Nigeria could be characterized as slow but fairly progressive. Successive governments responded to societal needs and pressure from nursing associations by enacting various ordinances and laws that have not only improved the quality and content of the nursing education in general but have also specified clearly the legal definition of professional nursing (NMCN, 1999). From the midwives ordinance of 1931 and that of registration of nurses ordinance of 1946 through the establishment of the current Nursing and Midwifery Council of Nigeria in 1979 and the Industrial Arbitration award of 1981, nursing in Nigeria continues to move progressively. The classic reaffirmation of nursing as a "Profession *sui generis* (that is constituting a class of its own) subject to no direction or control whatsoever by any profession so ever…" continues to receive questionable interpretation in some quarters. No wonder nurses are still demanding for the full implementation of the award that was made thirty-five (35) years ago! The struggle continues.

The Nursing Language

Outside research, the development and growth of the nursing language constitutes one of the most significant landmarks in the evolution of nursing as a distinct body of knowledge (Herdman & Kamitsuru, 2014). Combining its use with evidence-based practice, the nursing language continues to transform nursing profession to a robust scholastic discipline. Its use has

reached an advanced stage globally. Nursing language is defined by Keenan (1999) as “a set of common language readily understood by all nurses to describe care.” While many unique nursing languages have emerged the most sensitive tool that continues to serve as the catalyst for their growth development is the nursing process. It was first described by Fry in 1953 (Carpaneto-Moyet, 2008). Its use has been adopted by nurses all over the world. In this regard, it is pertinent to report that the University of Ibadan included it in its nursing curriculum as early as 1965. Mr. Vice Chancellor Sir, this speaker received training in the use of this exciting tool as early as 1969 from competent lecturers including Mrs. Ayo Tubi and Ms. Olufemi Kujore, who taught me the art and science of nursing. I remained eternally grateful to them. From 1972 to date, I have impacted many nurses both locally and internationally on its use. In sum, the nursing process is a problem solving approach designed to facilitate the use of critical thinking and the application of evidence-based practice to the field of nursing. It starts with accurate and detailed observation and assessment skills, nursing diagnosis, formulation of outcome criteria, prescribing clearly nursing intervention and evaluation of nursing intervention.

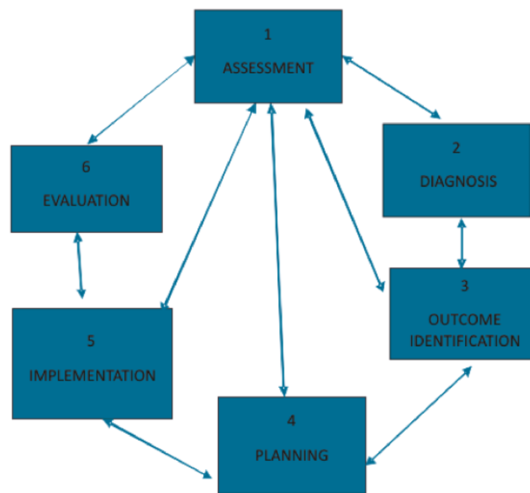

Fig.1: Schematic Representation of theNursing Process

Figure 1 shows the sequence of the nursing process starting with the assessment. The second step, which is the diagnosis is very crucial. It is at this stage that the nurse analyses data collected at the assessment phase and makes definitive generalization leading to nursing diagnosis. Following the first conference on nursing diagnosis in 1973, nursing diagnosis was applied to specific labels describing the state of health that nurses could legally diagnose and treat (Carpenito-Moyet, 2008). There has been considerable accumulation of body of nursing knowledge in the literature. However, the significance and utility effect of the use of nursing

diagnosis is its ability to create and re-create unique body of nursing knowledge that eventually would lead to greater accountability and professional autonomy.

The progressive use of nursing diagnosis, improvement in nurses' general education and clinical expertise notwithstanding, the profession faces enormous challenges that must be resolved if it must realize its full potential. One of the major challenges is the multiplicity of preparation coupled with ill-defined professional roles and responsibilities. Other issues include intra and extraprofessional feud, timid and anti-intellectual mindset, inadequate leadership, inadequate political engagement, lack of competencies required for engaging in interdisciplinary issues and inadequate formation or lack of evidence-based policy. These are not only local concerns but also of immense global implications. For example, scholars continue to emphasize the need for a differentiated nursing role that would focus on the structuring of roles and functions of nurses according to level of education, experience and competence. To this end the American Association of Colleges of Nursing (AACN, 2005) advocated for this type of differentiation. Commenting on the same issue, Peter-O'Grady (2011) reported that the Institute of Medicine (IOM) in collaboration with Robert Wood Johnson Foundation identified four major thrusts on which the future of nursing profession should be based. These include:

- reconceptualizing the role of nurses within the context of the entire workforce, the shortage, societal issues, current and future technology;
- expanding nursing faculty, increasing the capacity of the nursing schools and redesigning nursing education to assure that it can produce adequate number of well prepared nurses able to meet current and future health care demands;
- examining innovative solutions to nursing education and services; and
- attracting and retaining well prepared nurses in multiple care settings.

Prior to the IOM submission, the Lancet Commission (2010) following a comprehensive review of the growth of health professionals in the last hundred years, recommended a radical shift from the traditional method of training of health professionals to a more robust team-training. The commission argued persuasively that considering the complex nature of modern health care services and multiple specialization of many health professionals, the need to collaborate and work together is rather high. However, collaboration and access to quality health care would be impossible in the absence of meaningful inter, intra and extra-professional interactions. Therefore, the extent to which the nurse could influence the redefinition of health care to fully accommodate concepts such as partnership and collaboration is receiving adequate attention. The development and the use of Nursing Language represent a unique academic attempt to redefine and quantify nursing contribution to health care delivery.

Despite the phenomenal increase in the number and complexity of the university programmes, nurses all over the world continue to struggle with diverse professional issues and challenges. While evidence abounds to show that each country is at various stages of professional development and intellectual attainment, as shown in Table 1, a common theme is that of multiple levels of professional preparation and mobility primarily designed to meet the

needs of a particular country. While this is a legitimate educational objective, it is counter-productive if the essence of the profession is not adequately nurtured and preserved in the process of meeting the needs of the society. The nature of nursing as a caring and humanistic profession more than any other group within the health sector makes it more susceptible to societal manipulation. In the USA for instance, there are multiple cadres as shown in Table 1. However, the US is organized, well-structured with a clearly defined chain of command that makes mentoring and supervision easier.

Table 1: Opportunity for Educational Mobility in Three Selected Countries.

Table 1: Opportunity for Educational Mobility in Three Selected Countries.

