Evaluation of Nurses' Tolerance in Patients' Maladaptive Behaviour and Encouragement of Patients' Self Expression in Psychiatric Nursing Programme Calabar, Cross River State, Nigeria

Umoh, Edet Okon
edetokonu@ymail.cm/edetokonu@gmail.com/umoheo@fuotuoke.edu.ng https://orcid.org/0000-0001-7254-3416
&
Otu, Bernard Diwa
Otubernard76@gmail.com/Otu_bernard @yahoo.com/Bernardotu@unical.edu,ng
ORCID ID: https:/orcid.org/0000-0001-6072-9619

ABSTRACT
This study evaluated nurses' tolerance in patients' maladaptive behavior and encouragement of patients' self-expression in psychiatric nursing program Calabar, Cross River State, Nigeria. Two 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 Pearson Product Moment Correlation. Same was corrected with Spearman Brown prophecy formula. The reliability coefficient ranged from 0.810-0.990. Analysis was done using descriptive statistics which involve proportion, percentage, mean, standard deviation, and weighted mean score. Findings of the study revealed that nurses from Federal School of Psychiatric Nursing, Calabar had overall good performance in displaying tolerance to accept maladaptive behavior of patients and encourage patients to express self-feelings. It was therefore concluded that nurses encourage individuals and establish opportunities for self-expression, self-acceptance and self-evaluation which in turn foster acceptance of responsibilities commensurate with changing capacities, and more so high level of tolerance is possessed by nurses in managing mal-adaptive psychiatric patients. Based on these findings, it was recommended among others that the school should include the program 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.
Key Words: *Evaluation; Tolerance; Maladaptive behaviors; Encouragement and Self Expression.*

I. INTRODUCTION

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 Program is a national program designed by Nursing and Midwifery Council of Nigeria (NMCN) for all states running the program 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 behavior 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 program 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 program depends on accepted practice in line with set objectives, there is need for process of the school program to be evaluated after 22 years of existence. This is due to the fact that evaluation performs essential role in program's improvement (Yoloye, 2008). It provides a feedback regarding a program's strength and weakness; and appropriate corrective measures introduced to attain the programs' 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 program. In education, evaluation of school program 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 other to fill the knowledge gab.

II. LITERATURE REVIEW

Display of tolerance in accepting maladaptive behavior 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, Croncec, 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 activity, 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.

Encouragement of individuals and establishment of 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 of 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 at enhancing the well-being of a "client," which may be an individual, a family, a group, or a community. Peplau (2019) 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 in 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 very meaningful to their recovery.

III.   RESEARCH METHODOLOGY

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 program theory of change and logic model. The study was conducted on Federal School of Psychiatric Nursing situated at Mary Slesor Avenue in Calabar Metropolis. 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 were obtained from the Admission Register of School of Psychiatric Nursing, Calabar, 2020. 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. 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. 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 products was useful and accessible to the researcher since they were working with the researcher in the same institution and were practicing pure psychiatric nursing at the time of this study.

The instrument titled "Checklist and Observation Scale for Product Evaluation of Federal School of Psychiatric Nursing in Calabar" (COSPEFSPN) was used for data collection. It involved a structured participatory observational schedule with rating scale, drawn on the variables under investigation.

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 7-points rating scale rated from 1 to 7.

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. 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.

The reliability estimate of the instrument was determined through split half reliability by conducting a trial test using thirty-five (35) psychiatric graduate nurses working in Federal Psychiatric Hospital Calabar, who were not included in the study. The obtained reliability coefficient ranged from 0.810-0.990, indicating its suitability and consistency over time for use in rating nurses' procedures.

To facilitate data collection, a total of 64 copies of the instruments was printed and used for observing and rating qualified nurses. The researcher recruited four psychiatric nurses to assist in the process. 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. A descriptive statistic with percentages and charts were the means of data analysis.

Presentation of results

Research question 1: What level of tolerance is possessed by nurses in managing mal-adaptive psychiatric patients? To answer this research question, Frequency counts, simple percentages, mean and standard deviation was adopted.

This research objective was to assess how proficient products of Federal School of Psychiatric Nursing are in tolerating mal-adaptive behaviors 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 1 presents a summary statistic 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 behaviors of patients.

Additionally, figure 1 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 indicate that the nurses displayed good performance on all the assessed items.

