PRODUCT EVALUATION OF FEDERAL SCHOOL OF PSYCHIATRIC NURSING IN CALABAR, CROSS RIVER STATE, NIGERIA

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ABSTRACT: *This study evaluated Products of Federal School of Psychiatric Nursing in Calabar, Cross River State, Nigeria. Five research questions were raised to direct the course of this study. An evaluation research design was adopted to evaluate 64 psychiatric nurses purposively selected from the 150 students who graduated from the School between 2014-2019 working in Federal Neuro-Psychiatric Hospital, Calabar. Data was collected using observational technique and checklist designed by the researcher. The instrument was validated and reliability established with the use of Cronbach's Alpha reliability test at the range of 0.810-0.990. Analysis was done using descriptive statistics which involve proportion, percentage, mean, and weighted mean score. Findings of the study revealed that nurses from Federal School of Psychiatric Nursing, Calabar fairly utilize their nursing process. However, they had overall good performance in creating an atmosphere of trust, which allows for meeting the patient's basic emotional needs; creating opportunity for patients to express self-feelings; displaying tolerance in accepting maladaptive behaviours; and assisting in providing necessary corrective experiences. It was therefore concluded that Federal School of Psychiatric Nursing, Calabar is effective in preparing nurses for efficient healthcare delivery of the mentally ill. Based on these findings, it was recommended among others that the school should include the programme objectives in their curriculum, increase supervision of students during clinical on use of nursing process and ensure enough nursing project booklets are reproduced for use in the school and clinical area.*

Keywords: *Utilization of nursing process, Therapeutic environment, Safe physical setting, Comprehensive health care, Atmosphere of trust, Opportunity for self-expression, Nurses' tolerance, Nurses' corrective measures, Evaluation, Product evaluation, Objectives of psychiatric nursing and Psychiatric Nursing programme*

Background of the study

Education is as old as man and its usefulness is significant to both ancient and modern societies. It is a springboard of socio economic growth and development of every society and nation. Education equips an individual to face future life challenges and expectations and provide him with equitable response accepted by the environment and people whom he relates daily. One of the factors that enhance education is the general good health of the learners. Hence, people learn well when all levels of wellness is attained in compliance with the definition of health, that “health is a state of complete physical, emotional, mental, social and spiritual wellness, and not merely the absent of illness”. Mental health being an integral component of wellbeing is considered a necessity to enhance learning.

Accordingly, mental ill health is a condition that worries and remains mysterious to many countries including Nigeria for many years before arrival of the British Government. Psychiatric practice was introduced to handle diagnosis, treatment, prevention and rehabilitation of abnormal behaviours. This involves separation of psychiatric patients from others with general physiological disorders so as to accord them their special care and attention. It therefore requires training of the nurse who is the immediate caregiver and establishment of school of psychiatric nursing in the country.

The Federal Government through Federal Ministry of Health in cooperation with Nursing and Midwifery Council of Nigeria category ‘B’ established eight (8) Schools of Psychiatry Nursing across the country under Decree No. 89 of 1979, now known as Nursing and Midwifery Act. Cap. N143, Laws of Federation of Nigeria, 2004. In that line, School of Psychiatric Nursing Calabar was founded in 1980 under Mr. Udo Benjamin Ikpe who was the Head of Nursing Services.

As contained in NMCN (2016), School of Psychiatric Nursing Programme is a national programme designed by Nursing and Midwifery Council of Nigeria (NMCN) for all states running the programme with same curriculum and syllabus. At the end of one year six (1.6) month’s duration, it is expected that all graduating students should be able to:

- I. Utilize nursing process to provide comprehensive mental health nursing care to individuals and families whether at primary, secondary or tertiary healthcare settings.
- II. Provide a therapeutic environment conducive to reconciliation and incorporation of patients to the social norms of the community through intersectoral team approach.
- III. Provide a safe physical setting which minimizes the pathological stress related to illness.
- IV. Create an atmosphere of trust, which allows for meeting the patient’s basic emotional needs.
- V. Encourage individuals and establish opportunities for self-expression, self-acceptance and self-evaluation which will encourage the acceptance of responsibilities commensurate with changing capacities.
- VI. Display tolerance in accepting maladaptive behaviour of the patient.
- VII. Assist in providing the necessary corrective experiences for redirection of negative behaviours to achieve personal growth.

Based on above background, school of psychiatric nursing has to lay emphasis on development of content and syllabus in line with theoretical and practical aspect of nursing. The aim of the programme was to train nurses on how to diagnose, treat, prevent and rehabilitate the mentally ill in psychiatric hospitals and communities (Ikpe & Ekpo, 2012). In Federal Neuro-Psychiatric Hospital, most psychiatric patient has been mentally stabilized to resume their daily activities and official engagement within and outside the state. In the year 2000 when Nigeria hosted world beauty competition, street lunatics were swept and managed in the facility. Out of the 106 cases, 72 were claimed home by the relatives having confirmed them mentally fit to relate in the society. The other 26 who had no relative within Calabar were tactfully returned to their family members through internal repatriation scheme. In confirmation of their functionality, the remaining 8 were trained in occupational therapy on the skill of their best fit. Moreover, long stay and abandoned ones have their mind occupied with art, games and vocation till identified with the family. This was achieved through occupational therapy prescriptions aimed at stimulation of motor and sensory units that coordinate functions, thus preventing atrophy, contractures and complications of blood circulation. With this the psychiatric student nurse was equipped to be a good ambassador of the institution by rendering effective services to any society they find themselves.

However, being that the success of nursing programme depends on accepted practice in line with set objectives, there is need for process of the school programme to be evaluated after 22 years of existence. This is due to the fact that evaluation performs essential role in programme's improvement (Yoloye, 2008). It provides a feedback regarding a programme's strength and weakness; and appropriate corrective measures introduced to attain the programmes' goal and objectives. According to Andales (2018), product evaluation is a means to investigate how intervention works, their intervention and how they interact with objectives. It considers which value to be derived from study, how to achieve them, how to use the knowledge, what suitable method could be used and whether useful socio-technical could produce future value or harm. The assessment was to ascertain suitability and safety of end products for use by consumers. It is conducted for two major reasons: to ensure standardization of process of attaining the product, and to identify and remove unwanted practice and defects between product attainment. This is because failure to identify product and design defects can result in products' objection and litigation. Product evaluation therefore provides basis for continual monitoring, formulation and reformation of programme. In education, evaluation of school programme is to determine the extent to which it has served the purpose which it was established. In situations where product evaluation is not carried out, there is possibility of risk of failure. Where it is periodically conducted, it enhances improvement, efficiency and accountability.

In Psychiatric Hospital Calabar, concern is expressed by management staff, nursing unit heads and patients' relatives about poor service delivery of nursing. These ranges from lateness to work, absenteeism, insubordination, poor documentation of events, non-recording of clinical findings, disregard and non-concern for patients among other misconducts.

There is however no need to pretend about complaints of poor quality of psychiatric nursing service as the old nurses are regarded to be more reliable than the young breeds (FNPH/NAR/Vol.1/P.43). This makes the image of profession to reduce as a nurse has no

interest over the condition of patients. Therefore, through forms of monitoring and evaluation it is possible to determine whether the school has achieved its objectives or not (Yoloye, 2008). It is also observed that since the school was established in 1980, there had been no empirical work conducted by individual or authority to ascertain attainment of its designed objectives. Hence it is imperative to conduct product evaluation of graduating students of this school in order to fill the knowledge gap.

Theoretical framework

The theory found suitable by the researcher to direct the study was:

CIPP Evaluation Model by Daniel Stufflebeam (1960)

Context, Input, Process and Product Evaluation Model (CIPP) by Daniel Stufflebeam (1960)

The CIPP model was propounded in 1960 by Daniel L. Stufflebeam and his colleagues for carrying out evaluation and judging the value of programmes. Proponents of CIPP used the model in answering the following questions: "What should we do? How should we do it? Are we doing it well? And, did the programme work?" It means judging a programme's worth in terms of its context, input, process and product. It is a model elected to make evaluation relevant for decision-making during the phases and activities of a programme. It is recommended as a framework to guide conception, designation, implementation and assessment of projects involving learning, and provides feedback and judgment of project's effectiveness regarding its continuous existence. Fundamentally, the use of CIPP model is intended to promote growth and to help the responsible leadership and staff of an institution systematically to obtain and use feedback so as to excel in meeting important needs, or at least doing the best they can with the available resources. The acronym of CIPP is hereby discussed below:

Context Evaluation

The primary orientation of a context evaluation is to identify the strengths and weaknesses of school of psychiatric nursing, thereby providing direction of its improvement. The main objectives of this type of study are to assess the graduates of school of psychiatric nursing to identify its deficiencies, and to diagnose problem whose solution would improve the students' well-being. A context evaluation also is aimed at examining whether existing goals and priorities are attuned to the needs of the institution. The result of a context evaluation should provide a sound basis for adjusting its existing goals and priorities and targeting needed changes.

Input evaluation

Input evaluation here refers to the activities such as description of the programme inputs and resources, a comparison of how the programme might perform compared to other programmes, a prospective benefit/cost assessment, an evaluation of the proposed design of the programme, and an examination of what alternative strategies and procedures for the programme to be considered and recommended.

In this study inputs are the investments or resources sunk into the programme to produce the desired results. They take the form of human and materials, such as the calibre of personnel and facilities used in executing the programme. The quality of students, teachers, equipment, laboratory, library, textbooks and other curriculum materials used to facilitate learning constitute the inputs. This type of evaluation examines what the programme plans to do and it helps in the

‘making phase’. In structuring decision process of the evaluation here includes examining how a programme is being implemented, monitoring how the programme is performing, auditing the programme to make sure it is following required legal and ethical guidelines, and identifying defects in the procedural design or in the implementation of the programme. It is at this point that evaluators provide information about what is actually occurring in the programme. Evaluators provide this kind of feedback to programme personnel because it can be helpful in making formative evaluation decisions, i.e. taking decisions about how to modify and improve the programme. In this study input evaluation refers to the action taken and activities carried out in a programme. These include teaching, assignments test and other similar activities.

Process Evaluation

Process evaluation concentrates on the running of a program and teaching learning processes. It focuses on implementation to ensure that inputs are utilized in effective manner to achieve the desired aims, objectives and goals of the product. It aims on program's operations, implementation, and service delivery. Process evaluation monitors the project implementation process. It asks, “Is it being done?” Or, are we doing it well? And provide ongoing check on the project’s implementation process. Important objectives of process evaluation include documenting the process and providing feedback regarding (a) the extent to which the planned activities are carried out and (b), whether adjustments or revisions of the plan are necessary. An additional purpose of process evaluation is to assess the extent to which participants accept and carry out their roles.

Process evaluation methods include monitoring the project’s procedural barriers and unanticipated defects, identifying needs during in-process project adjustments, obtaining additional information for corrective programmatic changes, documenting the project implementation process, and regularly interacting with and observing the activities of project participants.

Process evaluation techniques include on-site observation, participant interviews, rating scales, questionnaires, records analysis, photographic records, case studies of participants, focus groups, self-reflection sessions with staff members and tracking of expenditures. This helps in making and implementing decisions.

Product Evaluation

Product evaluation includes the outcomes of the school. The purpose of a product evaluation is to measure, interpret and judge the attainment of the programme. The main objective of a product evaluation is to ascertain the extent to which the programme has met the needs of the public it is intended to serve. It identifies and assesses project outcomes by asking, “Did the project succeed?” and ‘Is it similar to outcome evaluation?’ The purpose of a product evaluation is to measure, interpret, and judge a project’s outcomes by assessing their merit, worth, significance, and probity. It ascertains the extent to which the needs of all the participants were met.

Product evaluation is not concerned on the student’s achievement of scores and grades but the skills, tact, attitudes, knowledge, experiences, learning and abilities they acquired in which they are going to use over life to benefit the societies. The mission of the school is to make the students effective so that they can be useful and reliable in any community they are. At this juncture, CIPP model deals with products or output not only at the end but also at different

points like commencement, implementation and designing of the educational program. The output are thereafter marched with programme objectives, detected weaknesses are noted and expected changes made for the improvement of the quality of education.