PROGRAM	UNITED STATES		UNITED KINGDOM		NIGERIA	
	Availability	Duration	Availability	Duration	Availabilit	Duration
Diploma						
LPN	Yes	12 months	Yes	12 months	No	Not Applicable
RN	Yes	3 years	Yes	3 years	Yes	3 years
Associate Degree	Yes	2 years	No	Not Applicable	No	Not Applicable
RN to BSN	Yes	1 year	No	Not Applicable	No	Not Applicable
Bachelor degree	Yes	4 years	Yes	3 years	Yes	5 years
MSN/MS– for those with basic nursing degree	Yes	I year	Yes	1 year	Yes	2 years
MSN for non-nursing bachelor's degree	Yes	18 months to 2 years	Yes	Variable	No	Not applicable
RN to MSN	Yes	1-3 years	Yes	Variable	No	Not applicable
Doctorate						
DNP	Yes	3 years	No	Not applicable	No	
Ph.D.	Yes	4 years	Yes	Yes	Yes	5 years +

On the contrary in Nigeria, with multiple certificates and diplomas that are not accompanied with corresponding recognition and adequate remuneration, the issue is more complex and challenging. On a closer scrutiny, most of these certificates and diplomas though grounded on sound educational principles, skills and attitudes, are nevertheless, deficient in scope and depth. Even in the West, where nursing education is more sophisticated, the issue of comparability with other professional disciplines with regards to focus and specificity remains problematic. In

fairness, the Nursing and Midwifery Council of Nigeria (NMCN) continues to take various steps to ameliorate the situation. Some of these steps include internship programme, multiple certification programmes, periodic-recertification and mandatory in-service prior to recertification. All these efforts are in the right direction except that multiple certification seems to have created more problems. It is safe to posit that there can be no real change without educational rigor and continuous learning anchored on purposeful mentoring (Ajao, 2014). In this regard, one can posit that the proposed internship programme was based on the assumption that it would produce practitioners whose basic skills would be fortified by their exposure to adequate and appropriate guidance by experts. The question is, where are the experts to mentor the newly qualified nurses? Or will it be appropriate for graduate nurses to be mentored by highly competent diploma nurses who are not adequately rewarded for their exemplary services? There is therefore, a need to redefine nursing education strategy to bring about desirable changes that would satisfy the needs of the society, advance equitable progression for all nurses, focus on the essence of nursing, and gain genuine acceptability and respectability of other health professionals.

While nursing care is holistic rather than fragmented, the prevailing reality is that health care services have been fragmented in response to the diversity brought in by the sophisticated technology and scientific innovations. Nurses must also sharpen their educational preparations to accommodate the complex diversity without losing the holistic nature of the nursing practice. Consequently, opportunity must be provided for nurses to utilize latest technological, scientific and other innovations to upgrade their knowledge and practice across all specialties and sub-specialties in nursing. To this end, refinement and acquisition of new skills based on knowledge, deliberately and carefully synthesized while actively collaborating with other health professionals is highly desirable. In addition, the process of gaining clinical excellence must not only be transparent but must also be comparable to what is obtainable in other health professional groups especially medicine where a novice is turned to a superstar through rigorous educational process. In this regard, Dreyfus and Dreyfus (1996) identified five models of skill acquisition in clinical practice. These include the novice stage, the advanced beginner stage, the competent stage, the proficient stage and the expert stage. The knowledge gained must be fortified by the enabling and reinforcing factors throughout life. Undoubtedly, this process would lead to the development of competencies in four major areas as discussed by Taylor *et al.*, (2008). These areas include cognition, technical/skills, interpersonal and ethical/legal competencies. While it is true that the nursing process, which is taught at the initial stage, is a universal nursing intellectual paradigm applicable to all nursing situations, an expert in any nursing sub-specialty requires extra intellectual, experiential and unique intuition developed overtime through higher education, training and research (Myrick & Yonge, 2004). In addition, the process of obtaining expert status must be very clear to the consumers and other health professionals and must be validated by the authorized institutions such as the Nursing and Midwifery Council of Nigeria (NMCN), National University Commission (NUC), National Association of Nigerian Nurses and Midwives (NANNM), Nigerian Association of University Nursing Programmes (NAUNP) and West African College of Nursing (WACN).

Progression From Novice To Expert

PROGRESSION FROM NOVICE TO EXPERT

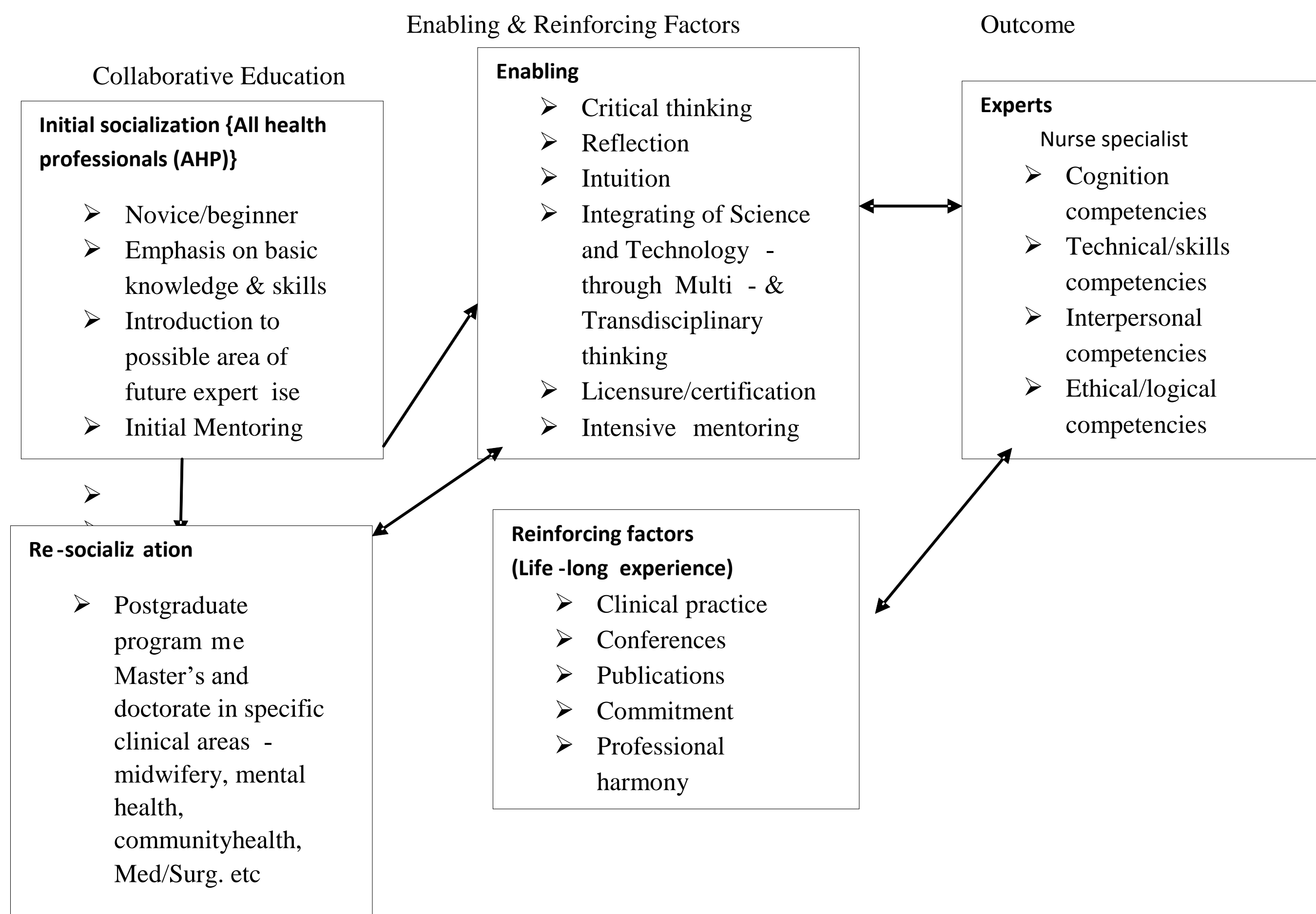

Fig. 2: Progression from Novice to Expert (Ajao, 2016a)

Figure: 2 captures what could be described as innovative and effective model to propel nursing to academic and clinical excellence. Illustrated with a model, the paradigm is made up of three major elements. These include: collaborative education, enabling and reinforcing factors and outcome. The first element is partitioned into two. **Initial Socialization and re-socialization. The initial socialization** is the collaborative educational arrangement whereby all professionals are exposed to similar learning activities that are designed to encourage continuous interaction of

all health professionals prior to professional differentiation. On the other hand, **re-socialization** represents the acquisition of advanced knowledge in various disciplines leading to specialization in specific areas. **Enabling and Reinforcing factors** refer to all forces that serve as catalysts to produce and sustain favourable outcome of learning. **The outcome includes** cognitive, technical/skills, interpersonal and ethical/legal competencies developed overtime. Adopting this approach would not only facilitate cooperation, collaboration and genuine partnership but would also promote mutual understanding among nurses and other health professionals. This invariably could lead to effective health care delivery similar to the recent efforts demonstrated in the containment of Ebola disease in this country. This is what Clark (2013) described as multidisciplinary approach as distinct from transdisciplnary paradigm which represents ability to generate and synthesize knowledge from all available sources. Commenting on the utility effect of multidisciplinary approach, to education, the Lancet Commission (2010) observed that collaborative teaching would effectively lead to inter-professional harmony and delivery of high quality care in an atmosphere of trust and confidence.

