

UNIVERSITY OF ILORIN



THREE HUNDREDTH (300TH) INAUGURAL LECTURE

**“CARE, COMPASSION AND CAPABILITY: THE
TRIFECTA OF NURSING EXCELLENCE”**

By

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Members of my Nuclear and Extended Families,
Distinguished invited Guests,
University of Ilorin Scholars,
Great Students of the University of Ilorin,
Nursing students of this University and other Nursing Students from other Institutions,
Gentlemen of the Press, Print and Electronic Media,
Distinguished Ladies and Gentlemen.

Preamble

Immortal, Invisible, God Only wise, in light inaccessible hid from our eyes, most blessed, most glorious, the Ancient of days, Almighty, victorious, Thy great name we praise. It is with a deep sense of humility and gratitude to God, the Father of Lights; in whom there is no variableness nor shadow of turning that I deliver this 300th Inaugural Lecture titled “**Care, Compassion and Capability: The Trifecta of Nursing Excellence.**”

Vice-Chancellor Sir, today's inaugural lecture is the second from the Department of Nursing Sciences, which was established on the 16th December, 2010, thirty-five years after the establishment of the University in 1975. This lecture is coming after that of Professor Joel Adeleke Afolayan, which was delivered in October 2024, titled “*Mind Over Matter in the Removal of Thick Veil of Negligence.*” By divine arrangement, I am here today because God kept me. Truly, as the Scripture says in John 3:27 “A man can receive nothing, except it is given him from above.” I am grateful to God that I obtained mercy.

Growing up as a child without any insight just like other children, circumstances and destiny put me on the path to tread to becoming a nurse and member of the health care team that I am today. While at the Anglican College of Commerce, Offa, I chose “Doctor” as an appellation of convenience, among others, to be known and called by my classmates (some of whom are seated here, and others are online). At the final year in the College, I was privileged to be the Health Prefect. As a young boy, I got to a crucial stage in my life after completing my secondary education; the stage that required me to choose a profession in which I would not only excel in, but do for the rest of my life. I thought hard and deeply. I observed and studied people in different endeavours.

At the end of my observations, I came to the conclusion that ***I needed to choose a profession that would require more of me, in which I could express my feelings through its arts and one which I can spend the rest of my life doing, that is, caring for everyone around me; thus, I chose Nursing.*** By divine guidance and providence, I found my way into the School of Nursing, Ilorin, to earn a professional certificate/qualification as Registered Nurse after three years. Posterity and passion further paved the way for my growth and rising in the profession from a professional qualification to becoming a Professor of Nursing with specialty in Community and Public Health in October 2023, following the approval of the University of Ilorin Governing Council.

Mr. Vice-Chancellor, nursing profession till early eighties was more of a female-dominated “profession”, since most young boys of my age then would prefer other professions. However, posterity invariably linked me up to Late Dr. Tijani A. S. Abioye (a Tutor/Principal at the School of Nursing, Ilorin, in 1980), who showed interest in me as the son of a renowned teacher (Late Mr. Zaccheaus Ajibade Ogunbiyi) from Erin-Ile. Dr. Abioye invariably became the first Ag. Head, Department of Nursing Science, University of Ilorin and recommended me for employment at the University of Ilorin. From then, I realised that Nursing was my preferred profession and thus ushered me into my journey in the world of caring.

The Vice-Chancellor Sir, the title of today's inaugural lecture was not easy to arrive at. After several attempts and consultations, I then sat back, and recollected how that, at each Nursing Induction programme in the University that has been held in this auditorium, the Vice-Chancellors’ message to nursing graduates is usually coined from the Nurses Anthem. The Vice-Chancellor, Sir, I wish to humbly and respectfully request your approval for The **Nurses’ Anthem** to be played and echoed by nurses in the auditorium.

In the words of the Vice-Chancellor to the nurse inductees on 2nd October, 2025, “Live by the Ideals of the Nursing Anthem, which emphasises service to humanity, care, integrity, discipline, and compassion as sources of hope for the sick. Ensure that the messages of the professional anthem create positive changes in your lives, avoid fatigue, anger, or discomfort and interference with patient care, while also prioritising your personal health.” Thereafter, I said to myself, “No more searching, end of all discussion; here is the idea to leverage,” and from there, I got this insightful topic “Care, Compassion, and Capability: The Trifecta of Nursing Excellence,” which seeks to highlight the essential elements of nursing practice and emphasises the profession's value. Without doubt, these elements intersect to deliver exceptional patient care. Worthy of note also is the usual applause and response by

nurses “Great Nurses: The Hands that Care” when celebrating in any professional setting.

Let me humbly state with a heart of gratitude to God that this Inaugural Lecture coincides with the celebration of the faithfulness and mercies of God for forty years of nuptial work and walk with my wife, and also to celebrate my mother who is to mark her ninety-one years of age shortly. Thus, Psalm 91 comes alive to me than ever. Thanks to God for these two precious personalities, who had demonstrated this trifacta of care, compassion and capability in my life. Since a nurse’s acts of care and competence must be balanced by compassion, a practicing nurse does not have to hide his faith from the profession, but should let his profession amplify his faith. Worthy of note is the Lords’ hands that have cared for and still caring for me, showing me compassion and building in me the capacity and capability to making me fulfill purpose and destiny.

