

**SEVENTH-DAY ADVENTIST (SDA) CHURCH HEALTHCARE IN OSUN STATE,
NIGERIA: A CASE STUDY OF LIFESTYLE MEDICINE SERVICES**

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Abstract

Healthcare services utilization among people in Osun State and by extension nationwide is critical for ensuring their health and well-being. The study assessed the contributions of the Seventh-Day Adventist (SDA) Church to the healthcare delivery system in Osun State. It examined the impact of the Lifestyle Medicine Centre (LMC) on the church and the community at large. This was with a view to determining the importance of this medical institution to the development of the church and the society. The study adopted the historical and qualitative methods to examine the emergence of SDA Medical Institution, most especially the lifestyle medicine services, and responses of some workers and patients to get the desired information. The study discovered that the SDA Church's medical institution emerged in the early 1940s as a result of the medical needs of the populace, especially with the high infant mortality rate that ravaged the country during the period. However, Lifestyle Medicine Centre is an offshoot of SDA Hospital, Ile-Ife, which uses natural things such as fruits, herbs, and other plants to cure ailments without any surgery or conventional drugs. The study concluded that the SDA Church has positively impacted the health, religious, and economic life of the people in Osun State and beyond.

Keywords: Healthcare, Lifestyle, Medicine, Services, Seventh-day Adventist Church

Introduction

According to White (2015), the health services that are delivered by the "health system" consist of the participation of the people, agencies, organisations, and resources that deliver services in order to meet the needs of society in terms of health. However, Damte and Negeri (2022) postulated that the accessibility and availability of healthcare services play a vital role in the lives of the users because, when the healthcare facilities are easily accessible and conveniently located, people are more likely to seek medical attention promptly and thereby stimulate the utilisation rate. Ferreira, Vieira, Pedro, Caldas, and Varela (2023) added that the perceived quality of healthcare is a significant determinant of utilisation rate. Similarly,

Nguyen, Tran, and Nguyen (2021) stressed further that the service quality and patient satisfaction play vital roles in the utilisation of healthcare facilities. Unfortunately, Park (2013) said: “the challenge that many countries face today is how to reach the whole population with adequate healthcare services and to make certain their utilization”. There is no doubt that no country on earth has a perfect healthcare system. No wonder, Apenda (2014) observed Nigeria’s experience in the health sector and concluded that: “Nigeria has a long way to go to achieve holistic healthcare delivery that would take into consideration the physical, emotional, social, psychological, and metaphysical aspects of a patient’s health and healing”. Also, Scott-Emuakpor (2010) opined that the efforts of the Church missionaries would never be forgotten, for the first established healthcare services made available to Nigerians. However, it should be noted here that many of these healthcare facilities of the missionaries were primarily used as tools for winning souls and expanding their various individual fellowships (Scott-Emuakpor, 2010).

Notably, during the Nigerian independence of 1960, Faith-based healthcare centres were more than Government-owned ones and were of a higher quality. One of these faith-based healthcare centres is the Seventh-day Adventist Hospital (SDAH) in Ile-Ife, owned by the Seventh-day Adventist Church. The SDAH, alongside Wesley Guild Hospital (owned by the Methodist Church of Nigeria) in Ilesa were very important as it served as the nucleus for the teaching hospital complex of major universities in Nigeria. Alalade (2008) said that the Seventh-Day Adventist Church (hereinafter referred to as SDA) sprang from the “great second advent awakening” which shook the religious world about the middle of the nineteenth century. That was when the second advent of Jesus Christ was being re-emphasised in Britain and on the continent of Europe as a whole. Numerically, socially, and economically, the SDA Church was one of the many religious movements that arose in North America at that time.

The teachings of the SDA church on health, which was started by Ellen White in 1863 with her counsel on healthful living, had become a very important aspect of the church apart from the pastoral work and evangelism. But as the denomination grew, this image of biblical medical care broadened into a wide range of health activities that became the church’s most impressive success in the general category of social issues. Furthermore, people who benefited from the church’s healthcare institutions and public programmes, as simple or sophisticated as it may have been, formed the beginning point for the spread of the saving gospel. Thus, a clinic or some other health-oriented ventures became the means of establishing an Adventist

presence. The researcher's interest in this study is borne out of the activities of the SDA church's medical institution and its contribution to the healthcare delivery system in Osun State.