Improvement in education and scholarship is a necessary and sufficient condition for developing competent nurses in the areas of teaching, service and research. It is a settled argument, that a profession is different to the extent that it could delineate a unique area of practice. Beyond the classical notion of assisting the clients in the performance of certain tasks when incapacitated is the contemporary view by the International Council of Nurses (Taylor *et al*., 2008) which stressed the holistic nature of caring whether at the individual, family, or community levels. Nurses are expected to demonstrate evidence-based practice. Consequently, knowledge generation in nursing should focus on synthesis and application of information from all branches of knowledge, be it scientific, social, medical or technological to develop a unique science of nursing practice. This is an example of transdisciplinary approach. Such approach would assist the nurse to refine appropriate skills required to provide appropriate nursing care based on levels of professional preparation. Such skills should focus on the re-structuring of roles and functions of nurses according to the level of education, experience and competence. Mr. Vice Chancellor sir, my professional journey is congruent with this typology of creatively synthesizing knowledge and experiences from the field of nursing, public health and sociology to produce an irresistible rhythm in the field of community/public health nursing. In this connection Mr. Vice Chancellor, I will briefly give an account of my contributions to knowledge, the clinical service and at the community level both locally and internationally.

My Contributions to Knowledge, Clinical Services and Community

Mr. Vice Chancellor Sir, distinguished ladies and gentlemen, I would highlight some of my contributions to the nursing profession under the following headings namely: knowledge, clinical application and service to the community.

Broadly speaking, I would like to classify my contribution to knowledge into six major sub-categories namely:

(i) Theoretical and methodological issues in nursing research
(ii) The role of the nurse in handling chronic illnesses in the community.

(iii) Maternal and child health issues in the community.
(iv) Cultural competency in the area of nursing education and recruitment.
(v) Primary health care and innovative social policy.
(vi) Empowerment and capacity building for effective primary health care.

Theoretical and Methodological Issues in Nursing Research

My exposure to eminent scholars at University of Ife, now Obafemi Awolowo University who taught me how to apply sociological theories to nursing and primary health care issues remains a blessing. While there were many of them, particular credit must go to my supervisor, Professor Tola Pearce and the co-supervisor, late Professor Akinsola Akiwowo and Professor Tanwa Odebiyi who piloted me in developing a unique approach that synchronized social-anthropological perspective with that of emerging nursing sciences for the understanding of primary health care issues in the community. I have explored pregnancy, delivery, adoption and early neonatal care in the community, all grounded on basic assumptions derived from social definition paradigm (Ajao, 1986a). In most of my studies and presentations, I have used social definition paradigm which is made up of several theoretical perspectives that are complementary in nature to unravel what principal actors in a social context considered important and desirable. This complementary perspective made of fusion of phenomenology, symbolic interactionism and the general system theory is particularly relevant in community/public health nursing research and practice. In this context, Betty Neuman health care system model, King's system interaction model, Watson's caring model and structural functionalism perspective exemplified this paradigm. In community/public health nursing research and practice, the need to have holistic and comprehensive understanding of all interacting variables be it physiologic, psychologic, spiritual and socio-cultural is sacrosanct (Neuman, 1989). Therefore, the dominant concern of social definition paradigm is the basic ordering of human experience stressing the act of understanding with particular reference to the capacity of human minds to create meaning (Thomas & James 2006). Using the social definition paradigm therefore is a recognition that every individual constitutes a dynamic element in his or her immediate environment constantly creating and recreating his/her social reality.

The Role of the Nurse in Handling Chronic Illnesses in the Community

Mr. Vice Chancellor Sir, in 1978, I conducted a compliance study among hypertensive clients attending the then University of Ife teaching hospital complex including clients attending the three major hospitals and all the health centres being used by the teaching hospitals complex. Findings indicated significant problems in the area of clinic attendance, drug intake and compliance with prescribed diet (Ajao, 1978; Ajao & Andy, 1985). One major finding in both studies was the contribution of significant others in the general management of essential hypertension. Patients with significant others like spouse, children, very close relations and friend fared better in the compliance indices. Among the significant others, the contributions of the spouse stood out prominently. These findings attracted me to explore the issue of social

support and values as strong catalysts in promoting desirable health behaviour among the general population. Consequently, ample evidence abounds to support the position that positive contribution of significant others are indispensable in the promotion and maintenance of the health of the people in the community. As shown by our study (Olasemo, *et al.*,1996) educational intervention directed at family members significantly improved client compliance with therapeutic regimen. As a result of my interest in methodological issues that are grounded on the reality as experienced by the actors I also developed and administered a family reinforcing index among hypertensive patients in Kuwait. This study, which was reviewed and funded by Kuwait University identified five major themes that moderated family reinforcing activities. Prominent among these themes is the one that described family support as desirable and obligatory. Findings also indicated that the most significant other in the family is the spouse. In a similar study in South Western Nigeria (Ajao, 2016b) findings also revealed that the spouse is the most significant person to the client. Mr. Vice Chancellor Sir, based on these findings, it is apparent that nurses play crucial role in promoting, maintaining and enhancing the health of their clients.

Cultural Competency in the Area of Nursing Education and Recruitment

Health as a community asset must be promoted and synchronized with the community core values for longevity, good health and love of children (Ajao, 1986c). For example, a lot of Yoruba folklores and practices that emphasize the collective definition of health as the most significant value after children must be understood and applied to client care and policy generation. For example, the Yoruba will say "ilera logun Oro, eni to ni Alafia, ohun gbogbo lo ni", meaning health is wealth and a healthy individual is wealthy. Again they may also say, "Olomo lolaye" meaning that the world belongs to those who have children, hence the search for children until the bitterest end. Since every behaviour is anchored on certain basic underpinning assumptions, understanding and working with those assumptions (Ajao, 1984) would facilitate excellent clinical nursing practice in community health nursing. Therefore, I have submitted that nursing education must adopt both etic and emic analysis in the formulation of curricular issues and practice including recruitment and retention of nursing students in the profession (Al-Khandari & Ajao, 1998).