My Journey into Community and Public Health Nursing

Vice-Chancellor Sir, as a student nurse at the School of Nursing, Ilorin, in the early 80s, I developed a passion for ophthalmic (eye) nursing for post-basic qualification. Thus, after completing the mandatory three-year training and being certified as a Registered Nurse, I opted for Ophthalmic Nursing at the School of Post-Basic Ophthalmic Nursing, University of Nigeria Teaching Hospital, Enugu, to develop a niche for myself in nursing practice. While at the undergraduate level at the University of Nigeria, Nsukka (Enugu Campus), the encouragement, enthusiasm, and inspiration drawn from Professors Pauline Ezenduka & Ijeoma Ehimere and other lecturers in the department, endeared me to choose Public Health Nursing as a specialty in the Final Year.

In 1995, after obtaining a degree in Nursing, I served as the Secretary of Kwara State Blindness Prevention Control and was involved in drawing the policies and implementation of the State Eye Care programme. Thereafter, I worked as an Ophthalmic Nurse and Assistant Programme Officer, Leprosy Mission International Eye Care Project, Oke-Igbala, Kwara

State, in 1997. I started a Ph.D. programme at the University of Ilorin in 2009. By providence, I was offered an appointment by the university as a Lecturer in the Department of Nursing Sciences in 2012. During my pursuit of a Ph.D. degree programme, the likes of Professors D.B. Parakoyi, T.M. Akande (both of whom served as Head, Department of Epidemiology & Community Health, University of Ilorin) gave me the necessary impetus and academic guidance.

My supervisor for the Ph.D. programme, Prof. Olabode Kayode, and co-supervisor, the late Dr. Jide Agbede, were driving forces, 24/7, to ensure all the bolts and knots were correctly joined. The caliber of Late Prof. O.A. Awoyemi, Prof. Luke Edugbola, Prof. Kayode Osagbemi, Prof Musa among others, who were lecturers in the department, supported me immensely. Today, by the help of God and with the support of numerous mentors and collaborators in Sciences, Social Sciences and Humanities, I had risen to become a Professor of Nursing Science with bias for Public and Community Health, and I have become a Fellow of the West African Postgraduate College of Nursing and Midwifery.

The Vice-Chancellor Sir, since I got my bearing in this well-chosen specialty, I have had peace, and walking through the terrain has been very easy for me with the grace of God with a formidable and pragmatic research team.

Introduction

The Vice-Chancellor Sir, my chosen field in Nursing is Community and Public health Nursing while my research focus and interest cover the following areas: health promotion and health education, sexuality and adolescent health, and community mobilisation and advocacy of behavioural change, among others. Central to these research interests are these three areas, namely, **Care, Compassion, and Capability**, which form the bedrock of today's Inaugural Lecture.

In the realm of healthcare, nursing excellence is a beacon of hope and healing. As its core, exceptional nursing care hinges on a powerful trifacta: care, compassion, and capability.

These intertwined elements form the foundation of patient-centered practice, driving nurses to deliver high-quality, empathetic and skilled care. In 1950, the International Council of Nurses (ICN) engaged the eminent scholar Virginia Henderson to produce a unifying and globally accepted definition of ‘nursing,’ which was released in December 1960. She stated that *“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 a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible”* (ICN, 2025).

Caring is the core of the nursing profession, which stemmed from the legacy of Florence Nightingale. Florence Nightingale’s model viewed nursing as a vocation based on moral duty and service to humanity. Her methods influenced hospital design, sanitation, public health and the collection of statistics to support health outcomes. She promoted education and continuous learning and growth within the nursing profession which was evident in her words *“Let us never consider ourselves finished nurses...we must be learning all of our lives.”* (Nightingale F. In CareRev, 2024).

Caring is the foundational and dynamic essence of nursing, which distinguishes it from other healthcare professions. It is the core of clinical practice, and the most critical and complex part of nursing knowledge. Placing value on human beings is the basis of the nursing profession and the essence of care. Therefore, humanism in care is a basic necessity and a global priority to improve care quality. Nursing is often described as both an art and a science, deeply rooted in the humanistic value of care. Since Florence Nightingale’s pioneering work in the 19th century, nursing has been defined by its central concern with caring for others in ways that promote health, alleviate suffering, and preserve dignity (Dossey, 2010).

Nursing and Theories of Care

Vice-Chancellor Sir, care is one of nurses' basic traits, which is shaped and developed in the course of their training. Caring involves responding to the whole person – physical, psychological, social, and spiritual. Jean Watson's Theory of Human Caring, introduced in the late 1970s, represents a significant shift from traditional biomedical approaches to a more holistic, humanistic model of nursing. She conceptualised nursing as a human science that focuses on the human-to-human connection, ethical caring, and the promotion of health and healing (Watson, 2015). It emphasises that caring involves more than clinical intervention; it is a moral and spiritual engagement.

Dorothea Orem developed the Self-Care Theory over several decades. The core premise of her theory is that the primary goal of nursing is to assist individuals in meeting their self-care needs, thereby promoting independence and well-being (Taylor, 2006). Empirical evidence in caring in the nursing practice indicates that caring practices enhance patient outcomes, patient satisfaction, and patient trust (Wolf *et al.*, 2017).

Concept of Compassion

Etymologically, the word “*compassion*” originates from the Latin *compassio*, derived from *com* (with) and *pati* (to suffer), literally meaning to suffer with another person (Snow, 1991; Goetz *et al.*, 2010). This notion reflects the idea of shared suffering and emotional resonance with another's distress. Philosophical discussions have long described compassion as an inherent human quality, closely tied to moral sensitivity and shared emotional awareness. It is often portrayed as a unifying moral response that dissolves the boundary between oneself and others, fostering solidarity and humane concern. Across history, compassion has been explored not only within philosophy but also through religious and spiritual traditions (Armstrong, 2011).