General Overview of the Healthcare Delivery System

It is generally believed, according to Frenk (2010), that the health delivery system, also referred to as the healthcare system or health system, is the composition of people, institutions, and resources that are involved in the delivery of healthcare services to meet the health needs of the target population, mostly among market participants. This healthcare delivery system is also seen as services that are provided by the professions for the purpose of promoting, monitoring, maintaining, or restoring the health of the people. It is in this way that *The American Heritage Medical Dictionary (2007)* submitted that,

Healthcare Delivery System (HCDS) is the prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions.

From the above, it can be deduced that HCDS deals with the management of the health and physical well-being of the people in line with the provisions of the health personnel. But one must note that if HCDS is provided by health personnel alone, total well-being cannot be adequately achieved, and the place of ordinary people in ensuring the safety and maintenance of their health is belittled. This is why White (2015) has been able to note that, "health systems are about more than patient care; they attend to why people become ill in the first place, and foster health-promoting environments, and sound preventive practices".

In another instance, White, Stallones and Last (2013) opined that, "A health system comprises all organisations, institutions and resources whose primary intent is to improve health." But this definition looks shallow, as the improvement of health is open-ended. A probable question is, "Whose health?" Nonetheless, it can be said that the definition, on the other hand, has been able to incorporate all organisations, institutions, and the resources needed in order to improve the health of most human beings. In this case, the health system is recognised to include public, private, and informal sectors, especially in most countries (White, Stallones, and Last, 2013). For example, HCDS in the United States of America (USA) consists of a collection of clinicians, hospitals, and purchasers of healthcare services. However,

research has shown that though the USA is among the wealthiest nations in the world, it is not the healthiest. Although the life expectancy and health of an average American have improved over the years, these improvements have lagged behind those of other high-income countries. This health disadvantage exists even though the USA spends far more per person on healthcare than any other country.

The Church and Healthcare Delivery System in Nigeria

Ogaji and Brisibe (2015) ascribed the beginning of national healthcare services to the colonial era. Traditional medical practitioners such as herbalists, local individuals, bone setters, and other esoteric practitioners were dominant before contact with the early European explorers and missionaries. They added that, “the earliest form of modern medical services in Nigeria was introduced by the various European explorers, but the services were not made available and accessible to the locals until the coming of the Church missionaries.” It was the Church missionaries who first established healthcare services for the people. In this regard, they opined that tributes must be paid to the Roman Catholic Mission (RCM), the Church Missionary Society (CMS), the evangelistic arm of the Anglican Church, and the Southern American Baptist Mission. Worthy of note here is the dispensary that was opened in Ogbomoso by the Baptist missionaries for the treatment given to the injured and children during the Ibadan siege of 1860-1862 (Adesegun 2009). Again, Adesegun (2009) added, another healthcare facility in the country was also opened in 1880 at Obosi in Anambra State by the Church Missionary Society, thus marking the beginning of the chronicle of the earliest founded health facilities in Nigeria.

However, history revealed that the first hospital in Nigeria was the Sacred Heart Hospital in Abeokuta, built by the Roman Catholic Mission (RCM) in 1885. Others followed in Onitsha and Ibadan in 1886. While St. Margaret’s Hospital, built in Calabar in 1889, was the first hospital the government built for the people (Scott-Emuakpor, 2010). According to Adesegun (2009), the SDA Church developed health and medical institutions in South-Western Nigeria when compared with other mainline churches. The Adventist missionaries developed an interest in “home treatment”; this term is used for the treatment of ailments alongside the preaching of the gospel. This finally resulted in official church interest in establishing a medical institution. Seventh-day Adventist hospital Ile-Ife, was formally opened in 1944 (Babalola, 2002).

The introduction of the SDA hospital in Ile-Ife, being the first Adventist hospital in Nigeria as a whole, did not fill a vacuum. Looking at the above list, other Christian missions' hospitals like the Roman Catholic Mission, the Anglican, and the Baptist were already making some impact in Nigeria. However, the impact of SDA hospital Ile-Ife since its inception cannot be emphasized (Babalola, 2002). So, it is pertinent to mention that the beginning of the organised healthcare system in Nigeria can be generally attributed to the activities of Christian missionaries.