Stufflebeam (2007) suggest that a combination of techniques should be used to assess a comprehensive set of outcomes. By doing so, it helps in cross-checking the various findings. A wide range of techniques are applicable in product evaluations, these includes logs and diaries of outcomes, observations, interviews of beneficiaries and other stakeholders, case studies, hearings, focus groups, document/records retrieval and analysis, analysis of photographic records, achievement tests, rating scales, trend analysis of longitudinal data, longitudinal or cross-sectional cohort comparisons, and comparison of project costs and outcomes. Providing feedback is of high importance during all phases of the project, including its conclusion. Stufflebeam and Shinkfield (2007) stress that the communication component of the evaluation process is absolutely essential to assure that evaluation of findings are appropriately used. Success in this part of the evaluation requires the meaningful and appropriate involvement of at least a representative sample of stakeholders throughout the entire evaluation process. The basic use of a product evaluation is to determine whether a given programme is worth continuing, repeating and extending into other settings. It should also provide direction for modifying the programme so that it better serves the needs of all members of the target audience and further become cost effective. Product evaluation has psychological implications, since by showing signs of growth or superiority to competing efforts it reinforces both the graduates and the programme of School of Psychiatric Nursing, Calabar.

By implication, use of this model for the study has helped in unveiling unmet needs and enhances identification of several decision settings of Federal School of Psychiatric Nursing Programmes. It has really help in cross-checking the nurses of the school based on their nursing activities, whether they are in line with set objectives laid down by Nursing and Midwifery Council of Nigeria (NMCN). This was used in monitoring and correcting performance in the service areas.

Application to the study

Product evaluation was applicable to this study. This was found based on its aims and component tool like supervision, observation, interview, rating scale, photographing, documentary records and questionnaires. By implication, use of this model for the study was helpful in using observational scale, check list and other methods to unveil fair utilization of nursing process booklet in administering care which is quite at variance with expected objective of Federal School of Psychiatric Nursing Programmes. More so, observational scale to evaluate other variables also disclose good performance from graduate nurses regarding creation of an atmosphere of trust to meet patient's basic emotional needs; encouragement and establishment of opportunities for self expression, self acceptance and self evaluation; displaying of tolerance in accepting maladaptive behaviours of the patients; and assisting in providing necessary corrective experiences to redirect negative behaviours. The aim is to check whether compliance with objectives laid down by Nursing and Midwifery Council of Nigeria (NMCN) are met.

Context, Input, Process, Product (CIPP) Evaluation Model

Designed by Ivan Teh RunningMan, March 2015

Source: Daniel L. Stufflebeam, "International Handbook Of Educational Evaluation" by Springer International Handbooks of Education, December 2002, ISBN-13: 978-1402008498

Statement of the problem

The menace of mental illness in the society, the task of rendering cares for the mentally challenged and the difficulty inherent in rehabilitating them is always observed alarming. These call for concern of all especially personnel in the health sectors.

In effort to address above challenges and related conditions, Federal Ministry of Health through Nursing and Midwifery Council of Nigeria in 1980 established the School of Psychiatric Nursing saddled with the responsibility of training psychiatric nurses for assessing, diagnosing, treating, preventing and rehabilitating mentally sick patients who presents with abnormal behaviours. Their activities and curriculum was formulated and regulated by the professional body—Nursing and Midwifery Council of Nigeria (NMCN) who is responsible to ensure that standard is maintained. To carry out effective nursing care, certain aims and objectives were outlined including utilization of nursing process to provide care, provision of therapeutic environment, provision of safe physical setting, creation of trusty atmosphere, permitting patients to express themselves, possessing tolerance that accepts maladaptive behaviours and providing corrective measures to redirect negative behaviours.

In recent times trained psychiatric nurses are observed posing poor attitude to work in resumption, none taking and handing over of patients, and none professional relationship with other caregivers of the health team. On routine inspection, nurses are mindless, unconcern and of poor interest to their patients regarding hygiene, feeding and abnormal behaviors. Most times they are found glued to their phones, browsing on news and charts on social medias. Nursing Auditor and Compound Nurses keeps reporting on poor usage of nursing process booklets, non-documentation of events and care, neglect of patients' complaints and hostility to unfamiliar patients. Additionally, some patient relatives' reports of insolence by nursing staff when they come for visit and maltreatment of their family member obtaining care in the facility. Above behaviours are at variance with the aims and objectives of a trained psychiatric nurse.

Moreover, as a training institution with clear mandates, it is expected that these objectives be periodically evaluated to see the extent to which the objectives are realized. This is to provide the needed feedback that will on the whole give room for holistic development of this level of healthcare delivery. This study therefore, was a product evaluation of the School of Psychiatric Nursing programme, with intention of providing necessary data for programme improvement.

Purpose of the study

The purpose of this study was to evaluate graduate nurses of Federal School of Psychiatry Nursing programme in Calabar, Cross River State, Nigeria. Specific objectives of the study are to assess the extent to which the products of the programme are competent to:

1. Utilize nursing process to provide comprehensive mental health nursing care to individuals and families whether at primary, secondary or tertiary healthcare settings.
2. Create an atmosphere of trust, which allows for meeting the patient's basic emotional needs
3. Encourage individuals and establish opportunities for self expression, self acceptance and self evaluation which will encourage the acceptance of responsibilities commensurate with changing capacities.
4. Display tolerance in accepting maladaptive behaviours of the patients.
5. Assist in providing the necessary corrective experiences for redirection of negative behaviours to achieve personal growth.

Research questions

The following research questions were raised to direct the study:

1. To what extent do nurses utilize nursing process in providing comprehensive mental health nursing care to individuals and families whether at primary, secondary or tertiary healthcare settings?
2. To what extent do nurses create an atmosphere of trust, which allows for meeting the patient's basic emotional needs?
3. To what extent do nurses encourage individuals and establish opportunities for self expression, self acceptance and self evaluation which will encourage the acceptance of responsibilities commensurate with changing capacities?
4. What level of tolerance is possessed by nurses in managing mal-adaptive psychiatric patients?

5. To what extent do nurses assist in providing the necessary corrective experiences for redirection of negative behaviours to achieve personal growth?

Significance of the study

The result of this study was beneficial to psychiatric student nurses, nursing tutors, and policy developers of the hospital and school of psychiatric nursing management.

To the students, findings of the study was reflected to groom them in their utilization of nursing process which in turn assist them develop patient's nursing diagnoses, render effective healthcare, improve cordial nurse-patient relationship and provide corrective guidance to rehabilitate stabilized patients back to society. Best of all, students' cordiality with patients is improved.

The result of the study was laid bare to Nursing Tutors in the school so as to work on their course content and teaching methods, and ensure students' achieve desired objectives of the programme before graduation. Tutors can now build on their ability to read and widen their knowledge base on the school objectives so as to be equipped on what to furnish students.

In policy development, data generated from the study was relayed to inform the Hospital and School of Psychiatric Management, to reform health policies suitable to enhance nurse-patient relationship, inter-sectoral co-existence and provide amenity in the facility to enhance conducive environment for effective nursing care. The Management also benefits from utmost use of nursing process booklet without wastage and mutilation.

The study with its result formed knowledge bank that fills research gap in the area on utilization nursing process, creation of atmosphere of trust, creation of opportunities for patients to express self feelings, acceptance and evaluation, display of tolerance in accepting maladaptive behaviours of the patients, and assistance to provide necessary corrective experiences to redirect patients' negative behaviours.

The general public also benefited from improved nursing service being that holistic care is being delivered to their mentally ill irrespective of their behaviors, family background and nationality.

Assumptions of the study

The study was based on the following assumptions that:

- i. The variables are all measurable.
- ii. The products of the School of Psychiatric Nursing differ in the extent of attaining the objectives of their training in the institution.
- iii. Attainment of objective is achievable irrespective of hospital management's economic status.
- iv. The extent to which the products of School of Psychiatric Nursing attain the training objectives can be measured and evaluated.

Scope of the study

The scope of the study was delimited to evaluation of nursing activities who graduate from Federal School of Psychiatric nursing in Calabar, Cross River State—Nigeria. This is one of the psychiatry nursing school covering greater parts of South South geo-political zone of Nigeria. As an evaluative study, there was no independent and dependent variables and no need of forming hypothetical statements.

Limitation of the study

A lot of hindrance stood as barriers to prevent the researcher from successfully conducting and completing this project. These arose as:

1. Impact of EndSars protests which destroyed, carted away and disassemble patients' nursing process booklets and other useful observation forms also posed as a hindrance to the study.
2. There was a scale down of working staff due to fear of contact and spread of covid-19 infection. The instruments were administered during Covid-19 period.

Definition of terms

The following terms are defined as they are used in the context of the study:

1. Utilization of nursing process: this is a process of using nursing care plan to diagnose patient's needs against physiological status of patients and families, setting objectives and expected time of resolving patient's problem, defining appropriate actions of resolving patient and family needs, explaining reasons/rationale of each action and evaluating patient's response to instituted nursing/doctor's actions.
2. Therapeutic environment: this is compromised physical, psychological or social space made conducive to enhance rendition of treatment and recuperation from illness within soonest possible time.
3. Safe physical setting: a secured and comfortable facility devoid of threat and fright but enhances sleep and rest
4. Comprehensive health care: This is concurrent prevention and management of multiple physical and emotional health problems of a patient over a period of time in relationship to family, life events and environment
5. Atmosphere of trust: this is ability of a nurse to make possible the existence of veracity, openness and sincerity in relationship within care givers and patients, patient and co-patient, one care giver and another.
6. Opportunity for self expression: a gathering of common concern permitting patient to present and verbalize his view and opinions
7. Nurses' tolerance: these are attitudes like acceptance, non-judgmental, empathy, sympathy, love and praise which nurses possess to accommodates patients' maladaptive behaviors due to mental illness.
8. Nurses' corrective measures: these are positive behaviors like nurses' physical approach, psycho and behavioral therapies, chemotherapies and electro-convulsive therapy applied by nurses to correct abnormal behaviors.
9. Evaluation: This is a systematic application of scientific methods to assess the design, implementation, improvement or outcomes of a programme.
10. Product evaluation: This is assessment of graduates who are also output of School of Psychiatric Nursing Calabar, whether they have met the stated objectives expected from the school.
11. Objectives of psychiatric nursing: These are standards set by the Nursing and Midwifery Council of Nigeria (NMCN) for graduates of School of Psychiatric Nursing to meet before graduating to practice as a Registered Psychiatric Nursing.

12. Psychiatric Nursing programme: This is a special field of nursing practice organize to train qualified nurses on identification of mental illness, management, rehabilitation, prevention and promotion of mental health in the family and society.

LITERATURE REVIEW

The literature review of this study was approached following under listed sub-heads. These include:

Utilization of nursing process in providing comprehensive mental health care, Creating an atmosphere of trust for meeting the patient's basic emotional needs, Encourage individuals and establish opportunities for self expression, Display tolerance in accepting maladaptive behaviours of the patients, Assist in providing the necessary corrective experiences for redirection of negative behaviours to achieve personal growth, Evaluation Models and Summary of Literature

Utilization of nursing process in providing comprehensive mental health care

Nursing process is the recent accepted approach considered appropriate for explanation, application and rendition of nursing action to the sick in the contemporary era. It was first used by Northern American Nursing Association and having been proven best scientific approach, it's adopted in every health setting to provide healthcare as an ideology for nursing professionalism (Hagos, Alemseged, Belcha, Berha & Aregay, 2012). It is a dynamic and systematic way of delivering care with five interrelated steps: assessment, diagnosis, planning, outcome identification, implementation and evaluation (Pokorski, Moraes, Chiarelli, Costanzi & Rabelo, 2009). Effective implementation of nursing process results in improved quality of nursing care and enhances formulation of theories and scientific knowledge to the best clinical practice (Birhanu, Assefa, Woldie & Morankar, 2010).

Issue lies on its global adoption by various institutions as it requires nurses' acknowledgement and team work amidst limitations of finance, hospital policies and local dilemmas in attempt to accomplish research study through it.

In another cross-sectional survey by Aseratie, Murugan and Molla (2014), it was discovered that organizational factors, patient's related issues, practicing skills and level of knowledge influence implementation of nursing process at government hospitals of Addis Ababa and Ethiopia. This was evidence to the authors as Nurses work under stressful conditions, lack of time to apply the principles, worsened with poor knowledge and gender disparity.

