

# Patients' Relative Satisfaction with Nursing Care: A Case Study of Federal Neuro-Psychiatric Hospital, Calabar

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**Abstract:** Psychiatric nurses like any other caregiver are more answerable to themselves and others for service rendered to their patients. The patients though with abnormal behaviour, have right of quality care and safety and nurses are held liable on failure to provide such. The study adopted a cross sectional, descriptive research design to assess patient relatives' satisfaction with nursing services in Federal Neuro-psychiatric Hospital, Calabar, and Cross River State. Four (4) research questions were raised to direct the course of this study. A total of 58 patients' relatives who responded to the questionnaire were sampled using convenient sampling procedure. A well validated and reliable questionnaire was used as instrument for data collection. Data collected was analyzed using frequency counts, simple percentages and mean scores. Finding revealed that there was marked improvement of Patients' health status prior to grant of trial leave as compared to their health status when they were admitted into the hospital. Nearly all the relatives were very satisfied with the nursing care received by their patients; hence, the relatives indicated that the level of wellness of their patients was very good. Nevertheless, the relatives pointed out some areas that needed to be improved. These include; giving adequate and timely information to relatives regarding their patients, improving on patients' feeding and cleanliness of Wards through frequent sanitation. Based on these observations, the researcher therefore recommended increase in supervision of activities by the Ward Managers and Supervisors, and encouragement of collaborative service between Nurses and Social Workers to promptly inform relatives over patients' current information and wellbeing.

**Key words:** Psychiatric Nursing Care, Patients' Relatives, Relatives Satisfaction & Patient's Satisfaction

## I. INTRODUCTION

A Case of satisfaction is derivation of fulfillment and gratification from interaction or employed service. In line with the vision statement of Federal Neuro-Psychiatric Hospital, Calabar, nursing service is structured at offering excellent services based on patient and relatives' satisfaction within and outside the facility. Nevertheless, every care seeker requires high level of joy and attainment from their relationship with caregivers, especially nurses, over management of their family members. Farahani, Shamsikhani and Hezaveh (2014) asserted that the priority of nursing care should be anchored on patient and relatives' satisfaction during policy and decision making in health care facilities.

Among their recommendations, it was included that for every amendment to enhance services, patient and relatives' opinion should be sought.

It was for the purpose of patients' relative satisfaction that Federal Government through the Federal Ministry of Health established modern hospitals like outpatient facilities, emergency units, psychiatric facilities and rehabilitation services. In addition, she train, staff and equipped these facilities to diagnose and treat the public with myriad of complaints to gain their satisfaction (Piercey & Fralick, 2020).

In psychiatric nursing, span of nursing activities are limitless and prioritized based on patient and relative's need and complaints. On that regards, areas of satisfaction covers nurses' activities on patients' daily care, safety, and promotion of mental health. Inwardly, activities covering care ranges from acceptance of patient, reception of relatives, attention to patient's complaints, provision of care/needs, prevention from escape, custodian of property, accountability to patient's property and preservation of patients' information (Sharac; McCrone; Sabes-Figuera; Csipke; Wood & Wykes (2010). A centralized care with less restrictive environment is practiced to enable the nurse assume full control. A permissive technique is employed to permit patient exhibit some of their rights and privileges while undertaking treatment.

Above plan of care was successful through adoption of psychomotor agitation (PMA) management techniques (Vieta, Garriga, Cardete, Bernardo, Blanch, Catalan, Vazquez, Soler, Ortuno & Martinez-Aran, 2017). Psychomotor agitation (PMA) frequently manifests in psychiatry symptoms as a state of motor restlessness and mental tension requiring prompt recognition, appropriate assessment and management to minimize anxiety for the patient and reduce the risk for escalation to aggression and violence. Standard and applicable protocols with algorithms assists nurses and other healthcare providers to identify patients at risk of PMA, achieve timely diagnosis and implement minimally invasive management strategies to ensure patient and staff safety and resolution of the episode is enhanced.

On application of these measures for number of years, it has been effective with maximal turnover of several patients

getting well at Out-Patient basis and full admission. It now prompts the researchers to explore the minds of the relatives to reflect the system on their evaluation of nurses' care given to their mentally sick.