The Beginning of the Healthcare Delivery System of SDA Church in Osun State

Babalola (2002) asserted that one of the contributions of the Seventh-day Adventist Church in Yoruba land, of which Osun State is one, is the establishment of medical centres. This probably is an area in which the church has made its impact felt most. The Seventh-day Adventists believe that the medical ministry is the right hand of the gospel message; thus, the first Adventist missionaries coupled their preaching with medical work. They went from house to house, praying for the quick recovery of the sick people and offering them free but simple treatments for malaria fever (Babalola, 2002). Later, the method of home treatment became so difficult for the missionaries, and they decided to have a central location where sick ones could be helped better, also where regular and adequate treatment could be offered (Babalola, 2002).



Logo of Adventist Healthcare

Source: Google search engine

According to Read (1940), William McClements, one of the missionaries, observed that the infant mortality was high in Nigeria, and according to him, that was mainly due to obliviousness and misconception on the part of the people, and lack of doctors or nurses to care for the mothers and children. He said, "The time is coming when we will have a doctor and

hospital in Nigeria where we can train young men and women to go out among the villagers and minister to these needy multitudes.” Because of this pitiful condition mentioned above, Pastor McClements sent an appeal to his overseas friends, pleading for funds to establish a hospital in Nigeria. The Church was able to secure a piece of land for her first hospital in 1940. The property was donated by Ooni of Ile-Ife, Sir Adesoji Aderemi. McClements later wrote on the event; “in that year we secured a forty-five acres of land, the best available near the ancient town of Ile-Ife in the heart” so, it is pertinent to record that the beginning of health care delivery system of SDA Church in Osun State and also the first medical mission of the Church in Nigeria, started in Ile-Ife (Read, 1940).

Beginning of the Healthcare Delivery System of SDA Church in Ile-Ife, Osun State

Adesegun (2009) expressed that the beginning of medical work in the SDA Church is stated to be the influx of the sick to see the “whiteman” for relief, a reference to William McClements, who was the Adventist missionary in Yorubaland in the 1930s and 1940s. McClements and his assistant, W.G. Till, were the ones who treated people for sores and applied first aid during their public crusades. This simple beginning has blossomed today into a viable hospital and a postgraduate medical institute at Ife.

He further stressed that Adventist missionaries developed an interest in “home treatment”, a term often used for the treatment of ailments along with the preaching of the gospel. This culminated in official church interest in medical institutions. According to Obisanya (2015) Seventh-day Adventist Hospital, since its inception, has been an epitome of health service in Ile-Ife and its environs. Both urban and rural communities of Ile-Ife have benefited immensely from the over seven decades of the hospital’s existence. Although the hospital was commissioned by the then Ooni of Ife, Oba Adesoji Aderemi, in the year 1940, soon after its commissioning, World War II, which was raging around the world, involved Africans. In view of the heavy casualties amongst Africans, the Royal British army ordered the Seventh-day Adventist Hospital, Ile-Ife, to become a regional military hospital where all wounded African soldiers were brought for surgical care. Near the end of the war, the hospital was returned to the church and was formally opened in the fall of 1944 (Obisanya, 2015).

Obisanya (2015) added: as the hospital was developing and acting as succour to the health challenges of people in Ile-Ife and its environs, there came a blow to its activities as a missionary hospital. The hospital, including various schools were taken over by the government of the Western State of Nigeria on July 1, 1975. It was then designated as part of

the teaching hospital complex of the University of Ife (now Obafemi Awolowo University). According to Adesegun (2009), assurances given to the SDAs at takeover included the retention of staff already on the church's payroll and admitted students, and retention of an SDA chaplain to minister to patients, workers, and the students. But these assurances and agreement as the case may be, did not last long as the university itself was taken over by the Federal Government of Nigeria by the end of 1975. Just like the Biblical Pharaoh that rose up after the death of Joseph and did not know or recognise the deeds of Joseph, the new proprietors did not acknowledge the concessions accorded to the Adventists with regard to the Ife hospital.

