

VOL.21 NO.1

DECEMBER 2023

ISSN - 15954455

# INTERNATIONAL PROFESSIONAL NURSING JOURNAL

*Research Oriented, Peer Reviewed and a Scholarly Nursing Journal*



A Publication of

INTERNATIONAL INSTITUTE FOR NURSING RESEARCH & DEVELOPMENT  
NIC MAURICE COLLEGES OF HEALTH, MANAGEMENT, SCIENCES & TECHNOLOGY  
AMAMONG P.M.B 1006 OKOBO, AKWA IBOM STATE, NIGERIA



Nurses make a difference



NIGERIAN NURSES ASSOCIATION OF USA, INC



INTERNATIONAL INSTITUTE FOR  
NURSING RESEARCH AND DEVELOPMENT

Supported by:



NURSE SCIENTISTS UNION  
NIGERIA



NIGERIAN NURSES CHARITABLE  
ASSOCIATION UK



**Correspondence E-mail:**  
nursingnigeria@yahoo.com  
nicmauricecollege@gmail.com

• • • • •

#### OUR VISION

Evolving, Advancing and Sustaining a Transformed Health Policy; and Clinical Nursing Practices through Nursing knowledge Generation, Synthesis and Dissemination. (The Discover, Refine and Develop Series - DRDs) .

• • • • •

#### OUR MISSION

- ⦿ The promotion of Science, Technology, and Arts of Nursing Research;
- ⦿ To educate, expose, harmonize and sensitize Nurses worldwide in the scientific approach to nursing care;
- ⦿ To create a visionary balance between aggressive nursing pursuits and maintenance of professional Nursing Viability in an enhanced and qualitative health care environment.

#### Correspondence

International Institute for Nursing Research and Development,  
Nic Maurice Colleges of Health, Management, Sciences & Technology,  
Amamong P.M.B 1006 Okobo, Akwa Ibom State, Nigeria.

**E-mail:** nicmauricecollege@gmail.com or nursingnigeria@yahoo.com

## EVALUATION OF NURSES' ASSISTANCE IN PROVIDING NECESSARY CORRECTIVE EXPERIENCES IN FEDERAL NEURO-PSYCHIATRIC HOSPITAL CALABAR, CROSS RIVER STATE, NIGERIA.

**Dr. Umoh, Edet Okon**

edetokonu@ymail.cm/

edetokonu@gmail.com/

umoheo@fuotuo.ke.edu.ng

<https://orcid.org/0000-0001-7254-3416>

**Dr 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' assistance in providing necessary corrective experiences in Federal Neuro-Psychiatric Hospital Calabar, Cross River State, Nigeria. One research question was raised to direct the course of the 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 had overall good performance in assisting to provide necessary corrective experiences necessary to redirect negative behaviors of psychiatric patients. It was therefore concluded that Psychiatric Nursing programme in Calabar is effective in preparing students for efficient healthcare to mentally ill patients. 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.*

**Key Words:** Evaluation; Assistance in Provision; Corrective Experiences; Redirection of Negative Behaviors.

### 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 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 43 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 measure could be introduced to 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 nurses are reported of having 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.

## Literature Review

### **Assist in providing the necessary corrective experiences for redirection of negative behaviors 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 review 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 dysrhythmia, 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 Behavior 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.

### 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. 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 information on the respondents' assistance to providing corrective experiences to re-direct negative behaviors. Three-point measurement scale of Good, Fair and Poor competence was used in assessing performance.

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 are corrective measures possessed by psychiatric products to redirect negative behaviors of psychiatric 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 behaviors, organization of members, institution of cognitive behavior therapy, application of restraints to prevent negative behaviors, setting of models for patients to emulate, introduction of appropriate reinforcement, and cooperation with other care providers to modify negative behaviors. 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  $53.87 \pm 8.86$  was obtained for all the assessed participants. The obtained mean score falls within the score range of good competence. Therefore, it is concluded that the products of Federal School of Psychiatric Nursing are generally good in providing corrective measures necessary to redirect negative behaviors of psychiatric patients.

Furthermore, 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 items were initiation of group psychotherapy for patients with similar behaviors ( $5.14 \pm 1.15$ ) and institution of cognitive behavior therapy ( $5.14 \pm 1.14$ ), while the most performed of the 10 items was cooperation with other care providers to modify negative behavior of patients ( $5.70 \pm 1.15$ ). On the whole, the mean weighted scores obtained for the items indicate that the nurses displayed good performance on all the assessed items.