Maternal and Child Health Issues

I worked relentlessly with prominent researchers, midwives and public health nurses in providing appropriate health care services for vulnerable groups nationally and internationally. Starting with mothers in selected rural villages (Ajao, 1986a) in the Oranmiyan Local Government Area of Osun State, and the pregnant mothers and their spouses in Kuwait (Ajao, 1993a). In the later study, male views about social support during pregnancy was investigated and presented at the first international conference on community health nursing research, Edmonton, Alberta in Canada. Data were collected at "diwaniya," a special meeting settings for males where problems and common issues of concern were usually discussed. Using three focal groups, findings revealed positive correlation between male views and support received by

pregnant women. The study demonstrated a strong link between the quality of care and support provided by clients' spouses. In retrospect one of my clients in a community health nursing postings in 1971 described her husband as unsupportive and uncaring. To her surprise at a reconciliatory meeting, her spouse presented items bought for her and the unborn baby. Effective communication utilizing non directive approach could facilitate emotional and physical healing. The issue of mutual suspicion during pregnancy was also found to affect the provision of adequate maternal and child nutrition significantly. In my clinical experience, the prevalence of nutritional imbalance related to inadequate or excess nutrition, as evidenced by visible signs and symptoms of kwashiorkor and marasmus in Nigeria was found to be very common among rural dwellers and the new urban settlers (Ojofeitimi, *et al*., 1987) and excess body weight among children observed in Kuwait (Ogundeyin, *et al*., 1994) all of which constitute major concern. Led by Professor Ojofeitimi of community medicine, Obafemi Awolowo University, I was actively involved in providing nutritional counselling and nourishing diet with soy milk to the sick children at comprehensive health centre Eleyele in Ile-Ife. Under the able leadership of Professor Ojofeitimi, the nutrition centre became a miracle centre for children suffering from marasmus and kwashiorkor. Similarly in Kuwait as a result of our findings, a workshop was organized for health workers to further increase their awareness and to improve their therapeutic skills.

Primary Health Care and Innovative Social Policy

The success of primary health care is anchored on effective collaboration and active participation of the community. Mobilization is easier when prominent members of the community are duly consulted and persuaded to be actively involved. In one of my publications, I reviewed the effect of the support of significant community leader as an enabling factor in the promotion of effective primary health care services in rural communities. Underpinning this position is the fact that organized community effort is a *sine qua non* of effective primary health care delivery in the community. To be successful, community health nursing efforts must be based on collaboration, and active participation of every individual in the community. The community health nurse as change agent, a facilitator and encourager must be ready to unify everybody in the community to facilitate positive outcomes (Ajao, 1984). The review highlighted the strategy of involvement and mechanism of sustaining it. As a result of this contribution I was invited by the Department of Local Government, Obafemi Awolowo University, to teach Primary Health Care to local government workers in Nigeria spanning over three academic years before travelling out of Nigeria.

A deeper understanding of ecological paradigm in relation to healthy environment is of paramount concern in any attempt to promote the health of the people. A critical review of the concept of community health in relation to maintenance and sustenance of wholesome environment was attempted (Ajao, 1986b). Community organization for effective participation was emphasized. This is congruent with the basic underpinning assumption of community health practice as an organized community effort to solving a host of community health needs and problems (Allenda *et al*., 2014).

Empowerment and Capacity Building for Primary Health Care

Mr. Vice Chancellor, one major contribution I made to the progress of primary health care delivery in this country was the careful articulation of the role of the Public Health Nurses in Primary Health Care Delivery Services in Nigeria (Ajao, 1988). This study which was conducted on behalf of the West African College of Nursing was primarily designed to characterize what public health nurses throughout the country consider as their major focus and area of practice. Using a phenomenological perspective, the study also examined the obstacles confronting nurses as they strive to implement primary health care services throughout the country. Findings indicated that nurses have always led other health workers in the delivery of essential services in every nook and cranny of this nation. Whether as midwives, or registered nurses, they have shown unparalleled commitment and dedication in discharging their enormous task of working under very difficult situation. In this study, public health nurses expressed dissatisfaction with how government policy makers were handling primary health care issues in the country. They called for more facilities to perform basic clinical services to their clients as well as provision of adequate remuneration and conducive environment to perform their duties. Mr. Vice Chancellor Sir, between July 1968 and February 1969, I worked in Adventist Health centre, Omuo Oke in Ekiti State as the nurse in charge of the health centre. There are many nurses as we speak who are working in similar situations, screening and treating patients with diverse medical-surgical conditions, pregnant mothers and children with diverse needs. Nurses in my study called for empowerment through positive capacity building. This suggestion from the practicing nurses is consistent with those of Rapport (1987), and United Kingdom Department of (DOH, 2008). For instance in UK, nurses continue to receive training in many areas including the role tagged as " nurse prescriber."

One trend that continues to be dominant in the literature is the quest for increased participation in policy formulation and empowerment among nurses. Nurses are beginning to realize the need to influence quality care that is cost-effective through active involvement and a mindset that is constantly ready to influence policies and regulations that have direct implications for health care delivery in general and nursing practice in particular. As shown in Fig. 5, empowerment leads to radical but positive changes which in turn leads to high quality care that is not only cost-effective but quantifiable and measurable. Although there is a positive shift in nursing education policy and practice in this country, full impact of such policies is yet to be fully realized by the majority of the nurses. Similarly, from the policy makers' viewpoint, nursing practice is like moving one step forward and three steps backward. For example, the basic entry qualification into the nursing profession is five credits including English Language, Mathematics, Biology, Chemistry and Physics which is at par with other highly rated professions in the health field including medicine and pharmacy. Unfortunately, unlike other health professionals who are currently being prepared in the university, the bulk of the nursing education remains outside the university system making it difficult to convince the general public about the true nature and status of the nursing profession. While empowerment of nurses and participation are necessary for successful health care delivery services, some experts continue to utilize the obsolete technocratic and directive approach. The classical definition of

public health by many scholars underscores the concepts of participation, collaborations and empowerment as central to successful outcomes of public health efforts (Carlson *et al*., 2004; Cricco Liza, 2005 and Ajao, 2012, Ajao, 2015). With regards to Nigeria, there has been determined efforts on the parts of the Federal Government to articulate national health policies based on what the experts conceived, delivered and approved. Unfortunately, as reported by the majority of the respondents in the national survey conducted by me, the views of nurses continue to be either ignored or not solicited (Ajao, 1988).

As change agents, nurses are actively pressing for increased involvement in policy making in health care delivery. Nurses are actively involved in advocacy on behalf of their clients. They now act as mentors to individuals that need to adopt necessary health behaviours by involving them in problem definition, choice of available treatment options, thereby influencing the outcome of care. In doing this, nurses are sensitizing the clients through advocacy, direct community participation thereby remoulding the image of the nursing profession.

It is therefore axiomatic, that nurses should be adequately empowered to work collaboratively with diverse people within the ever changing complex milieu in order to influence clients and other professionals' perception about nurses. Furthermore, nurses should serve as advocates, encouragers and be willing to mobilize individual and community resources for appropriate health actions in any clinical area.

Fig. 3: The lecturer and a group of villagers in front of an uncompleted health centre

FIG.4.5 The researcher with representatives of villagers in fror of the uncompleted Maternity Centre at Famia Oja.