In Christianity, compassion is upheld as a virtuous emotion that elevates moral character and aligns with the biblical commandment of love for one's neighbour. In Islamic teachings,

compassion is a foundational principle guiding human interactions, including healthcare practice, where caregivers are encouraged to demonstrate kindness, patience, and mercy in all circumstances. Buddhism similarly places compassion at the centre of ethical living, encouraging sensitivity to the suffering of others as one of the four immeasurable states of mind.

Compassion in nursing transcends simple kindness or empathy, but also encompasses cognitive, affective, and behavioral processes in recognising suffering in another, a feeling of concern or empathy in response; and a sustained motivation and commitment to act to alleviate that suffering (Sinclair *et al.*, 2016). In an era of healthcare characterised by technological advancement, economic pressures, and metric-driven performance, there is a growing consensus that the human element of compassion remains irreplaceable and fundamentally therapeutic.

Research has shown that compassionate care positively influences nurses' emotional well-being and professional satisfaction, while also benefiting patients and healthcare organisations (Papadopoulos & Ali, 2016; Stamm, 2010). Compassionate practices have been linked to improved treatment adherence, shorter recovery periods, reduced hospitalisation rates, and lower healthcare costs, enhanced immune responses, reduced need for intensive end-of-life interventions, and lower levels of post-traumatic stress among patients in acute care settings (Lown *et al.*, 2011; Beach *et al.*, 2013). Understanding what compassion means to nurses in contemporary practice is therefore essential. Such understanding provides a foundation for developing training programmes that cultivate compassion, enhance compassion satisfaction among nurses, and ultimately improve the overall quality of patient care within healthcare systems.

Theoretical Foundations of Compassion in Nursing Practice

Compassion in nursing is rooted in theories that emphasised self-kindness, emotion regulation, and relational care. Paul Gilbert's Compassion-Focused Therapy (CFT) Model

(2014) focuses on soothing systems to regulate emotions and build connections. In palliative or chronic care settings, CFT equips nurses to provide comforting presence, reducing trauma and fostering teamwork. Kristin Neff's Self-Compassion Theory (2003) posits treating oneself with kindness during suffering, which extends to compassionate patient care, focuses on managing burnout amid high workloads, enabling nurses to sustain empathy.

Applying self-compassion allows nurses to handle emotional exhaustion while promoting patient self-care, enhancing quality of life and functional capacity. These theories underscore compassion's role in nursing as a bridge between empathy and action, leading to better therapeutic adherence, reduced hospitalisations, and improved immune responses. By integrating compassion, nurses can alleviate suffering in diverse areas, from mental health to cultural harms.

Capability of a Nurse

Whitfield *et al.* (2024) defined capability as the integration of knowledge, technical skills, experience, and critical thinking that allows nurses to handle both routine and unpredictable clinical scenarios. Capability covers a broader range of qualities such as; creativity, the ability to make sound decisions under uncertainty, and continuous learning throughout one's career. Capability is the currency of career progression. Integrating the capability approach into nursing emphasizes equity, participation, and empowerment, urging healthcare professionals to ask: What is this person capable of being and doing? This question shifts care from paternalism toward partnership, where patients and nurses are co-creators of well-being (Nussbaum, 2011).

In nursing, capability extends well beyond competence. It encompasses nurses' knowledge, skills, and values, along with their capacity to exercise judgment, adapt to different environments, and respond when unexpected situations arise. Caring for a patient's capability involves an approach called patient-centered care which prioritises the patient's needs,

preferences, and values in all healthcare decisions (Institute of Medicine, 2001 & World Health Organization (2016). For example, a nurse helping a stroke survivor learn adaptive ways to perform daily activities is not only treating disability, but restoring capability-the person's power to live meaningfully.

The Critical Paradox

The central paradox is that while caring is the engine of positive outcomes for patients and systems, healthcare systems often undermine the conditions necessary for caring through productivity pressures, under-staffing, and administrative burden (Carayon, 2021). Caring is not merely an interpersonal nicety. It is a multiplier of effectiveness. It is therapeutic and foundational to healing for the patient, it is a strategic asset that improves quality, safety, finance, and reputation for the system and the source of both profound fulfillment and acute distress, making the support of caring practices the single most important factor in sustaining the workforce for the nursing profession. Supporting these elements through education, leadership, and organisational policy is critical to achieving high-performing, humane, and sustainable healthcare systems.

Inter-relationship of the Three Concepts: The Nursing Excellence

Vice-Chancellor, Sir, the inter-relationship between care, compassion, and capability can be understood as a dynamic, reciprocal process. Together, care, compassion, and capability represent complementary dimensions of high-quality nursing practice; care addresses *what* is done for the patient, compassion explains *why* it is meaningful, and capability determines *how well* it is done. When any one of these elements is absent or underdeveloped, the quality of patient care is compromised. But when combined, it produces Nursing Excellence.

Nursing excellence is the highest level of quality, professionalism, and compassion in nursing practice. It involves delivering exceptional patient care, staying up-to-date with best practices, and continuously improving skills and knowledge. The

key elements of nursing excellence are: patient-centered care, which focuses on patient needs and preferences; clinical expertise, which demonstrates strong clinical skills and knowledge; compassion and empathy which seek to provide caring, kind and supportive care, leadership and advocacy, lifelong learning collaboration and teamwork and quality improvement for excellence and continuously improving care. Nursing excellence flourishes when the elements of care, compassion, and capability work seamlessly together.