### *Background*

Care in psychiatry nursing covers all spheres including physiological, psychological, spiritual, social and economic. Summarily a nurse delivers these cares as acceptance of patient, reception of relatives, attention to patient's complaints, provision of care/needs, prevention from escape, custodian of property, accountability to patient's care and preservation of patients' information

### *Acceptance of patient*

Admission of patients in psychiatric hospital is free acceptance of both voluntary and involuntary admission according to Mental Health Act 2001. This involves consideration patient's best interest before any decision towards care and treatment. Patient has right to be treated with dignity and respect and be listened to.

Under the Mental Health Act 2001, psychiatric patients are to be admitted and given treatment in approved centres (that is, psychiatric hospitals or inpatient services). Here, patients' best interests should be considered before any decision about patients' care and treatment is made. On that regard, patient should be included in discussions with the Managing Team where patients' best interest relies to help patient recovery. Under this Act, patients have right to be treated with dignity and respect and right to be listened to by all those working in the care team. Patients are entitled to take part in decision affecting their health while the Managing Team consider their views carefully. Most of all, patients have the right to be fully informed about their legal rights, admission and course of treatment (management plan).

### *Reception of relatives*

Reception in psychiatric setting is always homely and cordial to alley relatives' anxiety. According to Gilbert, Rose & Slade (2008), a relative who took a family member for care in a psychiatry facility at UK expressed that his feeling of uncertainty was taken away through the warm and receptive approach he received from caregivers on duty. This was fashioned by willingness to listen to my complaint, and contribute their lot to relieve my boredom. Regarding respect, many relative who patronized Psychiatry Facility UK verbalized they obtained optimal regard and recognition from their Healthcare providers, and this was good.

### *Attention to patient's complaints*

The difference between highly effective organizations and others is the sensitivity or mindfulness with which caregivers react to even weak signs that some kind of change or danger is approaching (Coutu, 2018). Paying attention to others, our surroundings, and ourselves is a powerful component of "mindful practice" (Epstein, 2017) and it requires an internal

discipline that means that nothing is accepted as routine. It requires using all of our sensory and cognitive resources, paying attention by listening, noticing details, and taking actions that change the course of events. Similar to vigilance, it encompasses staying alert and on guard for the unexpected or unpredictable in order to take the necessary and quick action. When all nurses are paying attention to early or weak signs of potential resident care or staff management issues, information relevant to decision-making can be shared and used before such issues escalate into larger problems. Not paying attention, or non-vigilance, has been associated with concerns over patients' safety, particularly medication errors and infection control (Burke, 2016). In a study of nursing homes, we found that paying attention is critical in providing good resident care and facilitating effective peer and supervisory relationships. In this article, we describe paying attention as used by administrators, supervisors, charge nurses, and CNAs with the aim to challenge nursing home leaders to: 1) hone their awareness for paying attention; 2) understand the impact that paying attention has on residents and staff, and 3) encourage an environment where all staff members pay better attention.

During the case studies, we observed what staff members termed "paying attention" (and not paying attention), across all levels of staff and departments. The staff described paying attention as needed both in providing direct care and managing staff (Hunt, 2017). Paying attention in direct care: Several direct care staff said that "paying attention" allowed them to identify and address resident care issues integral to good resident care. ~ It was essential to "knowing the resident" and enabled staff to register subtle resident signals before these could become serious issues. For instance a Nurse Supervisor (RN) described her reliance on nursing assistants (CNAs) to pay attention to the details of a resident's condition (Burke, 2016).

By paying attention, the Nurse understood what the resident was trying to express and she subsequently intervened by periodically taking him for walks. This action, allowing the resident periods to stretch and move freely, facilitated tolerance of the chair restraint and avert potential harmful outcomes such as venous stasis or blood clots. Furthermore, this example suggests that paying attention can be especially important in caring for residents who cannot communicate their needs or discomforts. In contrast to the example above, we found evidence that ignoring or missing resident cues can result in poor care and potentially harm on the residents. For example in this observation: "I watch the Nurse give the resident steaming grits that look really hot. He jerks his head from side to side and tries to spit them out, but she keeps on giving them to him. Finally she says, "Are they too hot for you?" (Coutu, 2018).

### *Provision of patient's care/needs*

Although patients' safety in movement has emphasized systems for avoiding errors of commission in the delivery of

health care (e.g., marking the wrong eye for surgery), low-quality nursing care also inheres in the omission of beneficial care (Kalisch, Landstrom, & Hinshaw, 2019). Studies in England (Ball, Murrells, Rafferty, Morrow, & Griffiths, 2014) and the United States (Sochalski, 2014) have shown that units evaluated by nurses as having lower quality of care are often those in which required patients' care requires task that likely to be missed or omitted. These gaps are filled in psychiatry care that patient rarely noticed missed or omitted care required to be supplied by nursing staff.