Table 1: Descriptive statistics showing the summary of participants' competence in display of tolerance in accepting maladaptive behaviors of the patients (N=64)

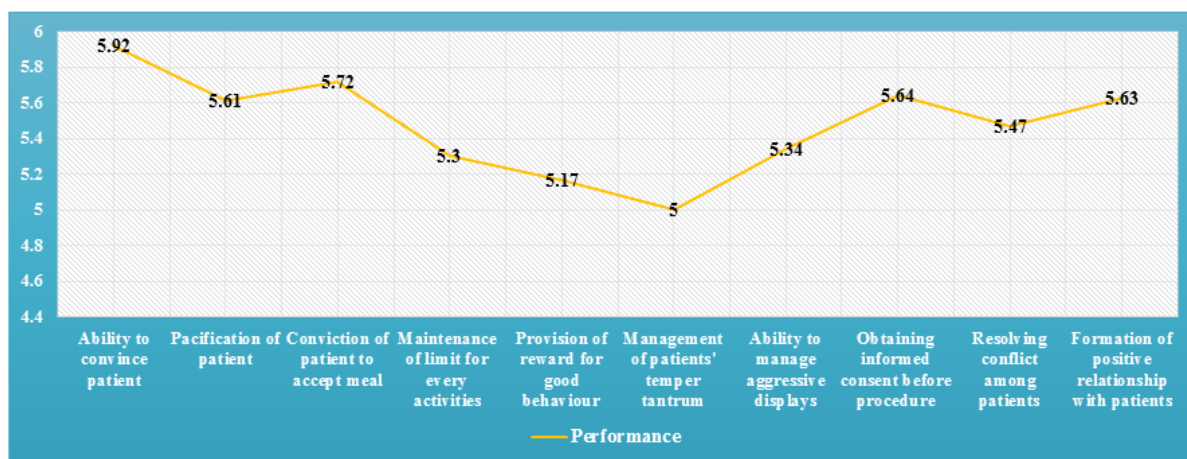| Tolerating mal-adaptive behaviors of patients	No. of Nurses assessed	Percentage (%)	Score Range	Mean ($\bar{x}$)	Standard Deviation (SD)
High	45	74.9	51 – 70	58.33	3.76
Fair	18	24.5	31 – 50	47.72	2.61
Low	1	0.6	10 – 30	23.00	0.00
Total	**64**	**100**	**10 – 70**	**54.80**	**7.14**

Figure 1: Nurses performance in display tolerance in accepting maladaptive behaviours of the patients

Research question 2: 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? To answer this research question, Frequency counts, simple percentages, mean and standard deviation was adopted.

Creating opportunity for patients to express self-feelings, self-acceptance and self-evaluation within the ward is the second 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 favorite 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 2 presents a summary statistic 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 2 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 2: 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)

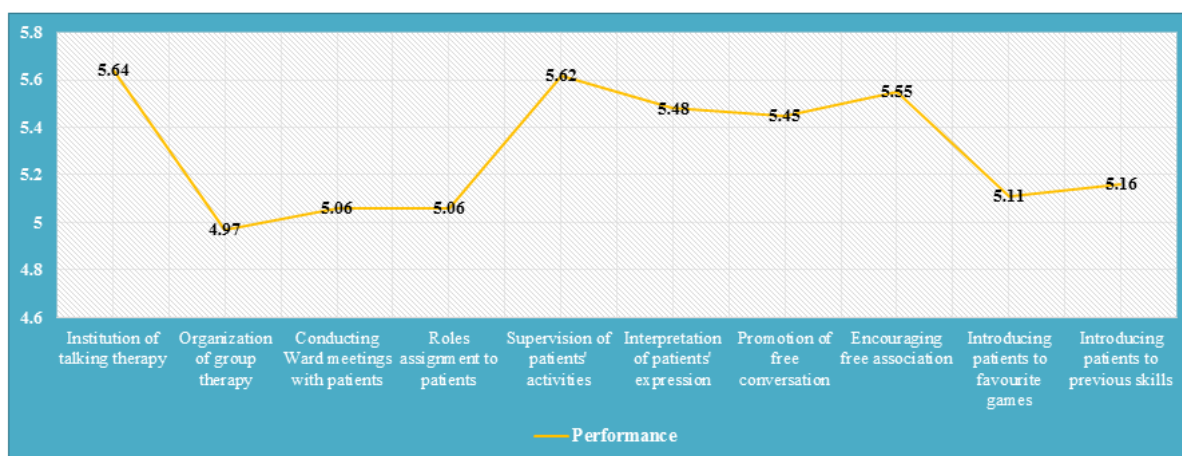| Creation of opportunity for expression of self-expression	No. of Nurses assessed	Percentage (%)	Score Range	Mean ($\bar{x}$)	Standard Deviation (SD)
Good	43	71.9	51 – 70	56.86	3.27
Fair	20	27.5	31 – 50	46.70	3.74
Poor	1	0.6	10 – 30	20.00	0.00
Total	**64**	**100**	**10 – 70**	**53.11**	**7.17**