This Trifecta forms the backbone of exceptional nursing practice, resulting in enhanced patient outcomes, greater job satisfaction for nurses, and a stronger overall healthcare system. Unification occurs when these three dimensions are consciously aligned in practice. In unified care, nurses do not merely *do* tasks; they *connect* with patients and *apply* their expertise thoughtfully. Clinical judgment is informed not only by protocols and evidence but also by an empathetic understanding of the patient's preferences, values, and psycho-social context. This holistic integration reflects the essence of person-centered care, where patients are viewed as whole persons rather than as diagnoses or clinical cases.

When care, compassion and capability converge, a profound sense of being seen, heard, and supported is experienced. These three concepts of support transforms lives, fosters resilience and inspires growth. In healthcare, education and beyond, this integration is the key to creating a more empathetic and effective support system. By embracing care, compassion and capability, stronger and more compassionate communities, where everyone can flourish are built.

Care, Compassion and Capability: The Trifecta of Nursing Excellence

My Contributions as a Caring Nurse

Blood donation is an important concern, as there may not be any substitute for blood. **Olubiye** *et al.* (2016), in a study on the assessment of knowledge, attitudes, and practices

regarding blood donation among adults in Ado-Ekiti, found out that majority of the respondents had adequate knowledge of blood donation but expressed fear of donating blood because it is harmful. Interestingly, some people indicated that they would readily donate to close relative in need of blood than any other person. The nursing strategy for blood donation care that guarantee that blood donation is not harmful but rather life-saving involves four levels namely; pre-donation care, comfort measures during donation, post-donation care, which involved monitoring because reactions and emotional support for the donors. The trifecta thus boosts donor satisfaction retention and overall safety.

Environmental management is key to economic growth and improvement of people's ability to convert available resources into valuable added assets. Since the well-being of the people is influenced by the environment where they lived, environmental hazards thus have the potential to threaten a persons' natural environment and adversely affect his health. **Olubiye et al.** (2016), in a study on environmental health hazards on people's health and the attending risk in the Atan-Oba community in Offa, identified a high environmental pollution, which had great consequence on the well-being of people of Atan-Oba community.

The implications of this include respiratory problems, cancer risks, water and air contamination affecting daily life as well as ecosystem damage. Nurses have a duty to address pollution-linked health issues as stated by promoting preventive care. Government intervention at all levels to ensure environmental management should be of a high priority for the people to stay healthy.

Fish is one of the main wellsprings of creature protein and has been generally acknowledged as a decent protein source and other fundamental supplements important for the support of solid body. **Olubiye et al.** (2023) in a study assessed the sources, reasons and preference of catfish as better protein source for consumption among middle aged Nigerian residents of Ilorin,

Kwara State. The findings of this study revealed that catfish is additionally wealthy in micro-nutrients and often more effectively accessible than those from plant food sources. The demand and availability of catfish in/as meals has shown to be a very important food source for middle aged individuals as it has proven to be vital and probably the cheapest protein source that can meet their dietary requirements and helpfully prevent or curb mid-age-related ailments in the face of present economic realities.

Vice-Chancellor, Sir, continuous learning provides opportunities for nurses to stay updated with best practices which directly impacts the quality of care they provide. Umar, David, and **Olubiya** *et al.* (2025) conducted a community-based survey to determine the impact of a nurse-led education intervention on residents' knowledge of health-seeking behaviour and willingness to prevent eye problems. The results showed that the intervention significantly improved residents' knowledge and willingness to practice preventive measures on eye health problems for improved eye care. A skill for infection control is only demonstrated for improved patient care and to promote positive behaviour and attitude.

Olubiya *et al.* (2021) in a study on infection prevention control practices and strategies against hospital acquired infection among nurses in a tertiary health institution in South West, Nigeria. The findings of the study showed that, nurses are well informed and equipped with skills needed to adequately practice universal precautions. Since nurses have the most direct contact with the patients, spending longer hours in the hospital and carrying out more procedures which bring them in contact with the patient. This therefore implies strongly that nurses take active, advocacy and leadership role in the control of hospital acquired infections and continued promotion of positive behaviour and attitude.

In a related collaborative work by **Olubiya** *et al.* (2021) on midwives' knowledge and practice of focused antenatal care in selected health facilities in Ilorin, Kwara State. This study

showed that 90% of the midwives had been trained on Focused Ante-natal care, which is an essential intervention in the identification and management of obstetric complications, they knew about its principles and components, including early detection and treatment of problems and complications, individualised birth preparedness and complications readiness, health promotion, intermittent prevention and treatment of malaria and disease prevention during pregnancy. The trifecta approach will lead to better maternal/fetal health, fewer complications and empowers women in pregnancy journey with appropriate competence training for nurses involving community leaders.

Vice-Chancellor, Sir, food businesses have become widespread in recent times, in response to the changing lifestyle and food consumption of people. Good personal hygiene and sanitary handling practices during food handling are an essential part of any prevention program for food preparation. The WHO (2017) recorded that up to 30% of individuals in developed countries suffered illnesses related to consumption of food and water hence pointing out that food safety was a major global catastrophe. Food poisoning is on the increase as a result of consumption of unwholesome food. **Olubiyi et al.** (2022) in a study evaluated food handling practices before, during and after preparation among food vendors in Ilorin, Kwara State.