Fig. 4: The lecturer with community leaders after a successful meeting

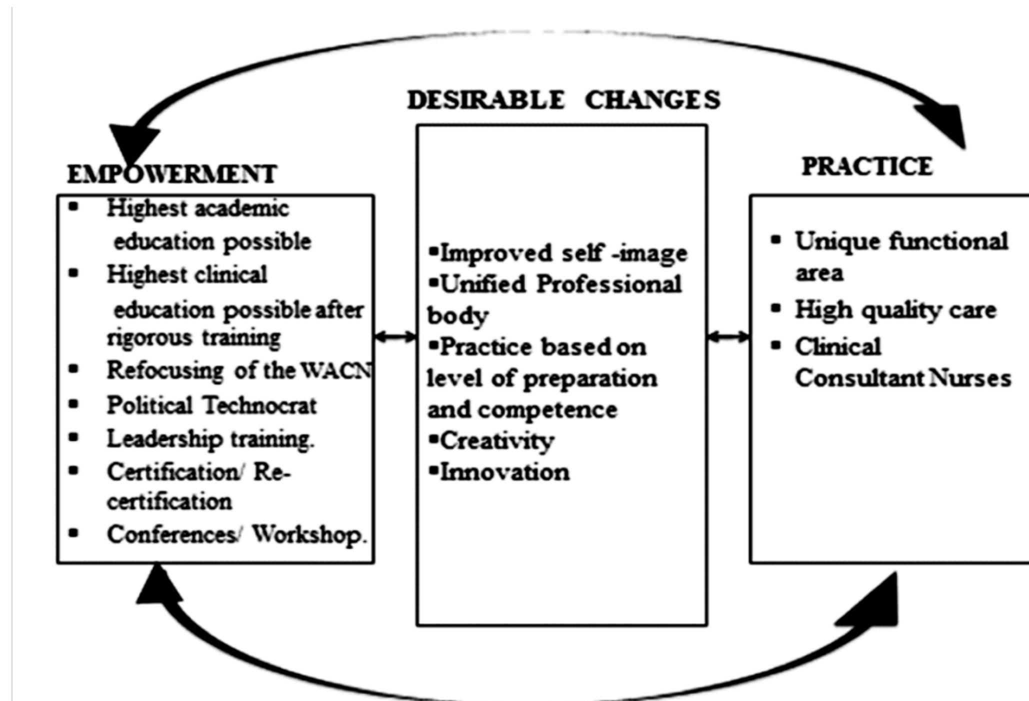

Fig. 5: Empowerment and Quality of Clinical Practice (Ajao, 2016a)

Figure 5 illustrates the relationship among empowerment, desirable changes and practice. As nurses receive the highest education possible, there will be improved self-esteem, they will easily accept limit of competence, creativity and innovation will improve. Consequently, high quality care will lead to redefinition and restructuring of unique functional areas leading to automatic appointment as clinical consultants.

Funded Researhes

I participated actively in the planning and execution of the following studies in my capacity as a public health nurse.

1. The role of Local Government in primary health care. It was funded by Ford Foundation and led by Professor Oladimeji Aborisade 1988 -1989 (the nurse as a community organizer, technical consultant in areas of community health needs and strategies to mobilize community support and participation)
2. Fertility control among rural women in Ile-Ife. Funded by International Family Planning group and led by Dr. C. O. Adeoye 1982-1984. (Participated in recruiting willing mothers for voluntary family planning with spouse support, procedure is principally tubal ligation for women of child bearing age who must be multigravida, para 4 and above).
3. Developing family reinforcing index in Kuwait, Principal Investigator. Funded by Kuwait University, 1993-1995. Served as principal investigator with one field coordinator who is a

medical consultant and 12 other consultants in regional clinics in Kuwait as research associates. All research associates are Arabs who are bilingual - English and Arabic.

4. Breast self-examination among teachers and nurses in Kuwait- Sponsored by the Kuwait Nurses Association (1993) (Women's health issue to be linked with paper 13 and 14) Principal Investigator with 6 other highly qualified nurses
5. Impact of child rearing on the health of toddlers in Kuwait – Sponsored by the Kuwait Nurses Association (1994). Co-investigator with 3 other university lecturers.

Clinical Experience

I joined Babcock University Nursing Department in September 2009. At that time the department was struggling with accreditation issue which was complicated by lack of clinical site owned primarily by the University. Understandably, the university relied heavily on the use of Olabisi Onabanjo University Teaching Hospital as the main clinical facility for the training of its students. The teaching hospital accepted and accommodated us gracefully and professionally. However, circumstances beyond the control of the hospital management led to some severe limitations at this clinical setting. Working actively with the Senior Vice President/ Deputy Vice Chancellor, Prof. I. Okoro, positive changes were made by the hospital to accommodate the nursing and midwifery Council of Nigeria requirement. In the interim, under my chairmanship, a clinical nursing committee with Dr. Femi Sotunsa the Director of Clinical Services, Babcock University Teaching Hospital as the secretary, Prof. C.C. Nwosu Associate Vice President Institutional Effectiveness representing the university authority and other prominent members was inaugurated. The central focus of this committee was to enhance the rapid development of a section of the hospital to provide opportunity for excellent clinical facilities for the training of the nursing students. It can be said that the initiative of this committee contributed immensely to the transformation of the previous Babcock Medical Centre to an enviable University Teaching Hospital that we now have today.

With the true spirit of partnership and collaboration fuelled by the former Vice Chancellor, Prof. Kayode Makinde, leading a team of dedicated and highly committed staff, we crafted a partnership model that led to a working relationship with the University College Hospital, Ibadan, Obafemi Awolowo University Teaching Hospital Complex, Ile-Ife, Federal Medical Centre, Abeokuta, Adeoyo Maternity Hospital, Ibadan, Lagos State College of Medicine Teaching Hospital, Ikeja Lagos and Ogun State Hospital Management Board facilities at Abeokuta and Ijebu Ode. This rather complex arrangement provided opportunity to expose our students to qualitative clinical experiences under the supervision of qualified preceptors screened and appointed by the university.

Prior to my appointment at Kuwait University where I served as the Acting Chairman of the Nursing Department, between 1991 and 1993. I have taught and practiced community health nursing for over fifteen years ten of which was at the Obafemi Awolowo University, Ile-Ife. Leading a group of highly qualified and thoroughly efficient nurses in community/public health nursing, we organized rural community/public health site that was referred to as Ita Elewa Community. This is a community made up of groups of villages predominantly farmers with two

elementary schools and without any health facilities. With limited facilities from the university, we started a community outreach programme that provided basic care to the school children as well as to the community at large. Services rendered include screening of the children, referral to the university health centre or the teaching hospital, health counselling and modification of the school environment to facilitate healthful school living.

The Kuwait experience was rather unique. Apart from serving as consultant in community/public health nursing, there was also the nagging problem of planning and implementing clinical experience for the first set of male students in the programme. I prepared a programme of clinical experience within the main maternity hospital and other adjunct clinics. The programme was so successful that the Chairman of the department was delighted to report to the Dean thus, “For your information, is attached, a report of the outcome of the clinical experiences of our male student nurses in maternal and child health nursing submitted to me by Dr. O. Ajao. He is commended for his diplomatic and professional efforts as he assured our male students an appropriate clinical experience in this sensitive specialty area. The nursing and other personnel at the Maternity Hospital were pleased to have male students in the facility and willingly assisted.” This experience encouraged me to write and publish an article on the mechanism and strategies of planning and implementing qualitative clinical experiences for nursing students (Ajao, 1993b).

One of the most satisfying and rewarding clinical experience I ever had, took place in New York, where I led a group of highly qualified professional nurses and others in community/ home health care services covering Brooklyn, Bronx, Manhattan and Queens Borough in the great city. As a result of what the authority described as exemplary leadership qualities, excellent clinical abilities and unfeigned commitment and loyalty, I received the agency Presidential Awards for the years 2003 and 2007 respectively. Glory be to God for as recorded in the scriptures, “It is not by might nor by power but by His spirit, less anybody should boast.”

Service to the Community

Babcock University provided an excellent platform to render selfless service to God and humanity. In 2007 when I was called to serve the university for a brief period of time, I came without demanding for any salary. Early in 2009, I received a call to come home and serve. I have a good job, a top executive in the company, a man getting to be known in the city’s well-developed community/home care services, a comfortable home and more importantly an exceptionally loving, brilliant and hardworking wife, I hesitated. God spoke to me through the then Vice Chancellor, Prof. Kayode Makinde who visited me in my house at Elmont, New York. Finally, Prof. Dayo Alao at an annual conference of the Nigerian Adventist in North America in Pennsylvania contributed significantly to the debate. It was a difficult decision to relocate to Babcock, however, the Lord has continued to be gracious and faithful.

The first concern is the accreditation by the NUC. To the glory of God, with the active support of my sister and mentor, the former head of department of nursing Professor Esther Fashina, Prof. I. Okoro, the Deputy Vice Chancellor and very dedicated staff in the department of nursing, I led the department to its first full accreditation status in November 2011.