Figure 2: Nurses performance on creating opportunity for nurses to express self-feelings, self-acceptance and self-evaluation

IV. Discussion of findings

Displaying tolerance in accepting maladaptive behaviors of the patients

The first object of this study sought to find out if the participants are competent to display tolerance in accepting maladaptive behaviors 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 high 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 high competence in exhibiting tolerance in managing mal-adaptive behaviors of mentally ill patients.

Creation of opportunity for patients to express self-feelings, self-acceptance and self-evaluation
The second 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 favorite 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. In summary, these results 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 assessed parameters.

This finding is in tandem with the assertions of Erickson and Blazer-Riley (2012), who submitted that therapeutic behaviors of nurses involve remaining silent at times to display acceptance, incorporating open ended questions to allow the client control of conversation, while encouraging them to continue. This will avail patient 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 behaviors and this resulted in relationship that allow self-expression among the patients.

V. Conclusion

Based on the findings of this study, it is concluded that nurses of Federal School of Psychiatric Nursing are competent in encouraging individuals and establishing opportunities for self-expression, self-acceptance and self-evaluation which foster the acceptance of responsibilities commensurate with changing capacities, and there is high level of tolerance possessed by nurses in managing mal-adaptive psychiatric patients.

VI. Recommendations

The following recommendation is given to the Management of School and Nursing Department of Federal Psychiatric Hospital Calabar:
1. Structure the academic curriculum to involve the program objectives laid down by Nursing and Midwifery Council of Nigeria (NMCN).
2. Introduce use of nursing process as a course of lecture in class curriculum.
3. Reinforce supervision of students during clinical practice on utilization of nursing process.
4. Reiterate lists of nursing diagnoses domicile in psychiatry for clinical use.
5. Reproduction of more nursing process booklet sufficient for students in class and clinical practice.