Report from Nursing Administration of the school service area disclosed empty and blank unfilled nursing process booklet unutilized by students and nursing staff of the facility. This gave students ground to pay deaf ear at observation, documentation and studying patient's problems along medical directives to establish baseline for nursing action (Nursing Administration and Research/Federal Psychiatric Hospital, Calabar, 2017).

According to Beck (2013), psychiatric nurses are handicap of formulating nursing diagnosis according to patients' problem. The ill aspect of it is that they are not interested in learning and utilizing others' creative ideas. Hence, one of the hindering factor is how to coin a suitable nursing diagnose into patients' presenting complaints before setting a compatible action to tackle the situation. This collaborates with assertions of Beck (2013) who revealed that nurses face unique challenges in applying nursing process due to vagueness of patient's emotional

problems which might have different problems and causes. In the same vein, any obvious manifestation of a psychiatric patient may originate from several repressed experiences which patient could not explain. They may also be unable to participate in problem solving process when they are anxious, withdrawn or far from reality.

In a study conducted by Agyeman-Yeboah, Korsah and Okrah (2017) on exploration of various factors that influence utilization of nursing process at Accra—Ghana, an exploratory descriptive qualitative-research design was employed. Ten participants were involved using purposive sampling method. A semi-structured interview guide was used to collect the data from the research participants; and the data were analyzed by using content analysis. The result revealed that there are factors responsible for the non-utilization. And one of the factors was nurses not having a better understanding of the nursing process. The non-awareness prevails whilst in school and extends to service area where there was absence of care plan in the ward, as well as lack of adequate staff, with limited time being available for coping. These contributed to the non-usage of the nursing process.

Another empirical study conducted by Hagos, Alemseged, Balcha, Berhe and Aregay (2012), was to assess the application of nursing process and its affecting factors in Mekelle Zone Hospitals. They used a cross sectional design employing quantitative and qualitative methods. Qualitative data was obtained from 14 nursing heads of six hospitals and quantitative data obtained from 200 nurses using simple random sampling technique from the six hospitals proportional to their size. Thematic and SPSS version 16.1 analysis were used for quantitative and qualitative data respectively. The result revealed that 90% of respondents had poor knowledge, 99.5% had positive attitude towards nursing process, 75% of respondents said nurse-to-patient ratio was not enough to apply nursing process, while all respondents responded that they had not used nursing process in provision of care to any patient within the zone at the time of study. It was therefore recommended that hospitals should consider application of nursing process critical in their zone, motivate nurses and monitor its application in progress.

Creation of atmosphere of trust for meeting patient's basic emotional needs

Existence of confidence, reliability, veracity, integrity and sincere desire to provide required needs are qualities found in a nurse that wins a patient's trust. It is demonstrated through nursing interventions which convey sense of warmth and care to a patient. Townsend, (2011) illustrated various conditions that permit trust as: providing blanket to a patient under cold weather, providing food to a hungry patient, keeping to promise, showing honesty, providing cogent explanation and reasons to procedure, rules and philosophy, adherence to institutional policies and guidelines, and taking patients' preference, opinion and request.

Andvig, Syse and Severinsson (2014) in their qualitative study at Norway, described and interpret the existence of inter-personal collaboration and a trusty atmosphere existing among their healthcare givers and the psychiatric patients through dialogue. The researchers disclosed that this was possible through acknowledgement, understanding and strengthening of professionals by their institutional employers so as to improve their quality of service. In the other vain, Magnusson and Lützén (2009) detect mistrust and lack of collaboration between Community Mental Healthcare and her psychiatric patients due to different ideologies of care and objectives. This was realized from poor collaboration of effort and non-use of another's competence leading to increase relapse and long stay. In the same healthcare when trust and collaborative network

was re-established between community staff, in-patients and discharged patients, case of relapsed and readmission reduced and quality of life improved (Fernandes & Flak, 2012). In a trusty atmosphere, members possess the following characteristic: common goals, performs task relevant to goal attainment, independent existence, undertaking diverse roles and responsibilities toward patient's welfare (Kozlowski & Ilgen, 2006). Best of all, they survive on information sharing, smooth communication, participatory decision-making, practices, developing new ideas, and organizing treatment delivery programs.

According to Borg, Karlsson, Tondora, and Davidson (2009), a trusty healthcare facility is concerned with person-centered healthcare which is known for provision of individualized care quite congruent with patient's needs, desire and preferences.

Empirically, Tuveson, Wann-Hansson and Eklund (2011) conducted study on importance of the ward atmosphere of psychosocial work environment of nursing staff in psychiatric in-patient care at Sweden with 93 from 12 general psychiatric wards. The study used two questionnaires to compare activities of nurses and nursing assistants towards maintenance of trust in psychiatric ward. Obtained data was analyzed with descriptive statistics, Mann-Whitney U-test, Spearman rank correlations and forward stepwise conditional logistic regression analyses. The result revealed that there were no differences between nurses and nurse assistants concerning perceptions of the psychosocial work environment and the ward atmosphere of trust.

Lok and Buldukoglu (2015) carried out a study on the effect of therapeutic atmosphere on social functionality of in-patients in a University Psychiatry Clinic in Akdeniz. The study was a descriptive cross-sectional and relational study using 50 patients who accepted to participate in the study and who had been hospitalized in the Psychiatric Hospital. The demographic data was analyzed using percentages, Friedman Test in repeated measures to compare the social functionality scores of the patients in three different times, while Kruskal Wallis test was used to evaluate the relation between the social functionality scores and demographic data of the patients. Also, Pearson Product Moment Correlation was used to test the relationship between scores of social functional and ward atmosphere scores. Results of the study revealed that the patients evaluated the ward atmosphere higher than the average in terms of participation, spontaneity, autonomy, practical intention, anger and aggression, order and organization, clarity of the program, and staff control. On the whole, there was a significant positive correlation between social functionality scores and the participants' perception regarding ward atmosphere. It was also determined that participation was positively and strongly correlated with spare-time activities while spontaneity was positively and moderately correlated with interpersonal functionality, spare-time activities and independence (competence). With this the authors concluded that the current atmosphere of trust in-cooperated in psychiatric clinic was found to increase social functionality of the patients and mutual coexistence.

Achieving above will promote principles of therapeutic milieu which is essential component of hospitalization period for patients to take advantage to meet their needs. Therapeutic milieu is the base of activities of psychiatric nurses. This term is used to describe the atmosphere in which all the resources should be arranged for providing optimal care for patients. The major components of therapeutic milieu are security, structure, norms, limits, balance and flexibility. Nurses are the shapers, leaders and users of the milieu. So, being therapeutic or non therapeutic of the milieu depends on nurse's skills and interests.

Encourage individuals and establish opportunities for self expression

Expression of self feelings is one of the rights of a psychiatric patient. Grabowski, Rynkiewicz, Lassalle, Baron-Cohen, Schuller, Cummins, Baird, Podgorska-Bednarz, Pieniazek and Lucka (2019) discovered from neuroscience that expressions of feelings are done by all kinds psychiatry patients like schizophrenia, mania, depression, neurosis, autism and other forms. They can express themselves emotionally in face, gesture, voice, posture and behaviors, and these may affect their physiological parameters like heart rate and temperature. According to Mental Health Act, (2001) psychiatric patient have right to be listened and attended to by their caregivers. They are entitled to partake in Consultant rounds and family sessions where discourse is held to talk on their health states and managements. At these gatherings, their opinions as to what they wish in life is sought and considered carefully. Still in this provision, the patient has right to be informed of their legal right regarding admission and treatment explained in their first language for easy understanding and acceptance.

The nurse-client relationship is an interaction aimed to enhance the well-being of a "client," which may be an individual, a family, a group, or a community. Peplau (1999) believed that the relationship depended on the interaction of the thoughts, feelings, and actions of each person and that the patient will experience better health when all their specific needs are fully considered in the relationship. The nurse-patient relationship enables nurses to spend more time to connect, to interact with their patients as well as to understand their patient's needs. It assists nurses to establish a unique perspective regarding the meaning of the patient's illness, beliefs, and preferences of patients/families. Thus, the patients/families feel that they are being cared for and they feel more motivated to open up to the nurses as well as working together to achieve better outcomes/satisfaction (Duffy, 2005). The nurse works to empower the client along with their family to get more engaged in learning about their health and ways in which it can be improved.

Behaving therapeutically may require remaining silent at times to display acceptance, incorporating open ended questions to allow the client control of the conversation and encouragement to continue. In addition, the nurse may also reduce distance to demonstrate their desire in being involved, restating and reflecting to validate the nurse's interpretation of the client's message, directing the conversation towards important topics by focusing it on them (Erickson & Blazer-Riley, 2012). Furthermore, Webb and Holland (2011) added that being polite and punctual displays respect for the client in addition to remembering to be patient, understanding, also to praise and encourage the client for their attempts to take better care of their health. A primary factor in establishing a nurse client relationship is the non-verbal message or behaviors you send out unconsciously, resulting in a negative perception and may distort your attempts in effectively assisting the client to achieve optimal health. One of the non-verbal factors is listening. Listening behaviors are identified as S.O.L.E.R; S-sit squarely in relation to client, O-maintain an open position and do not cross arms or legs, L-lean slightly towards the client, E-maintain reasonable and comfortable eye contact, R-relax. These behaviors are effective for communication skills, and are useful for thinking about how to listen to another person (Burnard & Gill, 2008).

Coatsworth-Puspoky, Forchuk, and Ward-Griffin (2016) conducted a study on clients' perspectives in the nurse-client relationship. Interviews were done with participants from

Southern Ontario, ten had been hospitalized for a psychiatric illness and four had experiences with nurses from community-based organizations, but were never hospitalized. The participants were asked about experiences at different stages of the relationship. The research described two relationships that formed the "bright side" and the "dark side". The "bright" relationship involved nurses who validated clients and their feelings. For example, one client tested his trust of the nurse by becoming angry with her and revealing his negative thoughts related to the hospitalization. The client stated, "she's trying to be quite nice to me if she's able to tolerate this occasional venomous attack, which she has done quite well right up to now, it will probably be a very beneficial relationship". The "dark" side of the relationship resulted in the nurse and client moving away from each other. For example, one client stated, "The nurses' general feeling was when someone asks for help, they're being manipulative and attention seeking". The nurse didn't recognize the client who has an illness with needs therefore; the clients avoided the nurse and perceived the nurse as avoiding them. One patient reported; "the nurses all stayed in their central station. They didn't mix with the patients. The only interaction you have with them is medication time". Neither trust nor caring was exchanged so perceptions of mutual avoiding and ignoring resulted. One participant stated; "no one cares. It doesn't matter. It's just that they don't want to hear it. They don't want to know it; they don't want to listen" (Coatsworth-Puspoky et al, 2016). The relationship that developed depended on the nurse's personality and attitude. These findings according to the authors bring awareness about the importance of the nurse–client relationship.

Building trust is beneficial to how the relationship progresses. Wiesman (2012) used interviews with 15 participants who spent at least three days in intensive care to investigate the factors that helped develop trust in the nurse–client relationship. Patients said nurses promoted trust through attentiveness, competence, comfort measures, personality traits, and provision of information. Every participant stated the attentiveness of the nurse was important to develop trust. One said the "nurses are with you all the time. Whenever anything comes up, they're in there caring for you". Competence was seen by seven participants as being important in the development of trust. "I trusted the nurses because I could see them doing their job. They took time to do little things and made sure they were done right and proper," stated one participant. The relief of pain was seen by five participants as promoting trust.

One client stated; "they were there for the smallest need. I remember one time where they repositioned me maybe five or six times in a matter of an hour". A good personality was stated by five participants as important. One said; "they were all friendly, and they make you feel like they've known you for a long time". Receiving adequate information was important to four participants. One participant said; "they explained things and followed it through, step by step" (Wiesman, 2012). The findings of this study show how trust is beneficial to a lasting relationship.