Kalisch (2016) has delineated nine specific aspects of regularly missed nursing care: ambulation, turning, delayed or missed feedings, patient teaching, discharge planning, emotional support, hygiene, intake and output documentation, and surveillance. He observed that nursing staff typically attribute their omission to factors that are indicative of organizational deficiencies, including too few staff on duty, poor use of existing staff resources, delays in nursing intervention, poor teamwork, and ineffective delegation, habit and denial (Kalisch, Doumit, Lee & Zein, 2013; Kalisch, Tschannen & Lee, 2011). Even with existence of above weakness, patients have their due care and attention under poor mental state and bizarre behaviors.

Work by Kalisch et al. (2012) has shown that patients are able to partially or fully report on missed nursing care activities that are comparable to the items included in our dimension of planning and communication activities. Preparing patients and families for discharge is indicative during discharge planning more so, educating patients and family is mandatory before permitting them out for trial leave. Hence, omitting these tasks might lead to disorganized patient care which patients' relative would be able to recognize as neglected and unfulfilled clinical nursing care.

#### *Preservation of patient's information*

Confidentiality and privacy (i.e. preservation of patients' information) are key principles in Nursing and medical practice. According to Ochonma, Nwodoh, Igwe, Ani and Dyages (2017), keeping (preserving) patients medical information confidential and establishing a trusting and friendly relationship with patients are among the professional conduct nurses owe to the patients, relations and the wider society and the profession of nursing. Nurses owe patients the responsibilities of keeping their medical data confidential, maintaining safety in the health care settings, developing trusting and friendly relationship (Code of ethics for Nurses in Australia, 2002). In ensuring quality nursing care in Nigeria the Nursing and Midwifery council of Nigeria (2013), emphasized that the nurse must; keep information and records of the client confidential, except in consultation with other members of the health team to come up with suitable intervention strategies or in compliance with a court ruling or for protecting the consumer and the public from danger, she should also relate with consumer in a professional manner only, know that all clients/patients have a right to receive

information about their condition, be sensitive to the needs of clients/patients and respect the wishes of those who refuse or are unable to receive information about their condition. Amidst the challenge Nurses are faced in ensuring confidentiality or persevering patients information in a time where information moves faster than it can be imagined, nurses have a duty of care towards patients. That duty includes maintaining privacy (protecting their information from unwarranted intrusion) and confidentiality (Price, 2015). Beltran, Girela-Lopez, Collazo-chao, Perez-Barquero and Vilanueva (2016), added that medical professional (including Nursing) are obligated to protect the confidentiality of their patients, and it is morally justified based on the rights arising from relationship and nursing practices involves trusty relationships with both patients, family and society. A patient's right to privacy involves the confidentiality of information related to the patient and bodily privacy of the patient (Sert, 2008; Ocaktan, Yildiz, Ozdemir, 2004; Woogara, (2005). And information that patients provides or that is obligated in a professional interaction between a Nurse –patient or Physician-patient must be kept confidential or private (Braunack-Mayer, Mulligan, 2003).

According to a study conducted on protection of privacy and confidentiality as a patient's right; physician and nurses viewpoints by Nilufer and Nurdan (2016), 112 (64.4%) nurses strongly agreed, 61 (35.1%) agreed and 1 (0.6%) disagreed; and 103 (56.3%) physicians strongly agreed, 71 (38.8%) agreed, 4 (21.2%) were undecided and 5 (2.6%) disagreed on that statement that "patients have the right for protection of privacy in the provision of care and treatment. And 90 (51.7%) nurses strongly agreed while 97 (53%) physicians strongly agreed that patients have the rights to demand the confidentiality of information related to their health condition, diagnosis, prognosis and treatment as well as all other personal information.