School of Nursing

One of the remarkable landmark developments is the transformation of the Department of Nursing into a full faculty status. We in the School of Nursing remain grateful for this unique gesture. A full-fledged school with three departments would serve as a catalyst for rapid development of the nursing profession in all its ramifications in this university. Starting from next academic year, the number of department would increase to four namely: Community/Public Health Nursing, Adult Health, Maternal and Child Health and Psychiatric/Mental Health Nursing. At this juncture, I must pause to express my gratitude to the Senior Vice President and Provost of the College of Health and Medical Sciences for defending nursing during a debate to rationalize the schools and thereby, summarized the essence of this lecture; that is, nursing is receiving attention from a stakeholder as a mature professional discipline ***sui generis*** and subject to no external manipulation. Thank you sir, for continuing to support nursing as it moves from the novice stage to that of a mature academic discipline.

International and Local Seminars and Conferences

In 2011, under my direct supervision we held the First International Nursing Conference in collaboration with other nursing academics and clinicians from the United States of America. The conference which was held between August 8 and 10 at Silvanus Chioma Auditorium focused on quality nursing care and attracted many participants from many parts of the country and it was described by many participants as very informative and useful. We have also commenced departmental and school seminar. The last school seminar was given by this lecturer on 15 March, 2016 while the last postgraduate seminar in nursing took place on Sunday, April 3, 2016. A guest lecturer from Australia is being expected to give a seminar during the second week of June, 2016 titled " Promoting Nursing Research in Higher Education."

Establishment of a Sub-Chapter of Sigma Theta Tau International at Babcock University

Sigma Theta Tau International is a distinguished honour society that has its origin in the United States of America. Its main focus is to advance nursing knowledge through research grants, conferences and publications. This association was introduced to Babcock University by Prof. Joseph Oyeniyi Aina,the Associate Dean and my friend, when he was on Sabbatical Leave in 2009. The idea was accepted but it was not until November 11, 2014 that the sub-chapter was established following the Vice Chancellor's support based on my recommendation. I am happy to report that as required by this International body I represented Babcock University at the ceremony in Cape Town, South Africa. By this, Babcock became the first University in West Africa to be so honoured.

Fig 6: Standing from left to right are the Presiding Officer from the Sigma Theta Tau International, Prof J. O Aina, Prof. E. O Ajao, the lecturer and another Sigma Official during the investiture ceremony in Cape Town.

Expansion of Direct Entry Nursing Programme

Consistent with the general focus of this lecture is the desire to provide opportunity for registered nurses with diploma certificates to rebrand themselves through well-crafted training that would lead to B.N.Sc. degree in Nursing Science. At the planning stage we discussed with both the nursing council and the NUC. While the council's attitude was positive, the Council however, advised the school to consult with the NUC. The NUC turned down the request for a 2-year programme. Consequently, the school stuck to the four years (8 semesters) already approved by both the NUC and the Nursing and Midwifery Council.The course lasts for eight semesters. Students attend classes on Sunday through Wednesday. We have multiple clinical settings for the clinical practice including The University College Hospital (UCH) Ibadan, Obafemi Awolowo University Hospitals Complex (OAUTHC) Ile-Ife, Federal Medical Center Abeokuta, Lagos State University College of Medicine Teaching Hospital, Ikeja. The supervision is carried out by competent clinical supervisors with advanced nursing degree. I must emphasize here that this programme was made possible because of the incredible support we are receiving daily from the university community particularly from all the staff of the basic medical sciences, school of basic and applied sciences, school of agriculture and the section of the university responsible for the general studies.

Planning and Implementing M.Sc. in Nursing Programme

Mr. Vice Chancellor Sir, I would like to thank the immediate past Vice-Chancellor and yourself for believing that nurses should not only have master's degree but doctorate as well. There is no better proof of the acceptability and recognition of our noble profession into committee of established academics. Presently, under my deanship, we are moving with faith and hope and with God on our side, we shall succeed. Our first set of postgraduate students was admitted in July 2015. We have recruited a number of qualified academic lecturers to meet the minimum requirement set by the National Universities Commission (NUC). As I close this section, I am delighted to quote a portion of the letter written to me by the Registrar of the Nursing and

Midwifery Council of Nigeria on the establishment of this programme: "I am directed to acknowledge the receipt of your letter dated 18th August 2015 on the above subject. I am further directed to commend your efforts of getting approval of the National Universities Commission (NUC) for the establishment of the Postgraduate programme in Nursing (M.Sc.). Thank you for promoting and maintaining excellence in Nursing Education and Practice."

IBE Accreditation Panel

Mr. Vice Chancellor sir, I would like to put on record that I have served on the International Board of Education (IBE) accreditation panel that visited Adventist University of West Africa in Monrovia, Liberia in July, 2013. Similarly, I have served both as member and chairman of the accreditation panel to a number of Nigerian universities including the University of Ibadan and the University of Lagos, among others.

Kigali Conference of Adventist Nurse Leaders

In December 2014, I attended the conference of African nurse leaders sponsored by the General Conference of the Seventh-day Adventist Church. The theme of the conference was the uniqueness of Adventist nurse in education and practice. We decided at this conference to form Association of African Nurse Leaders based on the divisional groupings. Consequently, I was appointed as the President for the West African division, but for the Ebola outbreak, the inaugural meeting would have been held in Monrovia during the first quarter of 2015. I am in regular touch with our nursing leaders in Monrovia.

Mr. Vice Chancellor Sir, because of the need to safe time, permit me to list other services that I have rendered or continue to render to this university and other academic institutions. These include:

1. Head of Department of Nursing, Babcock University, 2011-2012
2. Dean School of Nursing, Babcock University, 2012 till date.
3. Members of Various committees including, Senate, Ways and Means, Academic Board, Human Resources, Post graduate and Curriculum.
4. External Assessors to Professorial position of some Universities including, Federal University of Agriculture, Abeokuta, Obafemi Awolowo University, Ile-Ife, University of Calabar, Ladoke Akintola University of Technology, Niger Delta University and Ambrose Ali's University, Ekpoma.
5. External Examiners to LAUTEC, Igbinedion, and Niger Delta University.
6. Chief coordinator, B.N.Sc. Programme, Obafemi Awolowo University, Ile-Ife, 1986-1987
7. Chief coordinator, M.Sc. (Nursing) Obafemi Awolowo University, Ile-Ife, 1989-1989
8. Occasional Acting Head of Department, Obafemi Awolowo University.
9. Supervision of Postgraduate students Obafemi Awolowo University, Ile-Ife.

10. Associate lecturer, Department of Local Government Studies, Obafemi Awolowo University, Ile-Ife, 1987-1989.
11. Associate lecturer, Department of Environmental Health, Obafemi Awolowo University, Ile Ife, 1987-1989.
12. Field Adviser of Mrs. Taibat Balogun's M.Sc, Thesis on behalf of University of Wales, UK, 1988/89 session.
13. Dean's Representative, Faculty of Agriculture, Obafemi Awolowo University, Ile-Ife, 1987/88 session.
14. Member, Faculty Review and promotion Panel, Obafemi Awolowo University, Ile-Ife, 1984/85 and 1988/89 sessions.
15. Acting Chairman, Department of Nursing, Kuwait University, 1991-1993.
16. Chairman, Research Committee, Kuwait Nurses Association 1993 -1995.

Fig 7: Prof. Ajao standing in the middle with the Dean of Postgraduate School of Nursing, Loma Linda University on his left and the Associate Ocean of the same school on his right at the African Adventist Nurse Leaders' Conference in Kigali.

Fig. 8: Prof. Ajao with other African Nursing Leaders at the Kigali Conference.