Babalola (2002) vividly expressed that with the passing of years, respite came the way of the Adventists as the hospital and schools were returned to them in the 1980s. This became necessary as the administrators in charge of the hospitals could not cope with the financial burden of running a string of hospitals under the teaching hospital complex paradigm. The hospital and its schools resumed normal operations under the ownership of the SDA church on January 3, 1988. Even though there was a decline in students' enrolment at the School of Nursing between 2000 and 2003 due to the Ife/Modakeke crisis, the school had gradually picked up and has become a force to reckon with in churning out well-trained nurses and medical personnel to the teeming population of Ile-Ife and Nigeria at large.

The Emergence of Lifestyle Medicine Services in SDA Hospital, Ile-Ife

O. Olosunde (Personal Communication, November 5, 2025), as the Chief Medical Director of SDA Hospital, Ile-Ife, noted that healthcare is the primary purpose of SDAH, Ile-Ife. In this area, the hospital has been treating and caring for the people of Ile-Ife and its environs for the last 85 years. Additionally, he expressed that the Lifestyle Medicine Centre is an offshoot of SDA Hospital, which came into existence in 2011. According to P. Opreh (Personal Communication, November 5, 2025), a consultant in the Lifestyle Medicine Centre (LMC), asserts that SDA Hospital, Ile-Ife, for several decades has been promoting, encouraging, and providing holistic living to the people in Osun State and beyond. But Lifestyle Medicine Centre (SDAH, Ile-Ife) specialises in educating and helping patients who have been diagnosed with non-communicable diseases such as diabetes, hypertension, obesity, liver and kidney diseases.

Also, B. Adegoke (Personal Communication, November 5, 2025), head of Lifestyle Medicine Centre of SDA Hospital, Ile-Ife, stressed further that many people have benefited and are still benefiting from lifestyle treatment and education as regards changes in their diet

and general living, which have brought remarkable improvement in people's disease conditions. He reiterated that LMC offers the Stress Relief and Health Restoration Programme (14 days). In this programme, the patient would be learning how to de-stress and correct their understanding of diseases, in addition to following simple natural therapies that are useful in restoring health. He added that this kind of programme is recommended for patients with high blood pressure, depression, stress, high cholesterol, obesity, and peptic ulcers. Also, Complete Health Improvement (21 days), Adegoke explained further that combining lifestyle medicine with conventional treatment gives a great advantage to those with cancer. To him, detoxification and rebuilding of the immune system are beneficial as well. Again, LMC services include Intensive Detox Retreat (5 days), which is recommended for liver flushing, digestive disorders, chronic pains, and asthma. Again, the lifestyle medicine centre offers an additional recovery support programme for teens and young adults. Teens and young adults getting too friendly with tramadol and codeine can take advantage of this life-changing programme to break these habits (Lifestyle Medicine Centre Commissioning Programme Pamphlet, 2020).

More so, some lifestyle therapists who have been trained in offering lifestyle care, P. Ineh and T. Agboola (Personal Communication, November 7, 2025) added that: Lifestyle Medicine Centre offers general and specific health boosting, disease reversal/amelioration programmes for people of different age categories. They buttressed their explanation that the measure in use includes proper and practical education in: attitude, hygiene, nutrition, exercise, water, sunshine, temperance, air, rest, and trust in God.

However, other lifestyle therapists, U. Ukaegbu and F. Olawuyi (Personal Communication, November 7, 2025) also corroborated the idea that patients who are suffering from these non-communicable diseases when referred to them in their unit, after experiencing series of medical attention (conventional treatment) and all is proved abortive, see lifestyle care as the only solution to their various health challenges. In the same vein, S. Diala-Igwe and E. Adeoye (Personal Communication, November 7, 2025) noted that the use of natural things such as fruits, herbs, and other plants to cure ailments is what God has been helping them to do in their unit. They use fruits and herbs to strengthen those weak organs and as well to heal. Furthermore, they explained that: lifestyle centre encourages her patients to always embrace the Seventh-day Adventist ideals structured in the NEWSTART lifestyle, which is also

contained in the SDA Hospital Lifestyle Medicine Centre Commissioning Programme Pamphlet (2020) simplified as:

- (A) **Nutrition:** Proper nutrition is the foundation of good health and recovery. Good food promotes good nutrition, which is a key factor in reducing the risk of many diet-related diseases. In other words, people are encouraged to take a balanced diet so as to enhance their good health. Also, good nutrition stimulates growth, beauty, and mental alertness of the body. With a healthy body and an alert mind, will be able to have a better relationship and communicate better with God.
- (B) **Exercise:** Exercise is noted to improve the body, mind, and spirit (healthy living), thereby multiplying vitality. Exercise therapy includes outdoor exercise and evaluations. So, adequate exercise improves or sustains physical capability and overall health and wellness.
- (C) **Water:** Because the body is 70% water, keeping well hydrated and knowing what and when to drink are essential to health. The human body uses water in all its cells, organs, and tissues to help regulate its temperature and maintain other bodily functions. Since the body loses water through breathing, sweating, and digestion, it's important to rehydrate by drinking fluids and eating foods that contain water.
- (D) **Sunlight:** The sun is the established energy source ordained by God to sustain the cycle of life for plants and animals. Sunlight is supremely important for the body's metabolism and hormonal balance. Sunlight on the skin makes vitamin D, and the melanin darkens it.
- (E) **Temperature:** From the early days of Adventism, Joseph Bates' personal convictions led him to promote abstinence from tobacco and alcohol. Using good things moderately and avoiding the bad is obviously wise. Moderation in all things is a thread woven throughout the fabric of life's substance.
- (F) **Air:** The body's most essential resource is air. More important than food or water, proper breathing and pure air are fundamental to good health.

- (G) **Trust in Divine Power:** This is directly linked to physical health; trust in God is a gift leading to right choices. This is found in these biblical passages: “Trust in the Lord with all thine heart and lean not unto thine own understanding. In all thy ways acknowledge him, and He shall direct thy paths.” Proverb 3:5 & 6.
- (H) **Rest:** Restoration requires rest because sleep allows the body to renew itself. Many types of rest are important for health, but the sweetest rest follows labour.

In addition to the use of these natural remedies, White (no date) submitted that every person should be aware of nature’s remedial agencies and how to apply them. It is essential both to know the principles involved in the treatment of the sick and to have a practical training that will enable the use of natural remedies such as pure air, sunlight, exercise and rest. In the opinion of White, nature’s process of healing and upbuilding is gradual, and to the impatient it seems slow. The surrender of hurtful indulgences requires sacrifice. In the end, it will be found that nature does her work wisely and well. In other words, the use of natural medicine is not limited to the medical personnel alone, but to everyone who is willing to always make use of it; also, it is readily available.

Responses of Some In-patients and Out-patients of SDA Hospital LMC

Some in-patients, S. Eze, B. Adeleye, and T. Bamisaye (Personal Communication, November 22, 2025) joyfully expressed their gratitude to God Almighty for His healing mercies, and for the prompt medical attention they received from SDA Hospital LMC, and not being a money- oriented institution, because they always render services before the patients are asked to pay. Speaking from their experiences with the Lifestyle Medicine Centre, the interviewees (patients) reiterated that lifestyle care has really rekindled their hope in God concerning their different ailments or diseases. According to some of them, before getting to LMC, they had lost hope, but after receiving some medical care, their health began to improve. Similarly, Ogunkunle, Oladimeji, Falade, and other outpatients (Personal Communication, November 20, 2025) equally appreciated the efforts of lifestyle workers for the use of natural remedies to care for their ailments. Also, the Lifestyle Medicine Centre Commissioning Pamphlet (2020) contained the testimony of Veteran Nollywood Actor Alex Osifo goes thus: “I had issues with my health once and ended up at Lifestyle Medicine Centre; their system is non-orthodox; in other words, they use natural medicine for their treatment ...no injection, no tablets, but they kept massaging my body, giving me juices, some plants and roots...the experience was wonderful”

More so, B. Adegoke (Personal Communication, November 5, 2025), while responding to what some out-patients had done for the centre in acknowledging the hospital for proper care, he specifically mentioned one Late Mrs Olga Oruene Hart-Egbunike, whom Alex Osifo introduced to LMC, came to the centre in 2019. He stressed further that after some weeks in the hospital, the woman visited the kitchen where her meals were being prepared and saw some deficiencies. That made her rehabilitate the whole Lifestyle Medicine Center Building and later extended the renovation to some parts of the hospital structures. According to him, the woman eventually made one of the apartments of LMC her second home since 2019 until her demise in January, 2025. However, almost all the interviewees (Patients) complained about the expensive medical bills and emphasised that common people would not be able to afford the bills. They therefore appealed to the hospital management to look into the expensive medical bills and make them affordable to the masses.