Thibeault (2016) conducted a study to explore the nature of relationships between inpatient psychiatric mental health (PMH) nurses and their patients. The author used semi-structured interviews and nonparticipant observation in an interpretive phenomenological inquiry. The data consisted of texts that were transcribed from narratives and observations. The meanings that were generated led to the uncovering of patterns of commonality, or themes. Of the themes uncovered, the theme of mindful approach highlighted PMH nurses as engaging with patients in distress, strategically creating encounters to establish a basis for ongoing therapeutic

work. The PMH nurse–patient relationship in acute inpatient psychiatry continues to be under pressure, but nurses still carefully construct relational approaches in response to patient distress, and patients in these settings experience these approaches as meaningful to their recovery.

Display tolerance in accepting maladaptive behaviour of the patients

Maladaptive behaviors are problem behaviors seen as disruptive, destructive, ruminative and aggressive in nature found in children of Autistic Spectrum Disorder (Dominick, Davis, Lainhart, Tager-Flusberg, & Folstein, 2007). Their aggressiveness appears in kicking, biting, hitting and pinching others. If left untreated, these behaviors can reduce a child's social and educational opportunities. Studies conducted by Fulton, Eapen, Crnec, Walter and Rogers (2014) posited that management of maladaptive behaviors should consider biological, psychodynamic and educational interventions. While biological intervention incorporates medications to treat accompanying co-morbid presentations like anxiety and hyperactive behaviors; psychodynamic tackles the emotional components; and educational intervention concerns with behavior modification programs like Applied Behavioral Analysis (ABA); Lovaas, Pivotal Response Training; Developmental and relationship-based interventions; communication focused and sensory-motor interventions. In every psychiatry setting, Phoenix (2019) opined that nurses should assess the causes of maladaptive behaviors by considering environmental, physical, psychological and social factors that might trigger and provoke these behaviors. Environmental forces may be hot or cold ambient temperatures, noxious odors, noises and lights. Physical factors can be physical illness, pain, fever, fatigue and sensory or perceptual disorders such as impaired sight and hearing; while psychological factors can be existing psychiatric mental disorder, delusions, delirium, psychological trauma, crisis, neglect and abuse.

The nature of tolerance a nurse could use to correct maladaptive behaviors also includes maintaining clear limits for every activities, setting realistic goals and expectations, providing praise, rewarding good behaviors and other positive reinforcements for progress, modeling, desensitization, contracting, operant conditioning and aversion therapy.

A survey study was conducted by Whittington and Higgins (2002), with the aim of studying to examine attitudes toward patient aggressive behavior amongst mental health nurses in China and the UK and the relationship between these attitudes and burnout. Qualitative study design was used. Two surveys of mental health nurses were conducted, one in the People's Republic of China and another in the UK using Perceptions of Aggression Scale (POAS) and Maslach Burnout Inventory (MBI) respectively. The result showed that some nurses in both groups agreed that patients' aggression could sometimes be of positive benefits. More so, a sense of personal accomplishment at work (MBI) was significantly associated with tendency to endorse positive statements about aggression. This means that nurses seem to have a complex set of attitudes toward aggressive patients that enable them equate with 'patients' abnormal behaviors.

In a review of recent literature on tolerance attitudes of mental health professionals about mental illness, Wahl and Aroesty-Cohen (2009) found an overall tolerance attitude among mental health professionals toward mentally ill clients. For instance Kingdon, Sharma and Hart (2004), asked psychiatrists in the United Kingdom their opinions about schizophrenia. The researchers mailed questionnaires to all 6,524 members of the Royal College of Psychiatrists and received responses from 2,813 of these. Overall, the respondents from the Royal College showed high tolerance attitudes towards people with mental illness. The majority agreed that “people

with mental illness are far less of a danger than most people suppose” and disagreed that “one of the main causes of mental illness is a lack of self-discipline and willpower”. Moreover, when respondent results were compared with responses from a previous survey of the general public, they indicated that the Royal College respondents tended to be more tolerance on most items than members of the public. For example, psychiatrists held the above views more strongly than did the public, only 66% of whom disagreed that mental illness was caused by lack of willpower and only 64% of whom agreed that people with mental illnesses are less of a danger than believed. In addition, psychiatrists with tolerance attitude were far less likely to think of someone with schizophrenia as being dangerous (5% compared to 66.3% of the public) or unpredictable (40% vs. 77% for the public). Kingdon et al. (2004) concluded that, in comparison with the public, psychiatrists hold non-stigmatizing views and feel more optimistic about people with schizophrenia.

On the contrary, Wahl and Aroesty-Cohen (2009) also found evidence of low tolerance and expectations among mental health professionals, particularly with respect to social acceptance of people with mental illness. For example, Lauber et al. (2006) asked their sample of 1,073 Swiss mental health professionals to rate on a 5-point Likert scale, how much people with mental illness differ from the general public with respect to a list of positive and negative traits (e.g., unreliable, clever, stupid and creative). Overall, mental health professionals rated all negative descriptors (except “stupid”) as more characteristic of people with mental illness. Among the negative descriptors seen as applicable to persons with mental illness were unpredictable, bedraggled, weird, threatening and dangerous. Mental health professionals also rated all positive descriptors (except “creative” and “highly skilled”) as less characteristic of people with psychiatric disorders. Lauber et al. reported further that psychiatrists showed more negative attitudes than other professionals; rating persons with mental illness as more dangerous, less skilled, and more socially disturbing than did psychologists, nurses, or other therapists.

Denaley and Johnson (2008) said nurses’ tolerance will enhance much of the work on patient’s safety which falls on the nurses. Psychiatry nursing are the largest professional workforce on inpatient psychiatric unit. They are the licensed professional who holds 24 hours accountability for the integrity of the inpatient treatment environment.

Assist in providing the necessary corrective experiences for redirection of negative behaviours to achieve personal growth

Corrective experiences are physical and chemical approaches used on a psychiatric patient to treat abnormal behaviors. According to Pullen and Mathias (2010), psychiatric nurses use the following behavioral approach to modify negative behaviors of patients:

- a. Physical appearance by self or group approach to talk using patient’s name
- b. Giving attention to patient to express the reason for his/her negative behaviors
- c. Maintaining eye contact to gain patient’s attention into a fruitful conversation that would avert the negative behaviors
- d. Maintain professional boundaries while extending therapeutic touch to those who desires shaking, hugging or smiling. At the same time respect individual differences and culture.

When the negative behavior is due to poor mental state, National Institute of Mental Health, (2016) recommends antidepressants and Benzodiazepines for the depressed and anxiety patients, mood stabilizers for bipolar affective disorders, and antipsychotics for the schizophrenics.

In some instance where negative behavior is not associated with psychotic features, National Alliance on Mental Illness, (2019) suggests the following talking or psychotherapy:

- i. Individual psychotherapy: between a nurse and concerned patient
- ii. Group psychotherapy: between a nurse and all the patients with similar behavior
- iii. Family therapy: between a nurse and patient's family members
- iv. Cognitive behavioral therapy: to help patient address unhealthy thought and unaccepted behaviors, replacing them with acceptable constructive ones
- v. Dialectical behavior therapy: for patients with borderline personality disorder to help them validate and accept unhealthy thoughts, emotions and behaviors which would help them elects to change.
- vi. Interpersonal therapy: for patients to address issues in relationships, acquiring interpersonal and communication skills that enhance effective relationships
- vii. Eye movement desensitization and reprocessing therapy: for treatment of post-traumatic stress disorder where the brain is stimulated with back-and-forth eye movement to stimulate emergence of traumatic memories for resolution.

Park and Prager (2010) asserted that in every standard psychiatry setting, application of restraint and seclusion should be in place with strict adherence to its principles in anticipation of impending danger to people or properties. This is treatment of last resort when patient may harm self or others. Other writers recommend availability of enough hands on duty, readiness of emergency prepared team workers, side room and seclusion beds (Pratt & Roberts, 2014).

Study of Hofmann, Asnaani, Vonk, Sawyer and Fang (2012) described cognitive behavioral therapy (CBT) as a therapeutic approach applicable to correct and modify negative behaviors. In their study, the goal was to provide a comprehensive survey of meta-analyses examining the efficacy of CBT. They identified 269 meta-analytic studies and reviewed of those a representative sample of 106 meta-analyses examining CBT for the following problems: substance use disorder, schizophrenia and other psychotic disorders, depression and dys-arrhythmia, bipolar disorder, anxiety disorders, somatoform disorders, eating disorders, insomnia, personality disorders, anger and aggression, criminal behaviors, general stress, distress due to general medical conditions, chronic pain and fatigue, distress related to pregnancy complications and female hormonal conditions. Other meta-analytic reviews examined the efficacy of CBT for general problems in children and elderly adults. The strongest support exists for CBT of anxiety disorders, somatoform disorders, bulimia, anger control problems and general stress. Eleven studies were used to compare response rates between CBT and other treatments or control conditions. The result revealed that CBT measured higher response rates than the comparison conditions in 7 of these reviews and only one review reported that CBT had lower response rates than comparison treatments. In the entire studies, the evidence-base of CBT was proven to be very strong.

In a comparative study by Yoshnaga, Nosaki, Hayashi, Tanoue, Shimizu, Kunikata, Okada & Shiraishi (2015) on use of cognitive behaviour therapy in psychiatric nursing in Japan, it was found that CBT was useful in management of patients with depression, schizophrenia and mood disorder. Moreover, that intervention group who obtained CBT had greater knowledge of their illness for self management, improved speech skills, and social activities.

In another development, Thase, Kingdon and Turkington (2014) identified combination of cognitive behavioral therapy with chemical measures to obtain the best positive result in treating severe mental disorders like schizophrenia and/or refractory mood disorders. These efforts have primarily studied CBT as an adjunctive therapy, i.e., in combination with pharmacotherapy.

Evaluation Models and Theory useful in the study

The following models and theory were also useful in the study as discussed:

Model of Curriculum Evaluation by Ralph Tyler (1950)

Four-Level model of Learning Evaluation by Donald Kirkpatrick (1959)

Social Cognitive theory by Albert Bandura (1986)

Model of Curriculum Evaluation by Ralph Tyler (1950)

Ralph Tyler, the proponent of Tyler's Model Evaluation in 1950 was an American educationist who specialized in assessment and evaluation.

In his book—Basic Principles of instruction; he described learning as taking place through this statement: “It is what a learner does that he learns and not what the teacher does” (Tyler, 1949).

In his model, he identified 4 steps as components of educational evaluation. The 4 steps are:

- I. Determinants of school objectives
- II. Identification of educational experiences
- III. Organization of the experiences
- IV. Evaluation of the objectives.

In step 1, he opined that evaluator determines and lists the objective of the school programme. In step 2, evaluator relates with the student to identify their educational background and experiences in relation to the school objectives. In step 3, the evaluator organizes the student's experience and directs them to the school's objective to obtain the goal. In step 4, the teacher put the student into task to evaluate whether the goal have been achieved.

The relevance of this theory to this study lies in the fact that by application, the school objectives are the 7 set objectives of School of Psychiatric Nursing Programme. Educational experiences are the background knowledge of Registered Nursing and Ordinary Level Certificates in General Certificate in Education (GCE) or West African Examination Council (WAEC). In organization of experience, classroom and clinical practices at Federal Psychiatric Hospital is incorporated in the programme to train the psychiatric nurses met set objectives. Under evaluation of objectives, Nursing and Midwifery Council and this evaluation study was used to ascertain whether the product of the school have met expected objectives. The model was to enable researcher to ascertain whether qualified psychiatric nurses who are output of the Psychiatric School of Nursing have been able to acquire desired knowledge, skill, interest and ability after the period of training.

Four-Level model of Learning Evaluation by Donald Kirkpatrick (1959)

This is a four level model propounded by Donald Kirkpatrick in 1959. The model explains measurement of knowledge acquisition on a learner from any learning institution. The four levels are represented as participant's reactions, learning, on-the-job behavior, and organizational results.

The Kirkpatrick's model is the best known model for analyzing and evaluating the result of training and educational programs. It takes into consideration any style of training, either formal or informal to determine aptitude of students based on the four level criteria.