Recommendations

Mr. Vice Chancellor Sir, I would like to respectively submit the following recommendations grounded on the need to consolidate and harness the emerging academic gains in nursing for clinical excellence.

Nurses must accept responsibility to lead intellectually. Anti-intellectual posture must be discarded. Nurses must continue to engage other health workers vigorously and intelligently. They should engage government diplomatically on all political issues, and must lobby vigorously for policies that are directly or tangentially related to nursing interest.

The Fellowship programme of the West African College of Nursing must be restructured such that it is comparable to other fellowship of other disciplines such as medicine.

Nurses should promote inter and intra-professional harmony. Let us apply intellectual, clinical, social and moral forces to deal with dissenting individuals rather than brutal force. Let the society do the re-definition of nursing as a mature profession.

The National Association of Nigerian Nurses and Midwives (NANNM) should work closely with the Nursing and Midwifery Council of Nigeria (NMCN), National Universities Commission (NUC), Nigerian Association of University Nursing Programmes (NAUNP) and West African College of Nursing (WACN) to formulate a unified position paper to direct the growth and development of nursing education in Nigeria.

Government should institute appropriate commission to review various nursing curricula with the view to harmonizing them; to review the B.N.Sc. degree with just one professional qualification, that is, RN while midwifery, community health nursing, mental health nursing, perioperative nursing and others be offered at the master's level. Furthermore, the role of West African College of Nursing with regards to postgraduate fellowship training should also be reviewed. The commission should also determine levels of professional practice with clear statements of qualifications and certification requirements. It should also recommend timeline for closure of all diploma programmes after a careful consideration of peculiar circumstances

and readiness of each of the federating unit of this country. A period of 10 -15 years should be enough to harmonize this position.

Educational efforts should be directed toward re-creating a collaborative training scheme for health professionals similar to that of Ife experiment and recent suggestion by the Lancet Commission (2010) to build and maintain mutual respect and trust.

Nurses as change agents should participate in local and national politics including contesting for political offices and appointment into all political positions including the presidency.

Health institutions should encourage regular consultation, use of committees and feedback.They should engage in periodic review of rules of engagement with the active involvement of all participants.

Promotion of principles of social justice and equity in all matters affecting nursing and other healrth professionals must be encouraged.

NANNM should become a unified charter under which other sub-groups must operate. In this regard, NANNM should make determined efforts to accommodate all nurses and to always consult all sub-groups before embarking on any major decision.

NANNM should revisit its position on strike/threat of strike in order to enhance its position as the most humane, considerate and caring professional union.

Acknowledgements

"To God be the glory, great things He hath done." I am grateful to the Almighty Father for making everything possible in my life. Glory, honour, power and majesty to His most holy name. You have every power and you know the end from the beginning. Thank you mighty Father for you have ordained this day even before I was born.

Today, I miss my late father Pa Joseph Juawo Ajao and my late mother, Mrs. Mary Adeyola Ajao. I wish they were both alive today! They labored together as a true Christian family to prepare me for the future part of which is today. I thank my father, because he constantly reminded me of his own experience when his father suspended his educational ambition. He had to come back from Inisha leaving behind his loving teacher and mentor from Sao, that he frequently referred to Pa Adebiyi. I thank my father for insisting that I should attend S.D.A. Secondary Modern School, Erunmu instead of staying in the city. In this connection, I do hope my mother forgave her cousin, a grade two teacher then in 1957 who castigated both of them for bringing a boy from the village to the city and back to the village! In this connection, I am equally grateful to my late cousin Elder Samson Oladejo Ogungbile who facilitated my admission into the school.

I am equally grateful to all my teachers at the Seventh-day Adventist School of Nursing, Ile-Ife particularly the late Mrs. Rachael Olayemi Dike (nee Dare) who admitted me into the school of nursing in 1963. Other teachers include Mr. Edward T. Moon, Ms. Kuester, late Chief Aleshinloye, late Chief Adewumi, Elder Oludumila and a host of others who have contributed significantly to my professional development. I appreciate Chief Isaiah Adegbola Adeniran and Mrs. Esther Eniola Adeniran for their moral and financial support during my first year at the university of Ibadan.

Special thanks go to Prof. Esther Moyosore Fashina for her caring attitude toward me and my family. She is a great mentor and a counsellor and a reliable and dedicated teacher who contributed significantly to my professional development.

I also want to put on record my gratitude to late Prof. Oyelese who encouraged me to register for the master's programme at the University of Ibadan. Similarly, I also want to recall the contributions of the late Registrar of Obafemi Awolowo University, Dr. A.Adetunji and the late Elder Tade Oyerinde for supporting me against the tyranny of the oppressor that wanted to block my transition from the teaching hospitals complex to the then University of Ife. My gratitude also goes to Professor Akin Bankole, the former Dean of the Faculty of Health Sciences for supporting my transfer to the University.

I am equally grateful to some members of the Department of Sociology and Anthropology for guiding me through my doctoral programme. These include late Prof. Odetola, late Prof. Akinsola Akiwowo, Prof. Tola Pearce, my supervisor, Prof. Tanwa Odebiyi, Prof. S. Afonja and late Prof. A. Ademola and a host of others who supported me actively and gave me appropriate academic guidance and direction.

I appreciate my friends, Dr. Lawrence Makanjuola Ajaiyeoba, Dr. Jare Adeniran and Elder Femi Falade for their unique moral support. In a special way, I would like to appreciate Elders Abimbade Oyekan and Adejare Adeniran for the wonderful support they provided to me and my wife as we struggled to settle down in New York some years ago. To Prof. Oladimeji Aborisade the former Dean, Faculty of Administration and ex-head of department of local government studies, I say thank you for guiding and involving me in teaching and research that are relevant to primary health care activities in the community. Similarly, I appreciate Prof. Ojofeitimi, Prof. Femi Soyinka, Prof. Gani Ladipo, late Prof. Adebayo Adeyemo and Prof. Adeniyi Jones and a host of others who have contributed to my academic career.

To Prof. Dora Akinboye thank you for being there to assist me and the school of nursing when occasion demands it. I am particularly grateful for your prompt and positive response anytime I call on you. You are a true friend and a worthy academic partner. Thank you for contributing immensely to the success of this presentation.

I am also grateful to late Prof. Kathleen Simpson, who recruited me to Kuwait University. Similarly, I appreciate all my Kuwaiti students who let me into their "diwaniya" and facilitated my interactions with their friends. Similarly, I would like to specially thank Dr. Mansour Sharkhou who linked me to all the primary health care centres in Kuwait and for facilitating collection of data that I used in developing family reinforcing scale among hypertensive clients in Kuwait. To my other students, undergraduate and postgraduate, inside and outside this country, thank you and God be with you for contributing your own quota that has immensely enriched my professional development.

Your Royal Highness, Oba Tijani Adetunji Akinloye, Sateru the 2nd, the Ojomu of Ajiran Land, Lekki, Lagos State with whom I have hard special relationship for over forty years, I am very grateful for gracing this occasion. Similarly, your Royal Highness *Orangun of Oke-Ila*, Oba Adedokun Abolarin who apparently is my son's god father you are specially welcomed. I am happy you came because of me today, not because of Niyi Ajao one of your children. Thank you your highness for your close attachment to my family all over the years.

Your Excellency, former Deputy Governor of Lagos State and now Special Senior Adviser to President on Sustainable Development goals, Mrs, Orelope Adefulure, I am delighted for having you here with us today. With people like you in government, there is a ray of hope for this country.