The findings revealed that the food handlers have knowledge and attitude about food hygiene but the practice of food hygiene was only fair. The implication of the study shows that health care providers are expected to be trained in all aspects of food hygiene ranging from during storage, processing and serving of foods. A global approach for food hygiene, handling, processing and serving and ease of business should be inculcated in the training such that providing leadership and direction for food handlers will not be difficult and void of unnecessary bottlenecks for the overall health care of the populace.

The school health programme as an essential component of the educational system and national health promotion

programme should be strengthened to assist in promoting school pupil physical and mental well-being. **Olubiyi et al.** (2022) in a study on knowledge, attitude and practice of school health programme among secondary school teachers in Ikorodu, Lagos State, found out that the level of knowledge of teachers on school health services is fair with consequent low practice. The implication therefore portrays gaps in implementing health interventions impact student health outcomes while nurses develop strategies to bridge knowledge-practice gap.

The prevalence and risk factors of urinary schistosomiasis was examined across the three districts of Patigi Local Government area, Kwara State with similar geographical and socio- demographic characteristics. A study by Aderibigbe, **Olubiyi et al.** (2017) revealed an alarming high prevalence rate of 66.7% in Patigi. The major risk factors that were associated with the endemicity of urinary schistosomiasis among primary school pupils in Patigi Local Government were the presence of infested water bodies and increased water contact activities with the infested water bodies, increased frequency of visit to the infested river, prolonged duration of stay in the water bodies, low parental literacy, and farming occupational activities of the parents. The early detection, administration of treatment, and monitoring the outcomes requires a high level of care for nurses to improve the quality of life for the affected persons and communities.

In a related study on risk exposure to Hepatitis-B infection among senior secondary school students in Ilorin, North-central, Nigeria, Aderibigbe, **Olubiyi et al.** (2017), found that the major risk exposure factors in the study population were contact with blood or body fluids (33.7%), family history of previous infection of HBV (30.4%) of the respondents; one sexual partner (16.5%), multiple sexual partners (15.3%) and ear or body piercing (14.9%). Majority (78.1%) of the respondents had low risk exposure, while 8.0% had medium risk exposure, only 59 (13.9%) of the respondents had high risk exposure for Hepatitis B virus infection.

The major concern is attending to the chronic infectious liver disease with serious sequelae when and if it occurs using the case management which involves a one-to one nurse-client ratio in view of the life-threatening situation. Reduction of hepatitis-B infection is a national public health priority. Despite international efforts to prevent the infection through global vaccination programmes, new cases are still being reported throughout the world. The nurse's role therefore covers caring for the infected patients and prevent complications, support patients dealing with stigma.

The health care worker has a duty of care to the patients and the use of technology to improve individuals' health and wellness is a broad and growing desire across the globe. There has been an increasing attendance and utilization of the health care services at the General Hospital, Ilorin, because of its strategic location and the government health care policy to ensure that the hospital provides the adequate secondary level of health care to all. **Olubiyi et al.** (2022), in a cross-sectional study of nurses' perspectives in the hospital, noted that nurses had positive perception about that digital health technology (DHT) as it facilitates their work and saved time for optimum care of the clients/ patient. The implication of the study for nursing care is that manual information processing among others could be overcome rapidly with DHT implementation across all units of the hospitals thereby reducing the long stay of patients. Thus, the trifacta will enhance monitoring, access to care, personalised and timely interactions with patients, boost efficiency with appropriate data-driven decisions.

Compassion in Nursing Practice

Vice-Chancellor, Sir, compassion occupies a central place in nursing practice. It is an essential part of a nurse's identity, which is worn with pride every day. In managing chronic illnesses, compassion informs the nurses' application of Dorothea Orem's Self-Care Theory in management of chronically-ill patients at the University of Ilorin Teaching Hospital, Kwara State, in a study by **Olubiyi et al.** (2019), where

self-care deficits of patients with chronic illnesses was assessed. The result revealed that nurses are knowledgeable about the theory, a major percentage of the nurses apply the theory to practice. The necessity to care by theoretical thinking and scientific method is recognised by considering a method based on theory to guide our practice. Nursing theory depends on its utility in caring and in the disciplinary development.

Consequently, the theory demonstrated compassion through tailored care plans that respect patients' abilities and needs to care for patients living with chronic illnesses and enhance their quality of life, functional capacity, and personal and social welfare. Compassion is the heartbeat of nursing excellence, which brings care to life by showing understanding of patients' struggles and fears, showing empathy, kindness in tough moments and often times connecting with patients beyond just treatment.

In community mental health nursing, compassion drives awareness and health-seeking behaviors, particularly for postpartum mental illness. Mental health problems have adverse effects on a woman's obstetrical outcome. **Olubiyi et al.** (2016) in study on awareness of health-seeking behaviour of postpartum mental illness among pregnant women attending Ahmadu Bello University Teaching Hospital, Zaria, antenatal clinic noted that there was significant relationship between awareness and health seeking behavior of postpartum mental illness, although social stigma, not being curative and long distance to health facility were found to be the attributing factors to poor health seeking behavior among some of the respondents with good awareness of the condition.

The vulnerability of antenatal attendees was recognised and providing supportive counseling to improve awareness and behavior initiated. The implication of this is better outcomes when patients seek care early and nurses are able to adapt strategies to boost awareness and support informed patients and address barriers. This not only alleviates individual suffering, but

also contributes to societal development by reducing morbidity associated with untreated mental disorders.