Source: from Kirkpatrick, 1996

In application to nursing practice, same could be represented thus:

1. Reaction: this refers to student's expression observed facially and their verbal utterances regarding what they think and feel about the training institution, content of curriculum and attitude of staff.
2. Learning: this is the incorporated knowledge observed in students through their attitudinal changes, knowledge increase in reasoning, conversation and better response in knowledge testing.
3. Behavior: this is transfer of knowledge gotten from learning to improve skills, and/or attitudes from class work to assigned patient in the wards. This is evaluated after 3–6 months of training assessed through observation.
4. Results: this is the final stage evaluated through student's wellbeing and efficiency. In some cases student could win more clients and patients' relatives who seek him for explanation, help and advice. He may be hired out or remunerated in cash or kind by any help seekers.

The relevance/implication of the model to this study is that every serious and effective student nurse must pass through the four phases of Kirkpatrick's learning model in order to be true ambassador of the institution. In that regards, any problem at one phase might impair the other thus hindering output after qualification.

Social Cognitive theory by Albert Bandura (1986)

Social Cognitive theory was developed by Albert Bandura in 1986. It is an advanced theory that extended from social learning theory. It stated that "when people observe a model performing a behavior and the consequences of that behavior, they remember the sequence of events and use this information to guide their subsequent behaviors" (Bandura, 1986).

The relevance of Albert Bandura's (1986) theory to this theory implies that when a student nurse observes what his tutor illustrates in the classroom and duty performance in the clinical wards toward healthcare of patients, they can easily remember and perform same on facing such situation elsewhere on a different patient. This also means that practitioners do not perform by trial and errors, but by replication of their mentors' skills. What really gives them confidence in practice are the rewards and praise they'd been enjoying in place of query and sanction for their kind gesture of caring for humanity.

Stufflebeam (2007) suggest that a combination of techniques should be used to assess a comprehensive set of outcomes. By doing so, it helps in cross-checking the various findings. A wide range of techniques are applicable in product evaluations, these includes logs and diaries of outcomes, interviews of beneficiaries and other stakeholders, case studies, hearings, focus groups, document/records retrieval and analysis, analysis of photographic records, achievement tests, rating scales, trend analysis of longitudinal data, longitudinal or cross-sectional cohort comparisons, and comparison of project costs and outcomes. Providing feedback is of high importance during all phases of the project, including its conclusion. Stufflebeam and Shinkfield (2007) stress that the communication component of the evaluation process is absolutely essential to assure that evaluation of findings are appropriately used. Success in this part of the evaluation requires the meaningful and appropriate involvement of at least a representative sample of stakeholders throughout the entire evaluation process. The basic use of a product evaluation is to determine whether a given programme is worth continuing, repeating and extending into other

settings. It should also provide direction for modifying the programme so that it better serves the needs of all members of the target audience and further become cost effective. Product evaluation has psychological implications, since by showing signs of growth or superiority to competing efforts it reinforces both the graduates and the programme of School of Psychiatric Nursing, Calabar.

Summary of literature review

From above literature, it is deduced that nursing process is a dynamic and systematic way of delivering care in every healthcare institution. With its five scientific and interrelated steps it stands to be most effective in providing nursing care and formulating theories. To create trust, the nurse is on duty post when required to attend to arising needs, show honesty, proof self and redeem expressed promises. It is disclosed that with availability of a hearing and caring nurse patients has opportunity to express emotional and physiological feelings which a nurse uses to interpret and elect best approach suitable to intervene. Self feelings are expressed as maladaptive behaviours like aggression, rumination, destruction, temper tantrum, disruptive attitudes, and others. RegisteredNursing.org (2019) opined that nurses should tolerate them considering that environmental agents like physical, psychological and social factors are triggers of these behaviors. In effort to correct them, Pullen and Mathias (2010) asserted that psychiatric nurses should be pragmatic in relating with patients individually or by group with professional colleagues, give attention to patients' complaints, engage in fruitful discussion and maintain professional boundaries while getting too close to patients.

Insight from literature revealed that there had been difficulties in utilizing nursing process. Measures to enhance usage are adequate enlightenment, available materials from hospital management, employment of nursing staff with enumeration, and creation of appropriate time to comply with expectation of nursing process and attend to physical needs of patients before admission (Agyeman-Yeboah, et. al., 2017). To institute atmosphere of trust, Andvig, et. al., (2014) revealed there be understanding and encouragement of workers by employers. Provision of Mental Health Act, (2001) states that psychiatric patient have right to be listened and attended to by their caregivers, and their opinions should be sought and resolved in order of priority. Fulton, et. al., (2014) posited that management of maladaptive behaviors should consider biological, psychodynamic and educational interventions. That attention to each prevents their manifestation. Finally, psychotherapy is a recommended corrective measure where negative behaviours are not in association with psychotic features (National Alliance on Mental Illness, 2019).

Great gap from literature lies in lack of empirical studies on patient's expression of self feelings, nurses' tolerance to accommodate mal-adaptive behaviors and corrective measures to modify negative. This is because no specific evaluation has been carried out by nurses in their academic endeavours over attainment of set objectives of this institution. It is therefore imperative that this study will provide awareness and empirical findings on Product Evaluation of the School of Psychiatric Nursing Programme in Calabar, Cross River State—Nigeria, in other to fill the research gap.

RESEARCH METHODOLOGY

Research design

This study adopts evaluation research design. According to Powel (2006), it is concerned with the type of structure created to provide needed answers to research questions which must be made to align with the programme theory of change and logic model. It is a study that utilizes standard social research methods for evaluation and assessment process employing unique techniques to evaluate social programmes. This design is descriptive in nature which guides the specific evaluation questions of the study.

Area of the study

The study was conducted on Federal School of Psychiatric Nursing situated at Mary Slesor Avenue in Calabar Metropolis. According to Obianuju and Efiang (2015), Calabar metropolis lies between longitudes of 24°.15' and 5°.15'N and latitudes of 8°.15' and 80.25'E. It is the capital city of Cross River State situated at the extreme South East of Nigeria. Calabar Metropolis is often described as the tourism capital of Nigeria. Administratively, the city is divided into Calabar Municipality and Calabar South Local Government Areas. It has an area of 406 square kilometers (157 sq mi) and a population of 371,022 as at 2006 census (Ering, 2010). Calabar Elevations are generally less than 100 m above the main sea level. The two major rivers that dominate the landscape of Calabar are Calabar River and the Great Qua River (Efiang, 2011). Calabar Metropolis has a sub-equatorial climate and it's characterized by a double maxima rainfall that commences from April till October ending, reaching its peak by June and September. The average annual rainfall is about 1830 mm spreading throughout the year for over 80% associated with a temperature of <19°C to 27°C all year round (NIMET, 2008).

Geologically, Calabar Metropolis is composed of Tertiary to Recent, continental fluvial sands and clays generally known as the coastal plain sands. This formation is characterized by alternating sequence of loose gravel, silt, sand, lignite, clay and alluvium (Obianuju & Efiang, 2015). This is underlain mostly by rocks of the cretaceous Calabar flank and Precambrian Oban massif. The coastal plain sand from Benin formation is to a greater extent, the most prolific aquifer of Calabar Metropolis (NIMET, 2008).

According to methodology, Njoku (2015) said people of Calabar Metropolis believed in the existence of God as the supreme creator and the gods and goddess who assists them in their life endeavors. Before now, they developed their girl children in fattening room to prepare them for womanhood and domestic activities through directives of the older and experienced women. Erring, (2010) further reports that Calabar Metropolis possesses these major towns like Akim, Ikot Ansa, Ikot Ishie, Kasuk, Duke Town, Henshaw Town, Cobham Town, Ikot Omin, Obutong. The city has international museum, international airport, Tinapa Resort, Free trade zone and a prominent national university—University of Calabar (Daniel, 2019).

In addition, the Government of Cross River State holds her Annual Christmas Festival in Calabar Metropolis. This attracts thousands of people from within and beyond Nigeria to the city. Activities here include music performance from both local and international artists. Other annual events in the city are the Calabar Carnival, boat regatta, beauty competition in fashion shows, celebration at the Christmas Village, traditional dances and the annual Ekpe Festival.

Calabar Metropolis has these numbers of government established institutions: seventy five (75) primary schools, nineteen (19) secondary schools, one State and one Federal

Universities, one Polytechnic, and Institute of Technology and Management, one College of Health Technology and one School of Psychiatric Nursing (CRSSD, 2019).

Population of the study

The population of this study consists of 150 graduate nurses of School of Psychiatric Nursing from 2014 to 2019. The numbers of graduate were 30 for each year and when summed up for the 5 batches it brings the population of study to 150 graduates. These data was obtained from the Admission Register of School of Psychiatric Nursing, Calabar, 2020.

Sampling technique

Purposive sampling technique was used for the study. This is because this number of nurses qualified within the period of 2014-2019 and could best serve the purpose, being the current and newest batch with fresh skill and knowledge. Moreover, these 64 nurses were easily reached being the number who gainfully had employment with Federal Neuro-Psychiatric Hospital Calabar. Others within the batch are working as psychiatric nurses at General Hospital Calabar, University of Calabar Teaching Hospital, Navy Hospital Calabar, outside the state and outside the country.

Sample

The researcher selected 64 newly qualified psychiatric nurses who graduated from class 2014-2019 batches in Federal School of Psychiatric nursing, Calabar and who were gainfully employed into service of Federal Neuro-Psychiatric Hospital, Calabar. This group of product was useful and accessible to the researcher since they were working with the researcher in the same institution and are practicing pure psychiatric nursing. Others serving at other health institution are not useful as their knowledge and skill of psychiatric training are likely to be diluted and overwhelmed with other clinical practice thus altering their effectiveness.

Instrumentation

The name of the instrument for this study was “Checklist and Observation Scale for Product Evaluation of Federal School of Psychiatric Nursing in Calabar” (COSPEFSPN). It involved a structured participatory observational schedule with rating scale, drawn on the variables under investigation.

The instrument was constructed by the researcher and segmented into six sections A, B, C, D, E and F. Most items generated is based on the researcher’s personal experience, observation and input from literature. While section ‘A’ was used to record information on demographic data of the nurse, the researcher used observation checklist to obtain data in sections B. Section B consist of 10 items with information on the respondents’ utilization of nursing process using a four point Likert-type scale of fully utilized (FU), utilized (U), underutilized (UN) and unutilized (UU). Section C consists of 10 items to measure atmosphere of trust to meet the patient’s basic emotional needs on a 1-7 rating scale. Section D consist 10 items to measure establishment opportunities for self expression also on 1- 7 rating scale. Section E also contain 10 items to measure display tolerance in accepting maladaptive behaviours of the patients on 1-7 rating scale. And section F equally contains 10 items to measure assistants in providing the necessary corrective experiences to redirect negative behaviours still on a 1-7 rating scale. On the whole, section ‘B’ to ‘F’ contain 10 items each, making 50 items.

Validity of the instrument

Validity is the extent to which an instrument serves the purpose for which it was designed. The type of validity adopted for the study was face and content validity. Face validity considers the outward appearance of a test instrument to ascertain whether it resembles a valid measuring tool. This is done by looking through the items at a glance to see if they cover the content which the test is based.

On the other hand, content validity considers the possibility with which the test item appropriately represents the knowledge area which the test was designed for. For that reason the instrument was given to two (2) senior nurse educators in the School of Psychiatry Nursing, two (2) senior psychiatric nurses in the hospital and the researcher's supervisor who is an expert in measurement and evaluation, to check the relevant of the content and its appropriateness in measuring the variables under study.

Reliability of the instrument

This is the ability of an instrument to consistently measure what it tends to measure over time. To ensure the instrument's reliability, the researcher conducted a pilot study using thirty five (35) psychiatric graduate nurses working in Federal Psychiatric Hospital Calabar, a population similar in characteristics with the population of the study. These nurses were closely monitored and evaluated by three (3) Psychiatric Nurses (Ward Managers) who were trained to rate their conducts using the checklist and structured observation schedule developed by the researcher. The assessed instruments were retrieved by the researcher after the procedure. To determine the internal consistency of the assessment instrument, the Cronbach's Alpha test was utilized with the aid of SPSS analytical software. The reliability coefficients obtained (as presented in Table 1) ranged from 0.810-0.990, indicating its suitability and consistency in measuring the variables under investigation.

Table 1 Cronbach's Alpha reliability of the instrument (N=35)

In table 1, the following columns are explained thus:

Serial Number: This column numerates the number of variables in the study.