**Table 1:** Descriptive statistics showing the summary of participants' competence in providing corrective experiences necessary to redirect negative behaviors of psychiatric patients (N=64)

Provision of corrective measures	No. of Nurses assessed	Percentage (%)	Score Range	Mean ( $\bar{x}$ )	Standard Deviation (SD)
Good	51	79.7	51 – 70	56.94	3.79
Fair	11	17.2	31 – 50	46.82	2.48
Poor	2	3.1	10 – 30	14.50	6.36
<b>Total</b>	<b>64</b>	<b>100</b>	<b>10 – 70</b>	<b>53.87</b>	<b>8.86</b>





**Figure 1: Nurses Performance in providing corrective experience for redirection of negative behaviors**

### Discussion of Findings

The objective of the study was to assess the participants' competence in providing corrective experiences necessary to redirect negative behaviors of psychiatric patients. Findings 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 behaviors, 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.

### Conclusion

Based on the findings of this study, it is concluded that nurses of Federal School of Psychiatric Nursing are good in assisting to provide necessary corrective experiences for redirection of negative behaviors to achieve personal growth.

### Recommendation

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.

## References

- Alarcón, R. D. (2016). ["Psychiatry and Its Dichotomies"](#). *Psychiatric Times*. 33 (5): 1.
- Andales, J. (2018). Product evaluation template. Auditor, SafetyCulture, Manila, 2018. <https://safetyculture.com/checklists/product-evaluation/>
- Asim, A. E., Idaka, I. E. & Eni, E. I. (2017). Research in Education, concepts and techniques. Calabar: University of Calabar Press.
- Beck, J. (2013). Nursing Process in Psychiatry Nursing, Psychiatric Nursing, open access articles on mental health
- Boroffka, A. (1985). A history of Psychiatry in Nigeria. In: Pichot P., Berner P., Wolf R., Thau K. (eds) *Psychiatry The State of the Art*, pp. 709-714, doi.org/10.1007/978-1-4757-1853-9\_113, Publisher, Boston, MA, Print ISBN 978-1-4757-1855-3
- Canguilhem, G. (2009). The normal and the pathological. *The Lancet*, 373 (9666) P. 7 8 1  
DOI:[https://doi.org/10.1016/S0140-6736\(09\)60456-6](https://doi.org/10.1016/S0140-6736(09)60456-6)
- Curriculum, A. (2019). <https://www.australiancurriculum.edu.au/f-10-curriculum/humanities-and-social-sciences/hass/structure/#>. Retrieved from <https://www.australiancurriculum.edu.au/f-10-curriculum/humanities-and-social-sciences/hass/structure/#>
- Dickens, G.; Ion, R.; Waters, C.; Atlantis, E. & Everett, B. (2019). Mental health nurses' attitudes, experience, and knowledge regarding routine physical healthcare: systematic, integrative review of studies involving 7,549 nurses working in mental health settings, *BMC Nursing* Vol. 18, Art. No. 16 (2019).
- Duffy, J. (2005). Motor speech disorder: Substrates, differential diagnosis, and management. 3<sup>rd</sup> ed. [Visit Amazon's Joseph R. Duffy Page](#)
- Erickson, M. & Blazer-Riley, J. (2012). The Client-Nurse Relationship: A Helping Relationship. In *Communications in Nursing* (Seventh ed., pp. 16-31). St.Louis, Missouri: Elsevier Mosby.
- Felman, A. (2020). What is good health? *MedicalNewsToday*. NewsLetter. <https://www.medicalnewstoday.com/articles/150999>
- Fernandes, V. & Flak, E. (2012). Safe and effective prescribing practices at the point of discharge from an inpatient psychiatric unit. *J Psychiatr Pract*. 2012 Jan;18(1):12-9  
doi:10.1097/01.pra.0000410983.08229.d0
- FNPH, (2012). Your Leadership Style, Laudable. *The Bulletin of the Federal Neuro-Psychiatric Hospital, Calabar*. Vol.1-No.3, P.13
- 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](https://doi.org/10.3389/fped.2014.00040), PMCID: PMC4023017, PMID: [24847474](https://pubmed.ncbi.nlm.nih.gov/24847474/)
- [Grabowski, K; Rynkiewicz, A; Lassalle, A; Baron-Cohen, S; Schuller, B; Cummins, N; Baird, A; Podgórska-Bednarz, J; Pieniążek, A & Łucka, I](#) (2019). Emotional Expression in Psychiatric Conditions: New Technology for Clinicians. Department of Psychiatry, Adult Psychiatry Clinic, Faculty of Medicine, Medical University of Gdansk, Gdansk, Poland, [Psychiatry Clin Neurosci](#). 2019 Feb;73(2):50-62.