Vice-Chancellor, Sir, it has been discovered these days, that men use drugs such as viagra, marijuana and local herbal substances mostly to stimulate or boost their sexual performance. In a study by **Olubiyi et al.** (2019) on the prevalence of violent sexual behaviors among men in Lagos influenced by drug use. The findings from the study revealed that drug use have a significant relationship with rape of partners, denial of the right to the use of contraceptives, forced abortion and forced prostitution. This is a serious implication for societal development, necessitating compassionate interventions that promote empathy and behavioral change. Nurses, through counseling, can "suffer with" affected families, offering education on drug risks and fostering environments that discourage violence, thereby enhancing relational health and community welfare.

Aderibigbe, **Olubiyi et al.** (2019), in a study on practice and correlates of widowhood rites in a city in North-central, Nigeria noted that widowhood rites are observed across different categories of people. Age, gender, religion, marital status, educational level, ethnicity and occupation were significantly associated with practice of widowhood rites. Cultural practices like widowhood rites further illustrate the place of compassion in nursing. The prevalence of widowhood rites in North-central, Nigeria require designing programmes and interventions to reduce their impact, advocating for dignity and respect, educating communities on health risks, and supporting widows through psycho-educational programmes are efforts to combat discrimination.

This aligns with nursing's ethical traditions, erasing boundaries between self and others to promote solidarity and moral union. Better knowledge of widowhood rites, their implications and the factors influencing the practice would help in the design of programs and interventions aimed at reducing and addressing harmful widowhood rites.

Overall, compassion in nursing practice improves outcomes by integrating these elements: reducing dependency in chronic care, enhancing awareness in mental health, addressing violence through counseling, and mitigating cultural harms via interventions. Nurses who embrace and practice compassion are not only fulfilling their ethical obligations but also making a profound impact on the lives of the patients they care for.

Contribution to Capability as a Nurse

Vice-Chancellor, Sir, family planning allows individuals and couples to achieve their desired number of children and determine the spacing of pregnancies through the use of contraceptives and infertility treatment. Matanmi, **Olubiyi et al.** (2021), in a study on factors influencing choice of contraceptives among women of reproductive age attending Lagos State University Teaching Hospital, Nigeria revealed that 82.8% of the respondents had good knowledge about the contraceptives, the most commonly used methods of contraception were birth control pills (38.3%) and implants (36.1%), while the least commonly used methods were tubal ligation (29.4%) and withdrawal (29.4%). The implication of this for triffecta in nursing excellence is that it prevents pregnancy related health risks in women, reduces maternal and child mortality by preventing closely spaced and ill-timed pregnancies and births, and gives protection against unintended pregnancies and Sexually Transmitted diseases (STIs) by enabling people to make informed choices about family planning.

Autism occupies an extreme position among childhood pathologies in terms of its severity, chronicity and impact on the family. The stress of caring for a child with autism is higher than some other childhood disabilities. In under developing countries like Nigeria, with few or inadequate respite facilities for autistic children, most care-giving in the community is carried out by the unpaid mother of autistic children who often are without adequate information. In a study by **Olubiyi et al.** on psychosocial burden of mothers' care of children with autism attending Federal Neuro-Psychiatric Hospital Yaba Nigeria, findings

shows that mothers' employment rate was cut down to 51.9%, while 25.9% gave up their job completely. These were significantly and independently associated with psychological distress. The trifecta for autistic care provides for nurses to adapt, advocate for inclusive care person-centered approaches to meet unique needs, empathy for sensory and communication differences.

Nigeria is ranked 191 out of 192 countries in the world with unsafe roads with 162 death rates per 100,000 population from road traffic accident (Okenwa, *et al.* 2021). The use of mobile phone while driving is widespread and it is an issue of mounting public concern, namely the danger posed by drivers distracted by dialing, talking or texting on cell phones. The reason for the concern is accumulating evidence of risk to the public from distracted drivers. A study carried out by **Olubiyi *et al.*** (2015) on relationship between use of mobile phone and road traffic accident amongst motorists in Zaria involving 225 motorists who were proportionately drawn from different motor parks.

The finding of this study revealed that there is significant relationship between the use of mobile phone while driving and road traffic accident. Furthermore, the study also indicated that 28% of drivers who were ignorant of the hazards resulting from the use of mobile phone while on wheel were doing so unmindful of the consequences that such act can lead to road traffic accident and may keep them away from the work or render them incapacitated.

Vice-Chancellor, Sir, at the Commonwealth Fellowship Programme held at the University of Roehampton, London, United Kingdom in 2014, the use of local languages for effective public health care delivery was the central theme. **Olubiyi *et al.*** (2020), in a study on the roles of local languages on effective public healthcare delivery in the Gambia, with implications for psychological assessment, found that 73.1% of the participants agreed on the contribution of local languages to treatment

compliance of patients between the local language communication and compliance of patients.

Thus, the outcome revealed a positive influence not only on the emotional health of the patient but also on symptom resolution, functional and physiologic status and pain control, contributing to effective quality of service delivery, treatment compliance of patients and health improvements of patients. This enables the nurse to connect effectively and provide culturally sensitive care.

Vice-Chancellor, Sir, computerised job is more sedentary as it requires more cognitive processing and mental attention. Besides, to put computers into operation for many tasks in tandem means that the operator must necessarily sit before visual display terminal of the computer screen, which demands that the user work within a very restricted posture range. This could have deteriorative effects on the eyes. In a cross-sectional descriptive survey among 297 staff of the National Open University of Nigeria (NOUN) **Olubiyi et al.** (2018) assessed their pattern of computer usage and visual acuity.