Variables: This column identifies the number of specific objectives used under study.

Number (N): This represents the number of items of the questionnaire measuring the respective variables

Mean (X): This column records the mean sum/score of response per variable

Standard Deviation (SD): this column records standard deviation derived from the mean sum

Alpha (α): Alpha reliability coefficient

Table 1
Estimation of Reliability Coefficient through Cronbach's Alpha technique (N=35)

S/No.	Variables	N	$\bar{X}$	SD	α
1.	Utilization of Nursing process	10	13.42	0.79	0.882
2.	Atmosphere of Trust	10	30.86	2.12	0.810
3.	Opportunity for self-expression	10	22.98	3.47	0.952
4.	Nurses' tolerance for maladaptive behaviours	10	24.07	4.24	0.899
5.	Corrective measures	10	27.10	2.59	0.990

Procedure for data collection

To facilitate data collection, a total of 64 copies of the instruments was printed and used for observing and rating qualified nurses. Same are expected to be properly filled by the researcher and his assistants. The researcher recruited four psychiatric nurses to assist in the process. These four nurses were four senior nurses (Ward Managers) trained on the purpose of the study and how to effectively observe procedures with rating scale. The four research assistants with the researcher shared themselves into all the clinical wards (1-7) where the qualified nurses of 2014 to 2019 are working. The observation schedule spanned for a period of four (4) weeks to ensure the target group is met on duty schedule and all those who were on night off returned to partake. This permitted the researcher and research assistants to be in the Ward attending to other issues in pretence, but observing, rating and scoring the qualified nurses without their notice as they performed their procedures. This was to avoid distortion. On the other hand, the researcher used the drawn check list to assess documentation of activities and ascertain compliance with standard. They were closely monitored and observed to enable correct assignment of scores for each of the nurses on the various items of the instrument based on their performance. The scoring and matching of nurses' activities was done on the instrument without their awareness.

Procedure for data preparation and scoring

After collecting and gathering the instruments from research assistants, they were sorted and coded for easy analysis, and scores were assigned to each item. For ease of procedure, coding schedule was prepared by developing a key for each of the construct of the instruments in a tabular form as shown in Table 2.

Table 2

Coding sheet for analysis		
Variables	Code	Column
Gender	Male.....1	1
	Female.....2	
Years of experience	Below 5 years—1	2
	From 5-10 years—2	
	Above 11 years—3	
Utilization of nursing process to provide comprehensive mental health care	Add scores on item 1-10 of section B	3-4
Atmosphere of trust to meet patient's basic emotional needs	Add scores of item 11-20 of section C	5-6
Establishing opportunity for self expression, self acceptance and self evaluation	Add score of item 21-30 of section D	7-8
Nurses' tolerance to manage mal-adaptive psychiatric patients	Add score of item 31-40 of section E	9-10
Corrective experience to redirect negative behaviors	Add score of item 41-50 of section F	11-12

Procedure for data analysis

A descriptive statistics with percentages and charts were the means of data analysis. Prior to analysis, the researcher prepared a coding sheet to aid and simplifies the analysis process. Observed scores were presented using frequency table and charts, while analysis was carried out using frequency counts, simple percentages and mean. The research questions were answered and decisions made based on the mean scores obtained for each of the variables under study. For effective and error-free results, all calculations were performed using the Statistical Package for Social Sciences (SPSS) version 20 software.

Practically, research questions were restated with their appropriate statistical techniques. Research question 1: To what extent do nurses utilize nursing process in providing comprehensive mental health nursing care to individuals and families whether at primary, secondary or tertiary healthcare settings?

Statistical technique: Frequency counts, simple percentages, mean and standard deviation.

Research question 2: To what extent do nurses create an atmosphere of trust, which allows for meeting the patient's basic emotional needs?

Statistical technique: Frequency counts, simple percentages, mean and standard deviation

Research question 3: To what extent do nurses encourage individuals and establish opportunities for self expression, self acceptance and self evaluation which will encourage the acceptance of responsibilities commensurate with changing capacities?

Statistical technique: Frequency counts, simple percentages, mean and standard deviation

Research question 4: What level of tolerance is possessed by nurses in managing mal-adaptive psychiatric patients?

Statistical technique: Frequency counts, simple percentages, mean and standard deviation

Research question 5: To what extent do nurses assist in providing the necessary corrective experiences for redirection of negative behaviours to achieve personal growth?

Statistical technique: Frequency counts, simple percentages, mean and standard deviation.

Operational definition of variables

1. Use of nursing process: This is a systematic guide to client-centered care. Graduate nurses were hereby evaluated to ascertain compliance to its usage in providing care. It is measured by item 1-10 in section B of the instrument.

2. Creation of atmosphere of trust: This is provision of a reliable environment between patients, nurses and other caregivers in their interaction within ward. Graduate nurses are hereby evaluated on ability to create and maintain trusty environment where patients relate, interact and cooperate with nurses and other fellow patients without fear and rancor. It was measured by item 1-10 in section C of the instrument.

3. Creation of opportunities to express feelings: This is provision of right for patient to express self feelings in complaints and observations. Qualified nurses were observed to ascertain whether their character and approach to patients could permit them to express their wants to the nurse while on duty. It was measured by item 1-10 in section D of the instrument.

4. Display of tolerance: This is ability of a psychiatric nurse to observe and manage several abnormal behaviors from patients. Qualified nurses were hereby evaluated on how they could withstand, absorb and tolerate patient's wrong behaviours even after correction. It was measured by item 1-10 in section E of the instrument.

5. Assistance of providing corrective experience: This is ability of a psychiatric nurse to correct and control unwanted behaviours toward the expected. Graduate nurses were hereby observed of their possessed ability to correct, teach and set a model for a patient to imitate. It was measured by item 1-10 in section F of the instrument.

RESULTS AND DISCUSSION

This chapter highlights the results of data analysis and discussion of the research findings. It is presented under the following sub-headings:

General Description of the study variables

Presentation of results

Discussion of findings

General description of the study variables

The study was carried out to evaluate the products of Federal School of Psychiatric Nursing Programme in Calabar, Cross River State. The evaluation was achieved by assessing the extent to which nurses who graduated from the school between 2014 and 2019 are competent in providing services to psychiatric patients. These services constitute the basic goals of the psychiatric programme and the basis for which this evaluation is conducted. Consequently, the study specifically aimed to investigate the extent to which these nurses are competent to: use the nursing process in providing care to patients; create atmosphere of trust for mutual relationship

between patients and caregivers; create opportunity for patients to express self-feelings within the ward; possess significant level of tolerance in managing mal-adaptive behaviours of patients; and provide necessary corrective measures to redirect negative behaviours of psychiatric patients. These objectives therefore form the variables for the study. Continuous data were generated for the study through a structured, well validated and reliable questionnaire constructed in consonance with the research objectives. Data obtained were described and summarized using descriptive statistics including mean and standard deviation. Based on the mean scores which constitute the base for decision making in this study, the researcher summarized each of the study variables into three (3) categories described as good, fairly and poor to aid in answering the research questions. Also, the mean weight scores obtained for the respective items measuring each of the variables were plotted on a chart to describe the relative performance of the assessed nurses on these items. This assessment was carried out on a total of 64 nurses identified as the product of the School within the period under study. Table 3 presents a summary of the descriptive analysis of the study variables.

Table 3
.Descriptive statistics of the variables

S/No.	Variables	N	Mean ($\bar{x}$)
1.	Utilization of nursing process	64	15.8281
2.	Atmosphere of trust to foster mutual relationship between nurse and patients	64	55.8594
3.	Opportunity for patients to express self-expression, self acceptance and self evaluation	64	53.1094
4.	Display of tolerance in accepting mal-adaptive behaviours of patients	64	54.7969
5.	Provision of corrective measures to redirect negative behaviours of patients	64	53.7188

Presentation of results

Utilization of nursing process

The first objective of the study was to find out whether products (nurses) of Federal School of Psychiatric Nursing are competent in the use of nursing process in providing holistic care to psychiatric patients. Items measuring this objective were structured using 4-points Likert type scale of; unutilized, underutilized, utilized, and fully utilized. Accordingly, scores were awarded as follows: 0 – for unutilized; 1 – for underutilized, 2 – for utilized, and 3 – for fully utilized. A total of ten (10) items were used in measuring this variable; hence, the minimum score for a participant was zero (0) while the maximum score was 3. The 10 items include: Assessment sheet, state of health, Nursing history, mental state examination, physical examination, admission history, Nursing care plan, daily reporting, discharge summary, and follow-up care. Results of the descriptive statistics presented in Table 3 shows that a mean score of 15.83 ± 2.89 was obtained for all the 64 nurses used for this study. According to the Table, the

obtained mean score falls between the score range of participants with fair utilization of nursing care process. Hence, it is concluded that the products of Federal School of Psychiatric Nursing fairly utilize nursing care process in providing care to psychiatric patients.

The performance of the participants based on the respective aspects of assessment is presented in Figure 5. As presented in the chart, decisions are made based on the relative distance of a point from the red bold line which divides the chart into two equal parts. Accordingly, all aspects above the red line are adjudged to be good while all aspects below the line are adjudged to be poor. It is also worthy of note that items closer to the line are adjudged to be fair, that is either fairly good (for items above the line) or fairly poor (for items below the line). Based on these descriptions, nurses' performance on "nursing care plan" and "discharge summary" was very poor (0.31 ± 0.64), and there is an overall poor performance on "follow-up care" (0.84 ± 0.99) among the nurses. On the other-hand, the nurses' performance on "admission history" was very good (2.80 ± 0.41), while their performance on "daily reporting" was good (2.31 ± 0.83), and their overall performance on aspects including; assessment sheet (1.81 ± 0.97), state of health (1.76 ± 0.92), nursing history (1.83 ± 0.83), mental state examination (1.92 ± 0.90), and physical examination (1.76 ± 0.61), were fairly good.

Table 4: Descriptive statistics showing the summary of participants' use of nursing process in the care of patients (N=64)

Utilization of Nursing Care Process	No. of Nurses assessed	Percentage (%)	Score Range	Mean ($\bar{x}$)
Good	6	9.4	21 – 30	21.00
Fair	58	90.6	11 – 20	15.29
Poor	-	-	0 – 10	0.00
Total	64	100	0 – 30	15.83

Nurses performance on the respective items measuring utilization of nursing process

Creating an atmosphere of trust which allows for meeting the patient's basic emotional needs

The second objective of this study was to assess how products (Nurses) of Federal School of Psychiatric Nursing are competent in creating an atmosphere of trust to enhance mutual relationship between themselves and their patients. This variable was measured using 10 items structured on a 7-points rating scale and rated from 1 to 7. Therefore, the minimum score of a participant was 10 while the maximum score was 70. The 10 items used for this assessment were: creating mutual relationship, explanation of every procedure to patients, respect of patient's opinion and rights, attention to patient's needs and complaints, effective nurse-patient relationship, provision of patients with right information, preservation of patient's secrecy, establishing a friendly relationship with patient and family members, keeping of promise to patient, and ability to advocate for patient's need. A descriptive summary statistics of this variable is presented in Table 5. The Table shows that the mean score (55.86 ± 6.96) obtained for all the assessed nurses falls within the score range of the category described as good with regards to the investigated variable. Hence, it is inferred that products of Federal School of Psychiatric Nursing are good in creating an atmosphere of trust necessary to boost mutual relationship between them and patients.

Also, Figure 6 presents the performance of the nurses based on the respective items of the assessment. The trend of the line graph indicates that the least performed items were creating and maintaining an effective nurse-patient relationship (5.41 ± 1.19) closely followed by keeping of promises to the patients (5.45 ± 0.96), while the most performed of the 10 items was preservation of patients' secrecy (5.75 ± 0.78). On the whole, the mean weighted scores obtained for the items indicate that nurses displayed good performance on all the assessed items.