Faith Clinic, an Aspect of Lifestyle Medicine Center

Faith Clinic Service, otherwise known as Chaplaincy Ministry, is a strong arm of the hospital. The Chaplaincy Ministry is run daily alongside the Lifestyle Medicine Service for the patients and workers of the hospital. To O. Abioye (Personal Communication, November 10, 2025) everything man is or hopes to be is a function of faith in God. The Faith Clinic Ministry (FCM) is designed to build faith in the people of God through the word and fervent prayers. Again, O. Abioye (Personal Communication, November 10, 2025) buttressed the above point that the SDA Church encourages its members to trust in divine power, so the chaplaincy unit of the hospital always encourages their clients/patients to put their trust in God, most especially in any hopeless condition. The hospital believes in the power of prayer to the point that before medical services are rendered, prayers must have been offered. This department also renders counseling services to both the patients and the workers. Counseling, therefore, is the provision of professional assistance and guidance in resolving personal or psychological problems. Also, Owoeye (2010) opined that good counseling gives some elements of hope to patients. Such a hopeful state of mind can raise patients' morale and improve their health with little change, if any, in the underlying physical condition.

Again, when asked about the role of chaplains to the patients, S. Agbalaja (Personal Communication, November 10, 2025), also a chaplain in the centre, said that a spiritual assessment is always carried out on patients to identify their denomination, beliefs, and spiritual practices before the patients' need is attended to. However, according to him, it is not their duty

as chaplains to play the role of lifestyle therapist because they have been trained, but to listen carefully to the patients' concerns and offer prayers. He emphasized that their prayer is always short, simple, and specific. In fact, it is very important to ask if prayer is desired and what to pray for. Prayer is a means of grace for the patients, and the primary purpose of prayer is to help the patient relate to God by stressing His presence, glory, and power. This is in line with the biblical injunctions according to James 5:14,15:

Is anyone sick among you? Let him call for elders of the church; and let them pray over him, anointing him with oil in the name of the Lord: And the prayer of faith shall save the sick, and the Lord shall raise him up; and if he has committed sins, they shall be forgiven him.

Conclusion

This study has been able to assess the contributions of the SDA Church to the healthcare delivery system in Osun State, most importantly, in the area of Lifestyle Medicine Services. The LMC of SDA Hospital, Ile-Ife, specialises in educating and helping patients who have been diagnosed with non-communicable diseases such as diabetes, hypertension, obesity, liver and kidney diseases, and other terminal diseases with the use of natural remedies only to cure their ailments. The church not only uses its medical institution for people to receive physical healing from their ailments, but also is concerned about the spiritual healing of the people. As mentioned before, the fall of man has affected the three aspects of man's nature: the physical, the intellectual, and the spiritual. That was why Jesus came to restore that which was lost (Luke 19:10), he seeks to save the whole man. No wonder the church uses the Chaplaincy unit of its medical institution mainly to accomplish this sacred and humble task. This is in line with the words of Jesus to the paralytic man in Mark 2:1-12. When Jesus acknowledged the faith of the four men who brought him, he said to the paralytic, "Son, your sins are forgiven". So, the man was healed both spiritually and physically. The Church takes its cue from Jesus and has actively been using its medical ministries to accomplish both healings. It is pertinent to mention that chaplaincy ministry is not always found in the public hospital.

While some respondents (patients/clients) acknowledged the magnanimity of the institution as regards service first before the payment, others appealed to the management to look into the exorbitant medical bill to make it affordable to the common people. However, this type of opportunity is rarely seen in some hospitals because they always ask for a deposit before any service is rendered. Although many of these hospitals may do that because of the

fear that the patient or patients might not be able to afford the medical bill or decide to run away after receiving healing.

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