REFERENCE

[1]. Andales, J. (2018). Product evaluation template. Auditor, SafetyCulture, Manila, 2018. https://safetyculture.com/checklists/product-evaluation/
[2]. Burnard, P. & Gill, P. (2008). Culture, Communication and Nursing, published by
[3]. Campbell, A. (2019). The therapeutic Environment: Definition, History & Principles. Study.com, chapter 20, lesson 7 scripts
[4]. Coatsworth-Puspoky, Forchuk, and Ward-Griffin (2016). Nurse-client processes in Curriculum, A. (2019).https://www.australiancurriculum.edu.au/f-10-
[5]. curriculum/humanities-and-social-sciences/hass/structure/#. Retrieved from https://www.australiancurriculum.edu.au: https://www.australiancurriculum.edu.au/f-10-curriculum/humanities-and-social-sciences/hass/structure/#
[6]. Denaley, K. R. & Johnson, M. E. (2008). Inpatient psychiatric nursing: Why safety must be the key deliverable, Archives of Psychiatric Nursing, vol. (22), Issue (6), pp. 386-38 DOI: https://doi.org/10.1016/j.apnu.2008.09.003
[7]. Dominick, K.; Davis, L. J.; Tager-Flusberg, H. & Folstein, S. (2007).Atypical behaviors in children with autism and children with a history of language impairment. Res Dev Disabil (2007) 28(2):145–6210.1016/j.ridd.2006.02.003
[8]. Duffy, J. (2005). Motor speech disorder: Substrates, differential diagnosis, and management. 3rd ed. Visit Amazon's Joseph R. Duffy Page
[9]. Erickson, M. & Blazer-Riley, J. (2012). The Client-Nurse Relationship: A Helping FNPH, (2012). Your Leadership Style, Laudable. The Bulletin of the Federal Neuro-Psychiatric Hospital, Calabar. Vol.1-No. 3, P.13
[10]. Fulton, E.; Eapen, V.; Crncec, R.; Walter, A. & Rogers, S. (2014). Reducing Maladaptive Behaviors in Preschool-Aged Children with Autism Spectrum Disorder Using the Early Start Denver Model, Front Pediatr, doi: 10.3389/fped.2014.00040, PMCID: PMC4023017, PMID: 24847474
[11]. Ikpe, E. B. and Ekpo, M. (2012). The Federal Neuro-Psychiatric Hospital, Calabar, From premier lunatic asylum to Teaching Hospital 1903-2003. Published by Best print business press-publishing company, Uyo, Akwa Ibom state-Nigeria. Printed by Infinitikoncepts. Pp. 143-145. ISBN: 97805496683
[12]. Kingdon, Sharma & Hart (2004). What Attitude do Psychiatrists hold towards people with Mental Illness? Psychiatric Bulletin, 28(11):401-406, DOI: 10.1192/pb.28.11.401
[13]. Lauber, C., Hamady, M., Knight, R. & Fierer, N. (2006), Pyrosequencing-Based Assessment of Soil pH as a Predictor of Soil Bacterial Community Structure at the Continental Scale, Environmental Microbiology, **DOI:** 10.1128/AEM.00335-09
[14]. Mental Health Act (2001). Mary Keys, Mental Health Act 2001 (Dublin: Round Hall, 2002), https://en.wikipedia.org/wiki/Mental_Health_Act_2001
[15]. National Alliance on Mental Illness (2019). Psychotherapy. 4301 Wilson Blvd., Suite 300, Arlington, VA 22203, **Main**: 703-524-7600, **Member Services**: 888-999-6264, Press: NAMI Telephone: 703-516-7963, Fax: 703-516-7238, Email: media@nami.orghttps://www.nami.org/About-Mental-Illness/Treatments/Psychotherapy
[16]. Thibeault, C. (2016). An Interpretation of Nurse-Patient Relationships in Inpatient Psychiatry: Understanding the Mindful Approach. PubMed. https://doi.org/10.1177/2333393616630465
[17]. Wahl, O. & Aroesty-Cohen (2009), Attitudes of Mental Health professionals about Mental Illness: A Review of the Recent Literature, University of Hartford, Journal of Community Psychology, Vol. 38, No. 1, 49–62 (2010), Published online in Wiley InterScience (www.interscience.wiley.com), & 2009 Wiley Periodicals, Inc. DOI: 10.1002/jcop.20351
[18]. Warju, W. (2016). Educational program evaluation using CIPP model. Innovation of vocational technology education, Department of Mechanical Engineering, Faculty of Engineering, Universitas NegeriSurabaya, Indonesia, invotecXII:1 (2016) 36-42. http://ejournal.upi.edu/index.php/invotec
[19]. Webb, L., Miller, E., Witham, G. & Holland (2011). Communication Skills in Nursing Practice (2nd Edition). Editor: Lucy Webb. ISBN: 9781526489364.
https://www.researchgate.net/publication/338580449_Communication_Skills_in_Nursing_Practice_2nd_Edition
[20]. Wiesman (2012). Student Motivation and the Alignment of Teacher Beliefs. Volume
[21]. 85, 2012 - Issue 3. Published online: 20 Mar 2012. ResearchGate. https://doi.org/10.1080/00098655.2011.653016. https://www.tandfonline.com › ... › Volume 85, Issue 3

[23]. Whittington, R. & Higgins, L. (2002). More than zero tolerance? Burnout and tolerance for patient aggression amongst mental health nurses in China and the UK. Department of Nursing, University of Liverpool, Liverpool, UK. Acta Psychiatr Scand Suppl. 2002;(412):37-40 https://www.ncbi.nlm.nih.gov/ pubmed/12072124.
[24]. WHO (2019). Definition of Health, cited by Zsuzsanna Jakab, WHO Regional Director for Europe, WHO Regional Director for Europe, 14th European Health Forum Gastein, 7 October 2011, Bad Hofgastein, Austria,https://en.wikipedia.org/wiki/Health
[25]. World Health Organization (WHO) (2020). Constitution of Health. International, Health Conference, New York 1948, updated 2020. https://www.who.int/about/who-we-are/constitution
[26]. Yabo, A.M. (2007). A Student's Guide to Project Writing on Education. Kano: Gali Graphics.
[27]. Yoloye, E. A. (2008). Fundamentals of educational evaluation. Starling-Horden publishers Ltd., Gaaf Building, 110-112 Oyo Road, Oyo State, Ibadan. Phone: 08023519154. E-mail: horden@skannet.com.