Table 5: Descriptive statistics showing the summary of participants' competence in creating an atmosphere of trust which allows for meeting the patient's basic emotional needs (N=64)

Creation of atmosphere of trust for mutual relationship	No. of Nurses assessed	Percentage (%)	Score Range	Mean ($\bar{x}$)
Good	51	83.6	51 – 70	58.59
Fair	13	16.4	31 – 50	45.15
Poor	-	-	10 – 30	0.00
Total	64	100	10 – 70	55.86

Nurses performance on creation of atmosphere of trust

Creating opportunity for patients to express self-feelings, self-acceptance and self-evaluation

Creating opportunity for patients to express self-feelings, self acceptance and self evaluation within the ward is the third objective of this evaluation. The nurses' competence in carrying out this activity was assessed using 10 items structured on a 7-points rating scale and scored from 1 through 10. These items include: institution of talking therapy, organization of group therapy, conduction of ward meetings with patients, assignment of roles to patients, supervision of patients' activities, ability to interpret patients' expressions, promoting free conversation among the patients, encouraging free association among patients, introduction patients to favourite games, and introduction of patients to previous skills prior to the condition. Based on the scoring pattern, the least and/or minimum possible score obtained by a participant is 10 while the maximum or the highest possible score for a participant is 70. The Nurses' competence in carrying out this objective was described as either good, fair, and/or poor judging from the mean scores obtained for all the participants. Table 6 presents a summary statistics of this variable. According to the Table, a mean competence score of 53.11 ± 7.17 was obtained for all the assessed participants. The obtained mean score falls within the score range of good competence. Therefore, it is concluded that the products of Federal School of Psychiatric Nursing are good in creating opportunity for patients to express self-feelings in the ward.

Similarly, figure 7 presents the performance of the nurses based on the respective items of the assessment. The trend of the line graph indicates that the least performed item was organizing group therapy for the patients (4.97 ± 1.10), while the most performed of the 10 items was organizing talking therapy for the patients (5.64 ± 0.72). However, though the nurses were good at performing these activities, their performance in organizing group therapy for the patients was fairly good.

Table 6: Descriptive statistics showing the summary of participants' competence in creating an opportunity for patients to express self-expression, self acceptance and self evaluation (N=64)

Creation of opportunity for expression of self- expression	No. of Nurses assessed	Percentage (%)	Score Range	Mean ($\bar{x}$)
Good	43	71.9	51 – 70	56.86
Fair	20	27.5	31 – 50	46.70
Poor	1	0.6	10 – 30	20.00
Total	64	100	10 – 70	53.11

Nurses performance on creating opportunity for nurses to express self-feelings, self acceptance and self evaluation

Display tolerance in accepting maladaptive behaviours of the patients.

Research objective four was to assess how proficient products of Federal School of Psychiatric Nursing are in tolerating mal-adaptive behaviours of patients. The nurses' ability in carrying out this activity was assessed using 10 items structured on a 7-points rating scale and scored from 1 through 10. These items were: ability to convince patient to attend to self, pacification of patients to comply in ward routines, conviction of patient to accept available meal, maintenance of limit for every activities, provision of reward for good behavior, management of patients' temper tantrum, ability to manage aggressive displays, ability to obtain informed consent before procedure, conflict resolution to patients' misunderstanding, and formation of positive relationship with patients. Based on the scoring pattern, the least and/or minimum possible score obtained by a participant is 10 while the maximum or the highest possible score for a participant is 70. The Nurses' proficiency in carrying out this objective was described as either good, fair, and/or poor judging from the mean scores obtained for all the participants. Table 7 presents a summary statistics of this variable. According to the Table, a mean competence score of 54.80 ± 7.14 was obtained for all the assessed participants. The obtained mean score falls within the score range of good competence. Therefore, it is concluded that the products of Federal School of Psychiatric Nursing are generally good in tolerating mal-adaptive behaviours patients. Additionally, figure 8 presents the performance of the nurses based on the respective items of the assessment. The trend of the line graph indicates that the least performed item was management of patient's temper tantrum (5.00 ± 1.42), while the most performed of the 10 items was the ability to convince patient to attend to self (5.92 ± 0.78). On the whole, the mean weighted scores obtained for the items indicates that the nurses displayed good performance on all the assessed items.

Table 7: Descriptive statistics showing the summary of participants' competence in display of tolerance in accepting maladaptive behaviours of the patients (N=64)

Tolerating mal-adaptive behaviours of patients	No. of Nurses assessed	Percentage (%)	Score Range	Mean ($\bar{x}$)
Good	45	74.9	51 – 70	58.33
Fair	18	24.5	31 – 50	47.72
Poor	1	0.6	10 – 30	23.00
Total	64	100	10 – 70	54.80

Nurses performance in display tolerance in accepting maladaptive behaviours of the patients

Assistance in providing corrective experiences to redirect negative behaviours

The last objective of the study which is research objective five was to assess how graduate nurses of Federal School of Psychiatric Nursing are competent in providing corrective measures necessary to redirect negative behaviours of patients. The ability of the nurses to carry out this obligation was investigated using 10 items structured on a 7-points rating scale and scored from 1 through 10. These items were: physical appearance to modify negative behaviors, attentive attitude towards patients' compliant, initiation of individual psychotherapy to deserving patients, initiation of group psychotherapy for patients with similar behaviours, organization of members, institution of cognitive behavior therapy, application of restraints to prevent negative behaviours, setting of models for patients to emulate, introduction of appropriate reinforcement, and cooperation with other care providers to modify negative behaviours. Based on the scoring pattern, the least and/or minimum possible score obtained by a participant is 10 while the maximum or the highest possible score for a participant is 70. The Nurses' proficiency in carrying out this objective was described as either good, fair, and/or poor judging from the mean scores obtained for all the participants. Table 8 presents a summary statistics of this variable. According to the Table, a mean competence score of 53.87 ± 8.86 was obtained for all the assessed participants. The obtained mean score falls within the score range of good competence. Therefore, it is concluded that graduate nurses of Federal School of Psychiatric Nursing are generally good in providing corrective measures necessary to redirect negative behaviours of psychiatric patients.

Furthermore, figure 9 presents the performance of nurses based on the respective items of the assessment. The trend of the line graph indicates that the least performed items were initiation of group psychotherapy for patients with similar behaviours (5.14 ± 1.15) and institution of cognitive behavior therapy (5.14 ± 1.14), while the most performed of the 10 items was cooperation with other care providers to modify negative behavior of patients (5.70 ± 1.15). On the whole, the mean weighted scores obtained for the items indicate that the nurses displayed good performance on all the assessed items.

Table 8: Descriptive statistics showing the summary of participants' competence in assisting to provide corrective experience to redirect negative behaviours (N=64)

Provision of corrective experience	No. of Nurses assessed	Percentage (%)	Score Range	Mean ($\bar{x}$)
Good	51	79.7	51 – 70	56.94
Fair	11	17.2	31 – 50	46.82
Poor	2	3.1	10 – 30	14.50
Total	64	100	10 – 70	53.87

Figure 9: Nurses performance in providing corrective experience for redirection of negative behaviours

Discussion of findings

Use of nursing process in providing health care to psychiatric patients

Results of this evaluation study revealed that the assessed nurses display fairly good performance on aspects such as; the use of assessment sheet, assessing patients' state of health, putting up nursing history, carrying out patients' mental state examination, and carrying out physical examination of the patients; while their performance on taking of patients' history during admission was very good. However, the nurses had an overall poor performance on implementing follow-up care for discharged patients, and exhibited very poor performance on aspects including, implementation of the nursing care plan, and putting up discharge summary for patients who are discharged. On the whole, a summary of the descriptive statistics revealed that the mean competence score of the assessed nurses in the use of nursing process falls within the category of fair competence. Therefore, it was inferred that products of Federal School of Psychiatric Nursing in Calabar are fairly competent in the use of nursing process in providing health care to psychiatric patients.

The finding of this study as reported above is supported by a 2017 report of the Nursing Administration and Research of the Federal Neuropsychiatric Hospital, Calabar. This report holds that most times student nurses do not utilize the nursing process booklet; hence, these booklets were found blank and unfilled. Similarly, Becks (2013) found that psychiatric nursing students were not fully competent in formulating nursing diagnosis in line with patients' problems which agrees with findings of the present study.

Hagos et al (2012) in a study to assess the application of nursing care process among nurses in Mekelle Zone Hospital, found that almost all the nurses used for the study reported non-usage of the nursing process in provision of care to any patient within the zone as at the time of the study. However, the nurses assessed in this study despite the fair usage had utilized the nursing care process in providing care to patients. Hence, finding as reported by Hagos et al (2012) contradicts the findings of this present study as their respondents did not utilize the nursing care process at all.

Creating an atmosphere of trust which allows for meeting the patient's basic emotional needs

The second objective of the study sought to establish the competence of the assessed nurses in creating an atmosphere of trust which allows for meeting the patient's basic emotional needs. Findings of the study as presented in the preceding section revealed that the nurses displayed good performance in all aspects of the assessment. That is, the nurses were good at creating and maintaining effective nurse-patient relationship, kept promises to patients, pay attention to patients' needs and compliant, respect the rights and opinion of the patients, giving adequate explanation of procedures to patients, preserve patients' secrecy, and maintained friendly relationship with patients and family members. The most performed aspect of this assessment was the preservation of patients' secrecy. In summary, the mean competence score of the nurses which falls within the score range of good competence revealed that the products of Federal School of Psychiatric Nursing, Calabar are good in creating atmosphere of trust to foster mutual relationship between themselves and their clients.

This finding is in consonance with findings of Andvig et al (2014) who reported that inter-personal collaboration and a trusty atmosphere exist between healthcare providers and

psychiatric patients in psychiatric health facilities in Norway. Also, in a study to assess the effect of therapeutic atmosphere on social functionality of in-patients in a University Psychiatry Clinic in Akdeniz, Lokand Buldukog1 (2015), submitted that nurses create an atmosphere of trust in the psychiatric clinic which was found to increase social functionality of the patients and foster mutual co-existence between the patients and the nurses.

However, Magnusson and Lützén (2009) found mistrust and lack of collaboration between Community Mental Healthcare providers and psychiatric patients due to poor collaboration of effort and non-use of another's competence and which led to increase relapse and long stay among the patients. This report disagrees with findings of this study as the assessed nurses were found competent in creating an atmosphere of trust to enhance mutual relationship between them and the patients.

Creating opportunity for patients to express self-feelings, self acceptance and self evaluation

The third objective of this study was to assess the participants' competence in creating opportunity for patients to express self-feelings, self acceptance and self evaluation. Findings revealed that in general, the nurses were good at performing activities including institution of talking therapy, conducting ward meetings with patients, assigning roles to patients, supervision of patients' activities, interpretation of patients' expression, promotion of free conversation among patients, encouraging free association, introduction of patients to favourite games, and introducing patients to previous skills prior to the condition. However, the performance of the nurses on organization of group therapy was fairly good. Summarizing these results, the study revealed that products of Federal School of Psychiatric Nursing, Calabar were generally good in creating opportunity for patients to express self-feelings as the mean competence score of all the assessed nurses was within the score range of good competence. This implies that they were good in carrying out most of the aspects assessed.

This finding is in line with the assertions of Erickson and Blazer-Riley (2012), who submitted that therapeutic behaviours of nurses involve remaining silent at times to display acceptance, incorporating open ended questions to allow the client control of conversation, and encouragement to continue. This will avail the patients opportunity to express self-feelings. Similarly, Webb and Holland (2011) added that being polite and punctual displays respect for the client in addition to remembering to be patience, understanding, also to praise and encourage the client for their attempts to take better care of their health, and these give them the worth for self-expression. On the same note, Coatsworth-Puspoky et al (2016) in a qualitative study to assess client's perspectives in the nurse-client relationship reported that nurses gain the trust of the patients by being nice and tolerating their aggressive behaviours and this resulted in relationship that allow self-expression among the patients.

Display tolerance in accepting maladaptive behaviours of the patients

The fourth object of this study sought to find out if the participants are competent to display tolerance in accepting maladaptive behaviours of the patients while carrying out therapeutic procedures. Results of analysis revealed that the assessed nurses were generally good in their performance in all aspects of assessment. These include activities related to: the participants' ability to convince patients to attend to self, pacification of patients to comply in ward routines, conviction of patients to accept available meal, maintenance of limit for every activities of the

patients, provision of reward for good behavior, management of patients' temper tantrum, ability to manage aggressive displays, obtaining informed consent before carrying out procedure, ability to resolve conflict among the patients, and formation and/or initiation of positive relationship with patients. Among these activities, the best performed aspect was the nurses' ability to convince patients to attend to self while the least performed aspect of the assessment was the nurses' ability to manage patients' temper tantrum. In summary, a mean competence score of all the assessed participants indicates that products of Federal School of Psychiatric Nursing, Calabar have good competence in exhibiting tolerance in managing maladaptive behaviors of psychiatric patients.