Special thanks to the University administration both past and present. In 2004, the then President/Vice Chancellor, Professor Adekunle Alalade discussed with me the possibility of relocating to Babcock. I declined for certain obvious reasons, which I explained to him. Thank you sir for starting the nursing programme at a time when it was not popular to do so. More than this sir, I thank you for the confidence reposed in me. At this juncture, special mention must be made of Prof. Kayode Makinde, the irresistible force behind the changes recorded in our school of nursing. However, more that, thank you for believing in me and for trusting me. To the current President/Vice Chancellor, thank you for being a man of faith, principle and unquestionable integrity. As the dean of the postgraduate school, working closely with the former President and the Senior Vice President, you facilitated the approval of the master's programme by the National University Commission. Thank you and we look forward to cooperation from your administration.

Few men are men of honour, integrity and character in this world. I can boldly say that in Prof. I. Okoro, the Senior Vice President Academic and Provost of the College of Health and Medical Sciences, we have an outstanding man of honour. His support for the department of Nursing which subsequently metamorphosed into the school of nursing was unparalleled. I recalled vividly how he went through piles of books in Loma Linda University library to select the best for our school of nursing. Thank you and God bless.

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To all the teaching and non-teaching members of the School of Nursing I would like to thank you for your dedication, commitment and loyalty to the course that we all believe in. It is not by accident that we are at Babcock at this time. It is a divine encounter. Special regards go to my friend and colleague, Professor Joseph Aina for partnering with me in moving the school forward to maturity. Similarly, I would like to thank my head of department, Dr. (Mrs.) Janet Kio for your tenacity of purpose and determination to succeed in whatever you do. This appreciation is incomplete if I fail to mention the dynamic, energetic power house of the School, Dr. (Mrs.) Foluso Ojewole for contributing immensely to the success of this presentation. I am particularly delighted to have my senior and my friend Professor R.A. Salawu as a valuable member of our Faculty. I appreciate his dedication, humility and his contributions to the success of this presentation. Dr. Okafor, thank you for your industry and sense of responsibility. Dr. Sowumi, you are a disciplined teacher, highly principled and very hard working. Mrs. Christianah Owopetu, thank you for your concern and your prayers. The Lord will meet you at the point of your needs. Mrs. Lawal, Dr. Farotimi, Dr, Popoola, Mrs. Tayo Odewusi, Mrs. Anyasor, Mr. Chinomso Nwozichi, Mrs. Akinmolayan, Mr. Wole Atejioye, Mrs. Ogunnowo,

Odunaike, Solanke, Hassan, Alabi, Okueso thank you all for your dedication, commitment and loyalty. To all other staff in the school of nursing, part-time and adjunct, you are greatly appreciated. I thank God that you are part of the school at this crucial time. The Lord will reward you abundantly. To Kemi our beloved secretary, thank you for all you are doing to contribute to the growth and development of the school of nursing in general and to this programme in particular.

I would also like to thank the Chairman, Inaugural lecture's committee for her moral support and encouragement. Thank you my God will supply all your needs in Jesus' name. Special thanks go to all distinguished members of this committee for their positive suggestions and for giving me the opportunity to present this lecture. May God continue to be with you.

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To the Nursing world, from all parts of this country, thank you. Starting with our leader, the Ag. Secretary of the Nursing and Midwifery Council of Nigeria, the President, National Association of the Nigerian Nurses and Midwives, eminent nurses hereby present, Director of Nursing services hereby present, I am grateful to all of you.

To my siblings, I thank you for your moral support. Mr. and Mrs. Diekola Ajao, Mr. and Mrs. Bayo Ajao, Dr. and Mrs. Segun Olawanle Ajao we miss you here today, but thank you for your prayers. I am sure one of my dearest cousin is here Dr. and Mrs. Oyebamiji who is a consultant physician at LAUTECH School of Medicine. I am sure my only sister is here with her husband, Mr. and Mrs. Oladosu. The last baby of our mother, Mr. and Mrs. Olufemi Ajao and my niece, Kemi and my nephew Seyi Ajao and his wife are also here today. Thank you and God bless you all.

To my nephew from London, Tayo Ogunniran who is representing Mrs. Ladun Ogunniran's family, I appreciate you and may God continue to guide you.

To my great in-laws, Ola-Aserifa and Oyewade, I appreciate your presence. Thank you for being there all the time.

To all our children, Dayo, Bolaji, Niyi, Tolu and their spouses I say thank you. May God continue to be your refuge and strength. To my grand children, Timilehin, Tomiwa, and the twins, Feyi and Seyi, thank you and may you grow to become children of God.

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Conclusion

Nursing profession has accomplished significant improvement, considering its previous subservient position. One of the major challenges confronting nursing is the extent to which its practitioners are willing to balance its ultimate development with the ever increasing pressure of making nurses to meet societal needs all over the world. To this end, a determined public relations strategy should be adopted to educate the public about the nature of nursing profession and its contributions to the clients' care. This would lead to a better public perception of the image of the nurse, particularly in developing nations, such as Nigeria. Although there is a significant improvement in the development of unique functional area for the nurse, yet the challenge of professionalism is that of fashioning out situations or clinical circumstances that would compel physicians and others in primary, secondary and tertiary levels of care to discuss and agree with the nurse, the plan of care prior, to its implementation. Task shifting or sharing is the responsibility of a responsive and responsible government. There is no need to feel superior to the community health workers or feel inferior to the physicians, but rather nurses must engage in constant pursuit of knowledge.

In sum, the nursing profession is moving progressively in the areas of education, research and clinical practice. At this stage, the primary concern should be a further re-definition and re-strategizing of professional education and clinical practice at all levels. For inter and intra-professional acceptability, collaboration and meaningful partnership to be achieved and sustained, nurses must continue to reinforce the existing knowledge and clinical skills through rigorous and life-long commitment to academic pursuit, working closely with other health professionals. Furthermore, a paradigm shift that emphasizes innovative and partnership model of education, among all health professionals, must be explored and adopted (Ajao, 2013).

Thank you for listening.

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Previous Inaugural Lectures

1 .“Seventh-day Adventist in Nigeria since 1914: An Impact Analysis.”
Lecturer: Prof. David O. Babalola
Date: Thursday, December 2, 2010.

2. “The Truth about Truth: Postmodernism and its Epistemological Implications for Christian Education.”
Lecturer: Prof. Ademola Stephen Tayo
Date: Thursday, February 5, 2015.

3, “Food for Thought in Thoughts for Food: Conceptual Genius of Local Ingredients in Global Diets and Food Habit of African Population.”
Lecturer: Prof. Yetunde Olawumi Makinde
Date: Thursday, April 2, 2015.

4. “One kingdom, Many Kings: The Fungi-once Sidelined and Maligned, now Irrepressible and Irresistible.”
Lecturer: Prof. Stephen Dele Fapohunda
Date: Thursday, May 2, 2015.

5. “The Hand that Handles Scalpel.”
Lecturer: Prof. Ineanyichukwu Okoro
Date: Wednesday, 10th June, 2015.

6. “Parasitic Infections : Challenges of Control and Eradication in Public Health”
Lecturer: Prof. Dora Oluwafunmilola Akinboye
Date: Thursday, 15th October, 2015.

7. “The Oracle, Intellectual Property and Allied Rights, the Knowledge Economy and the Development Agenda.”
Lecturer: Prof. Bankole Sodipo
Date: Tuesday, 17th November, 2015.

8. “Challenges of University Education Quality in Nigeria: Placing the Emphasis where it belongs.”
Lecturer: Prof. James Ahamefule Ogunji
Date: Thursday, 4th February, 2016.

9. “Factionalism, Rampaging Economic Vampires and the Fragile States.”
Lecturer: Prof. Ayandiji Daniel Aina
Date: Wednesday, March 9, 2016.

10. “Footprints: Livestock Nutrient Management and the Environment.”
Lecturer: Prof. Grace Oluwatoyin Tayo
Date: Thursday, April 7, 2016.