The study revealed that there was less desired visual acuity screening among the majority of the academic staff, whose roles make the highest demand for computers usage. This strongly implied the prolong use of computers has risk factors for visual dysfunctions. The study concluded that prolong use of computers without interface may lead to poor vision, digital eye strains, and lower productivity which can hinder individuals' capability strategies to maintain visual integrity. The implication for the study provides for efficient data management and risks burnout.

The emergence of distant learning education model as an instrument for democratisation of higher learning rather than for the maintenance of education is a privilege of the elites. **Olubiyi** (2009), in a study on reforming nursing education in Nigeria; the open and distant learning approach provided a paradigm shift in nursing education. The study reported that the development of

relevant curricular and making education accessible to larger sections of the society through the distant learning mode, are the two indispensable practical steps towards democratisation of education. The implication is to prepare different cadres of competent nurse practitioners at all level for utilisation of problem-solving techniques in providing safe, acceptable, effective and affordable health services for the populace, lifelong learning and career growth.

Competitiveness in today's world requires the use of computer for problem solving. This often demands prolonged working hours with its attendant health hazards, A survey by **Olubiyi et al.** (2015) on the effects of age and job designation on visual dysfunction among computer users at the NOUN, showed a decrease in visual acuity of the computer users at NOUN with the loss of accommodation expected as computer users advance in age. One of the major results revealed that participants aged 31 to 42 years had the highest frequency of visual dysfunction associated with prolonged computer usage such as hypermetropia, allergic conjunctivitis, itching eyes and photophobia. The implication of the study on prolonged computer users reduced efficiency, errors, increased accident risks, ergonomic adjustments.

My Contributions to Manpower Development in Nigeria and International

1. Lecturer at the University of Ilorin, Achievers University, Owo, Al-Hikmah University, Ilorin and Facilitator, National Open University of Nigeria.
2. Trainer of Middle-Level Health-care Providers at Leprosy Mission International Eye Care Programme and Sight Savers International.
3. Certified Trainer in Basic Quality Improvement, Infection Prevention & Control Best Practices By International Standards Local Solutions/Safe-Care Healthcare Standards (Pharm Access Foundation Support on COVID-19).

4. Trainee for Strengthening Interprofessional Education for HIV Organized by African Forum for Research and Education in Health (STRIPE HIV_AFRICA) Ibadan.
5. Programme Designer and Writer of the Harmonized Specialist Training for Allied Health Professions in ECOWAS Region by West African Health Organization (WAHO). Niamey, Niger.
6. Supervisor, 10 Fellows of West African Postgraduate College of Nursing and Midwifery.
7. Supervisor, 11 Ph.D. Students: 3 International: (Texilla American University and Department of Health Studies, University of South Africa, Pretoria) and 8 National with some on-going.
8. Supervisor, 32 M.Sc. Students (University of Ilorin, LAUTECH, Ogbomosho, Achievers University, Owo and Afe-Babalola University, Ado-Ekiti) with some on-going.
9. Clinical Nurse Specialist/Supervisor, WAPCNM Parts I & II Major Clinical Training. (2020 - Date).
10. External Examiner (Undergraduates and Postgraduates Levels), Obafemi Awolowo University, Ile-Ife (Regular and ODL Programmes), Afe Babalola University, Ado-Ekiti, Ladoke Akintola University, Ogbomosho, University of Lagos, Adeleke University, Ede, Joseph Ayo Babalola University, Ilara-Ekiti and BOWEN University, Iwo. Osun State.
11. External Assessors for Professorial Cadre Candidates in Nigeria Universities and Overseas.
12. Examiner, Nursing and Midwifery Council of Nigeria (2007- Date).
13. Examination Officer, Objective Structured and Clinical Examination, Department of Nursing Science, Faculty of

Health Sciences, National Open University of Nigeria, Abuja for BNSc. programme (North-Central States (2018 – Date).

14. Associate Editor, The Tropical Journal of Health Sciences Official Publication of the College of Health Sciences, University of Ilorin.
15. Assessor, Local, National and International Journals.

Community Service

1. University of Ilorin

- a. Postgraduate Programme Coordinator, Department of Nursing Science, Faculty of Clinical Sciences, University of Ilorin (2025 - Date)
- b. Programme Coordinator, BNSc. Open and Distant Learning Programmes, University of Ilorin (2025 - Date)
- c. Coordinator, Department of Nursing Science, Faculty of Clinical Sciences, College of Health Sciences, University of Ilorin (2015 – 2017)
- d. Associate Lecturer, Department of Optometry & Vision Science (OPT 434: Epidemiology of Ocular Diseases) (2017 – Date)
- e. Faculty Representative: Medical Education Research Unit (2017-2018)
- f. Faculty of Physical Sciences (2013-2015)
- g. Faculty of Information and Communication Studies (2020-Date)
- h. Member, Departmental COBES Committee, Department of Nursing Science, College of Health Sciences University of Ilorin (2019 - Date)
- i. Member, Departmental Induction Committee, Department of Nursing Science College of Health Sciences University of Ilorin (2019 - Date)