- Hofmann, S.; Asnaani, A.; Vonk, I.; Sawyer, A. & Fang, A. (2012). The efficacy of cognitive behavioral therapy: A review of meta-analyses, *Cognit Ther Res*. 2012 Oct 1; 36(5): 427-440, PMCID: PMC3584580, NIHMSID: NIHMS394950, PMID: [23459093](https://pubmed.ncbi.nlm.nih.gov/23459093/), doi: [10.1007/s10608-012-9476-1](https://doi.org/10.1007/s10608-012-9476-1)<https://www.onlinedailys.com/list-approved-school-nursing-midwifery-nigeria/>
- <https://n-sip.gov.ng/wp-content/uploads/2019/06/CROSS-RIVER-STATE-SCHOOL-DATA-June-2019.pdf>
- 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
- Isangedighi, A. J., Joshua, M. T., Asim, A. E & Ekuri, E. E. (2004). Fundamentals of research and statistics in education and social sciences. University of Calabar press: Calabar
- Kozlowski, S. & Ilgen, D. (2006). "Enhancing the effectiveness of work groups and teams". *Psychological Science in the Public Interest*, vol. 7, no. 3, pp. 77-124, 2006.
- Lemone, P. & Burke, K. (2004). Medical surgical nursing: *Critical thinking in client care*. 3<sup>rd</sup> ed. USA: Pearson Education Inc.; 2004
- Mental Health Act (2001). Mary Keys, *Mental Health Act 2001* (Dublin: Round Hall, 2002),  
[https://en.wikipedia.org/wiki/Mental Health Act 2001](https://en.wikipedia.org/wiki/Mental_Health_Act_2001)
- 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.org](mailto:media@nami.org)  
<https://www.nami.org/About-Mental-Illness/Treatments/Pschotherapy>
- Nursing & Midwifery Council of Nigeria (NMCN), (2016). Mental health and psychiatric nursing curriculum, Revised (2016). Pp. 2-3
- Park, J. & Prager, L. (2010). Massachusetts General Hospital Handbook of General Hospital Psychiatry (6<sup>th</sup> Edition).
- Pokorski, S.; Moraes, M. A.; Chiarelli, R.; Costanzi, A. P. & Rabelo, E. R. (2009). Nursing process: from literature to practice. What are we actually doing? *Revista Latino-Americana de Enfermagem*. 2009;17(3):302-307.
- Powell, R. R. (2006). Evaluation Research: An overview: Chicago. John Hopkins University Press.  
<http://hdl.handle.net/2142/3666>
- Pratt, C. & Roberts, M. (2014). Psychiatric Rehabilitation (3<sup>rd</sup> Edition).
- Robson, C. (2011). Real World Research: A Resource for Users of Social Research Methods in Applied Settings, (2nd Ed.). Sussex, A. John Wiley and Sons Ltd.
- Shamsa, A., Munazza, M. & Zahra, R. (2018). Implementation of CIPP Model for Quality Evaluation at School Level: A Case Study. *Journal of Education and Educational Development*, pp. 189, International Islamic University, [Islamabadshamsa.aziz@iiu.edu.pk](mailto:Islamabadshamsa.aziz@iiu.edu.pk)
- Stufflebeam, D. L., & Shinkfield, A. J. (2007). *Evaluation theory, models, applications*. San Francisco, CA: Jossey-Bass.
- Thase, M.; Kingdon, D. & Turkington, D. (2014). The Promise of cognitive behavior therapy for treatment of severe mental disorders: A review of recent development, *World Psychiatry*, P. 13(3): 244-250, Published online 2014 Oct 1. doi: [10.1002/wps.20149](https://doi.org/10.1002/wps.20149), PMCID: PMC4219058, PMID: [25273290](https://pubmed.ncbi.nlm.nih.gov/25273290/)
- Townsend, M. (2013), Essentials of Psychiatric Mental Health Nursing: Concepts of Care in Evidence based Practice, 6<sup>th</sup> Edition, F.A. Davis Company, 2013, ISBN 0803638760, 9780803638761
- 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](http://www.interscience.wiley.com)), & 2009 Wiley Periodicals, Inc. DOI: 10.1002/jcop.20351
- Wiesman (2012). Student Motivation and the Alignment of Teacher Beliefs. Volume 85, 2012 - *Issue 3*. Published online: 20 Mar 2012. ResearchGate.  
<https://doi.org/10.1080/00098655.2011.653016>.
- WHO (2019). Definition of Health, cited by Zsuzsanna Jakab, WHO Regional Director for Europe, WHO Regional Director for Europe, 14<sup>th</sup> European Health Forum Gastein, 7 October 2011, Bad Hofgastein, Austria,  
<https://en.wikipedia.org/wiki/Health>
- 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](mailto:horden@skannet.com).