Findings of this study outlined above agrees with that of Wahl and Aroesty-Cohen (2009) who found in a review of literature that mental health workers possess an overall good tolerating attitude towards mentally ill clients. Similarly, among psychiatrists in the United Kingdom, Kingdon et al (2004) found a high tolerance attitude towards people with mental illness. According to their findings, psychiatrists with tolerance attitude were far less likely to think of someone with schizophrenia as being dangerous or unpredictable. Hence, Kingdon and colleagues concluded that psychiatrists hold non-stigmatizing views and feel more optimistic about people with schizophrenia.

On the other hand, Lauber et al (2006) reported that psychiatrists showed more negative attitude towards the mentally ill; hence, rated persons with mental illness as being more dangerous, less skilled, and more socially disturbing. This report is contrary to the findings of this study on the overall, the assessed psychiatric nurses exhibited an overall good competence in exhibiting tolerance in managing mal-adaptive behaviours of mentally ill patients.

Assistance to provide corrective experience to redirect negative behaviors

The fifth objective of the study was to assess the participants' competence in providing corrective experiences necessary to redirect negative behaviours of psychiatric patients. Findings as presented in the preceding section of this chapter revealed that the assessed nurses displayed an overall good performance in all aspects of this assessment. These include aspects such as; physical appearance, attentive attitude towards patients' complaint, initiation of individual psychotherapy for deserving patients, initiation of group therapy for patients with similar behaviours, organization of members, institution of cognitive behavior therapy, application of restraints to prevent negative behaviors, setting of model for patients to emulate, introduction of appropriate reinforcement, and cooperation with other care providers to modify negative behaviors. Of these aspects, the most performed was cooperation with other care providers to modify negative behavior. A descriptive summary of the study variable revealed a mean competence score which falls within the range of good competence. Therefore, it was concluded that products of Federal School of Psychiatric Nursing, Calabar are good in providing corrective measures necessary to redirect negative behaviours of psychiatric patients.

Finding as reported above is supported by findings of Yoshnaga et al (2015) in a comparative study on the use of cognitive behavior therapy among psychiatric nurses. According to these authors, CBT was used in the management of patients with depression, schizophrenia and mood disorders.

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter focuses on summary of the study, conclusion, recommendations based on the findings of the study, and suggestions for further study. It is organized under the following sub-headings:

Summary of the study

Conclusion

Recommendations

Suggestions for further study

Summary

The main aim of this study was to evaluate graduate nurses of Federal School of Psychiatric Nursing Programme in Calabar, Cross River State. To achieve this aim, five (5) research questions were raised to guide the study. These include:

- i. To what extent do nurses utilize nursing process in providing comprehensive mental health nursing care to individuals and families whether at primary, secondary or tertiary healthcare settings?
- ii. To what extent do nurses create an atmosphere of trust, which allows for meeting the patient's basic emotional needs?
- iii. To what extent do nurses encourage individuals and establish opportunities for self expression, self acceptance and self evaluation which will encourage the acceptance of responsibilities commensurate with changing capacities?
- iv. What level of tolerance is possessed by nurses in managing mal-adaptive psychiatric patients?
- v. To what extent do nurses assist in providing the necessary corrective experiences for redirection of negative behaviours to achieve personal growth?

Theoretical and empirical studies were reviewed in line with the specific objectives of the study. An evaluation research design was adopted for the study, and a purposive sampling technique was employed to study 64 Psychiatric Nurses working in Federal Psychiatric Hospital, Calabar out of a total of 150 student nurses who graduated from the School between 2014 and 2019. Data for the evaluation was obtained using an observational checklist titled "Checklist and observation scale for product evaluation of Federal School of Psychiatric Nursing, Calabar (COSPEFSPN)". The checklist was validated by the Researcher's supervisor, experts in Psychiatric Nursing and nurse educators; while the reliability of the instrument was established using Cronbach's Alpha reliability test. The reliability coefficients obtained for the respective variables were significant high enough for the instrument to be considered reliable. The assessment of the participants was carried out by the Researcher and two (2) assistants to facilitate quick data collection. Data collected were analyzed using descriptive statistics including proportion, percentage, mean, standard deviation, and weighted scores. Results of the study revealed that:

- i. Nurses of Federal School of Psychiatric Nursing are fairly competent in utilizing nursing process to provide comprehensive mental health nursing care to individuals and families whether at primary, secondary or tertiary healthcare settings.
- ii. Nurses of Federal School of Psychiatric Nursing have good competence in creating an atmosphere of trust, which allows for meeting the patient's basic emotional needs

- iii. Nurses of Federal School of Psychiatric Nursing have good competence in establishing opportunities for self expression, self acceptance and self evaluation which will encourage the acceptance of responsibilities commensurate with changing capacities.
- iv. Nurses of Federal School of Psychiatric Nursing have good competence in displaying tolerance to accept maladaptive behaviorur of the patients.
- v. Nurses of Federal School of Psychiatric Nursing have good competence in providing the necessary corrective experiences for redirection of negative behaviours to achieve personal growth.

Conclusion

Based on the findings of this study, it is concluded that nurses of Federal School of Psychiatric Nursing are fairly competent in utilizing their nursing process to provide care to the mentally ill. Nevertheless, they were generally good in providing therapeutic activities including; creation of atmosphere of trust which allows for meeting patients' basic emotional needs; establishing opportunities for self expression, self acceptance and self evaluation; displaying tolerance in accepting maladaptive behaviorur of the patients; and assisting in providing the necessary corrective experiences for redirection of negative behaviours to achieve personal growth.

Recommendations

The following recommendation is given to the Management of School and Nursing Department of Federal Psychiatric Hospital Calabar:

1. Design the academic curriculum to include programme objectives laid down by Nursing and Midwifery Council of Nigeria (NMCN) to guide and abreast the tutors.
2. Introduce use of nursing process as a course of lecture in class curriculum to acquaint students before going to clinical area.
3. Increase supervision of students during clinical practice on utilization of nursing process to avoid wastage and mismanagement of nursing process booklet for the Management.
4. Reiterate and produce lists of nursing diagnoses domicile in psychiatry for clinical use to upgrade nurses' knowledge development and identification of nursing problems.

Suggestions for further studies

Due to the relevance of this research work, further studies should be conducted on the following areas:

- i. Similar study should be replicated in another School of Psychiatric Nursing to serve as a comparative study
- ii. Concept evaluation of Federal School of Psychiatric Nursing Calabar, Cross River State—Nigeria
- iii. Study should be conducted in the setting to find out the influence of structural variables on the students' overall performance. This will enable the researcher proffer recommendations that will aid the design of appropriate intervention that will improve the practice proficiency of the students.

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CHECKLIST AND OBSERVATION SCALE FOR PRODUCT EVALUATION OF FEDERAL SCHOOL OF PSYCHIATRIC NURSING—CALABAR (COSPEFSPN).

Dear Respondents,

I am a graduate student of University of Calabar, conducting a research study on evaluation of products of school of psychiatric nursing programme in Calabar, Cross River State—Nigeria. The acquired result is for enhancement of nursing education; and to ensure alignment of students' output with educational objectives as standardized by Nursing and Midwifery Council of Nigeria. This is to meet with academic expectation of Faculty of Educational, Department of Measurement, Research and Evaluation for the award of M. Ed in University of Calabar, Calabar.

Your co-operation will help in the successful and timely completion of the study.

Thanks for complying.

SECTION A: Demographic information

1. Gender: Male [] Female []
2. Years of post nursing experience: Less than 1yrs [] 1-5yrs [] 5-10yrs [] 11 years and above []

SECTION B: Utilization of nursing process to provide comprehensive mental health nursing care.

(Using a patient's nursing process form, tick on utilization of the subject areas)

S/N	UTILIZATION OF NURSING PROCESS	FULLY UTILIZED	UTILIZED	UNDER UTILIZED	UNUTILIZED
1	Assessment sheet				
2	State of health				
3	Nursing history				
4	Mental state examination				
5	Physical examination				
6	Admission history				
7	Nursing care plan				
8	Daily reporting				
9	Discharge summary				
10	Follow-up care				

SECTION C: Atmosphere of trust for meeting the patient's basic emotional needs.

(Rate the nurse appropriate to his/her best performance)

S/N	CREATION OF ATMOSPHERE OF TRUST	7	6	5	4	3	2	1
1	Mutual relationship							
2	Explanation of every procedure to patient							
3	Respect of patient's opinion and rights							
4	Attention to patient's need and complaints							
5	Effective nurse patient relationship							
6	Provision of patient with right information							
7	Preservation of patient's secrecy							
8	Creation of friendship relationship with patient and family members							
9	Keeping of promise to patient							
10	Ability to advocate for patient's needs							

SECTION D: Providing opportunity for patients to express self expression, self acceptance and self evaluation

(Rate the nurse appropriate to his/her best performance)

S/N	CREATION OF OPPORTUNITY TO EXPRESS SELF EXPRESSION	7	6	5	4	3	2	1
1	Institution of talking therapy							
2	Organization of group therapy							
3	Conduction of ward meetings with patients							
4	Assignment of roles to patients							
5	Supervision of patient's activities							
6	Interpretation of patient's expressions							
7	Promotion of free conversation							
8	Encouragement of free association among patients							
9	Introduction of patients to favorite games							
10	Introduction of patients to previous skills prior to the condition							

SECTION E: Nurses' display of tolerance in accepting mal-adaptive behaviors of patients.

(Rate the nurse appropriate to his/her best performance)

S/N	POSSESSION OF TOLERANCE	7	6	5	4	3	2	1
1	Ability to convince patient to attend to self							
2	Pacification of patient to comply in ward routines							
3	Conviction of patient accept available meal							
4	Maintenance of limit for every activities							
5	Provision of reward for good behaviors							
6	Management of patients' temper tantrum							
7	Ability to manage aggressive displays							
8	Ability to obtain informed consent before procedure							
9	Conflict resolution to patient's misunderstanding							
10	Formation of positive relationship with patients							

SECTION F: Assist in providing corrective experiences to redirect negative behaviors.

(Rate the nurse appropriate to his/her best performance)

S/N	POSSESSION OF CORRECTIVE MEASURES	7	6	5	4	3	2	1
1	Physical appearance to modify negative behaviors							
2	Attentive attitude towards patient's complaint							
3	Initiation of individual psycho-therapy to deserving patients							
4	Initiation of group psychotherapy for patients with similar behaviors							
5	Organization of members							
6	Institution of cognitive behavior therapy							
7	Application of restraints to prevent negative behaviors							
8	Setting of model for patients to emulate							
9	Introduction of appropriate reinforcement							
10	Cooperation with other care providers to modify negative behaviors							

FEDERAL NEURO-PSYCHIATRIC HOSPITAL

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Our Ref:..... FNPH/HREC/01/026

Umoh Edet Okon
Department of Education Foundation
Faculty of Education
University of Calabar
Calabar.

26th April, 2021.

Sir/Madam,

RE: ETHICAL APPROVAL

**PRODUCT EVALUATION OF FEDERAL SCHOOL OF PSYCHIATRIC NURSING IN
CALABAL, CROSS RIVER STATE, NIGERIA**

We wish to inform you that the Research Ethics Committee has approved your research proposal titled: *"Product Evaluation of Federal school of psychiatric Nursing in Calabar, Cross River State, Nigeria"* under the supervision of Dr. Ben Otu of the Department of Educational Foundations, faculty of Education, university of Calabar, Calabar.

It is recommended that you share relevant findings of your research with the study Institution.

Yours faithfully

Barr. ODEY, E. O
Secretary, HREC (FNPH-CAL)

SPSS OUTPUTS FOR RELIABILITY TEST

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.882	.891	10

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.810	.856	10

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.952	.967	10

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.899	.915	10

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.990	.995	10