- j. Member, Research Committee, COVID-19, College of Health Sciences (2020)
 - k. Member, Convocation Ceremonial Committee, University of Ilorin (2017-2019)
 - l. Member, Faculty of Clinical Sciences Bulletin Committee (2016-2017)
 - m. Member, University of Ilorin Open and Distance Learning Centre Management Team (2013)
2. **National (Federal Government of Nigeria)**
- a. Member, National Universities Commission Accreditation Team to Trinity University, Yaba, Lagos.
 - b. Team Lead, Nursing and Midwifery Council of Nigeria Accreditation/Advisory/Resource Verification Team to Federal University, Lafia, Nasarawa State (2025), Sam Maris University, Isu-pare (2024), Olusegun Agagu University of Science and Technology, Okitipupa (2023), Audu Abubakar University, Ayangba, Kogi State (2023), Arthur Jarvis University, Calabar, (2022), Macpherson University, Ode-Remo, (2020), Elizade University, Ilara-Mokin, Ondo State, (2019), University of Jos Teaching Hospital, Jos, (2017) among others.
 - c. Member, National Board for Technical Education Accreditation Team to Oyo State College of Health Science and Technology formerly School of Hygiene (NBTE), Kaduna (2017).
 - d. Member, Research Committee for Nursing and Midwifery Council of Nigeria and Refresher Programme Policy Committee.
 - e. Member, Nursing and Midwifery Council of Nigeria Public Health Curriculum Review Committee (2023).

- f. Assistant Programme Coordinator, Leprosy Mission International Eye Care Project (1997-2001).
 - g. Author & Composer, University Anthem (NOUN) (2003)
3. **Kwara State Government**
- a. Volunteer, Kwara State COVID-19 Medical Team/Rapid Response Team (2020).
 - b. Member, Infection Prevention Control Pillar, Kwara State COVID-19 Rapid and Response Team (2020)
 - c. Secretary, Kwara State Blindness Prevention Control Programme.
4. **International**
- a. Member, Organising Committee, African Institute for Public Health Professionals International Conference in Kigali-Rwanda (2023), Ghana (2024).
 - b. Webinar Presentation On “Empowering Communities to Prevent Diabetes, Department of Physician Assistance, University of Ghana: November 23rd, 2024.

Conclusion

The Vice-Chancellor Sir, care is an intrinsic feature of the nursing profession; however, in order to provide it in a holistic way, it must be coupled with compassion. Care and compassion are inherent to the nursing profession, and practicing. Caring in nursing is more than performing tasks. It is deeply intertwined with capability: *what patients and nurses can be and can do*. The capability approach helps illuminate what is possible, what is being constrained, and what must change. Nursing, as both art and science, involves not only healing but also enabling flourishing. Nurses are indeed trained to provide compassionate, holistic care that extends far beyond technical skills, aiming to empower clients to live as independently and

fully as possible. This approach combines clinical expertise with genuine empathy to foster trust and improve quality of life of their clients.

As Florence Nightingale, the founder of modern nursing, aptly said, "*I attribute my success to this that I never gave or took an excuse.*" In nursing, there should be no excuses for carrying out the professional mandate. With compassion; stigma, discrimination, loneliness, fear of seeking help are adequately addressed, and individuals are bolder and enabled to seek treatment and necessary assistance to promote their health and well-being. The trifecta are the needed materials that presents the hallmark of nursing excellence. By embracing the Trifecta, nurses can deliver exceptional care, drive excellence, and elevate the nursing profession.

Recommendations

To facilitate and promote nursing as a profession that embodies caring, compassion and capability, for nursing excellence, the following steps should be taken:

1. There should be continuous implementation of mandatory simulation-based training programmes by the government where nurses can practice and deliver compassionate responses in emotionally charged scenarios, improving trust-building, pain management, and early detection of deterioration for better clinical outcomes.
2. Hospitals at all levels should prioritise supply of protective equipment and other materials required by nurses to effectively deliver the expected care in controlling hospital acquired infections and safe lives.
3. School proprietors, regulators and policy maker must give priority to school health services, and nurses must play their roles to ensure that the school health programme is pupil's friendly, easily available and accessible to the school community.

4. Nursing education should incorporate compassion-focused training, emphasising theories that enhance patient welfare and reduce dependency.
5. Structured compassionate communication tools should be introduced by nurses for asking patients about their fears and preferences in fostering openness, treatment adherence.
6. Policymakers should design programmes to address harmful practices, with nurses leading counseling initiatives to tackle violent behaviours and their societal implications.
7. There should be adequate nurse-to-patient ratios to allow nurses the time and cognitive space needed to deliver compassionate, attentive, and safe care, improving patient outcomes while reducing burnout and errors. This will ensure safe staffing levels and manageable workloads.
8. Health Institutions should embed compassion into performance measurement and quality, improvement by incorporating patient experience feedback, compassionate care indicators, and staff well-being metrics into quality dashboards to ensure compassion is recognised, evaluated, and continuously improved alongside clinical outcomes.
9. Government and other stakeholders should be intentional in creating sustained and improved conditions necessary for caring by addressing productivity pressures, normalising nurse/client ratios, and eliminating unnecessary administrative bottlenecks.

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“Oh for a thousand tongues to sing, My great Redeemer’s praise, The glories of my God and King, The triumphs of His grace” – Charles Wesley (1780)

I give all glory to the Lord Almighty, The Lord of lords, The Alfa and Omega, for this uncommon favor. Truly, as put together by a song writer “Adeyinka Alaseyori - **Emi nikan loye, kole ye eni kankan, idi ti mofi nyin Baba, emi nikan loye**”. There is nothing that I have that I have not received from Him. To Him alone be all the glory.

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