#### *Protection of patients from harm*

In the recent past, there has been no shortage of statistics showing the hazards awaiting those seeking healthcare services. Patients safety is an essential and vital component of quality nursing care, however, the healthcare system in Nigeria, is often without errors, detrimental to patient's safety care (Karen, 2003). Patient's safety (or being protected from harm) involves freedom from accidental injury and to ensure patients safety, establishment of operational systems and process that minimizes the likelihood of intercepting them when they occur (Institute of Medicine (IOM), 2000). IOM (2001) further stated that one of the rules addressing safety is "safety property" and this rule requires that patients be safe from injury caused by the care system and that more attention be made to preventing and mitigating errors. Eurostat (2010), also stated that International papers show that in 10% of all hospitalizations, there where Medical/nursing errors and/or unwanted situations in other healthcare settings, such as domiciliary care, private healthcare, and chronic patient care. And it has been shown that one out of ten patients in

developing countries, there is an even higher medical error risk (and this causes harm on the hospitalized). The US department of Health and Human services (2019) stated that in certain developing countries that risk seems to be almost 20 times higher compared to developed countries. So by defining patient safety from harm is viewed as freedom from untoward events arising from healthcare processes such as may result in permanent injury, increased length of stay in hospital or even death. Therefore Nurses vigilance at the bedside is essential to their ability to ensure patient safety (from harm). It is logical therefore, that assigning increasing numbers of patients eventually compromises nurses' ability to provide safe care. Needleman (2011) had it that several studies have pointed to a relationship between nurse staffing ratio and patient safety, documenting an increased risk of patient safety events, morbidity and even mortality as the much of patients per nurse increases. Safety in nursing practice constitutes protecting patients from harms arising from adverse events in care such as medical errors, poor communication in handover, insufficient staffing or inadequate education on new technologies (Sherwood, 2015). The World Health Organization (WHO) viewed patient safety as the absence of preventable harm to patients and prevention of unnecessary harm by healthcare professionals (WHO, 2019). And it is the role of the Nurse to preserve patient safety and prevent harm during the provision of care in both short term and long term care settings. Hanneman, (2017); & Vaismoradi, Jordan and Kangasniemi (2015) articulated that nurses are expected to adhere to organizational strategies for identifying harms and risks through assessing the patient, planning for care, monitoring and surveillance activities, double-checking, offering assistance, and communicating with other healthcare providers. In contrast to other hospital environments, within psychiatric inpatients settings, patient risk is conceptualized as affecting not only the individual, but also other patients, staff and the general public, widening the sphere of risk. Nurses uphold safety through adoption of a custodian role with nursing practice (Loukidou, Ioannidi, & Kalokerinou-Anagnostopoulou, 2010), comprising risk management strategies such as forced medications or the use of seclusion to uphold safety through containment of an individual's behavior or person (Larsen & Terkelsen, 2014; Mavalidharam & Fenton, 2012). Bowers, Banda & Nijman (2010) articulated that whereas inpatient nursing care within this context, safety (protection from harm) is not merely a consideration or goal, but the highest value, and said that "the first purpose of psychiatry is to keep patients and others safe"

#### *Prevention of patient escape*

Exworthy and Wilson (2010) define patient escape as a situation where a patient leaves the hospital without informing staff. It can pose serious challenges to staff especially nurses who are the custodian of the patients and the hospital management who control the security apparatus of the hospital. Patients who leave the hospital without doctor's permission before completing courses of treatment may cause harm to themselves and others (guru et al., 2019). Kumar et

al., (2016) suggested that patient's escape causes additional cost to the hospital, patients and patients' relatives. Such cost includes police statement, phone calls and legal action by patient relatives. All escapees are opportunity takers and opportunity makers. They create a scene and then take advantage of the situation to escape.

In order to put in place appropriate prevention strategies, there is need to identify factors associated with inpatient's escape from the hospital. In a study conducted by Taylor et al., (2013) to determine factors responsible for inpatients escape from psychiatric admission, it was found that male gender with diagnosis of psychoactive substance related disorder with past history of escape in treatment setting had 75% escape rate compared to 15% of male gender with other diagnosis and no past history of escape from treatment setting. The most common reasons identified by Gowda et al., (2018) in 210 absconding incident were treatment failure, family issues, alcohol/substance use, finances and influence of other patients, medication noncompliance and hallucinations. Raji (2017) also identify factors associated with absconding to include lack of operational definition of absconding, type of security measures, type of hospital care, presence of forensic patients, legal measures and multiple other factors.

Since the causes of inpatients escape from the hospital are multifactorial, preventions therefore are multidisciplinary. Studies have shown that greater nurse-patient interaction and greater patients activities (i.e participation in therapeutic or social activities rather than being socially disengaged or spending time alone in ward) improves clinical outcome and prevent patients escape.

Stewart and Dowers (2013) suggested various ways to prevent inpatients from absconding, such ways include rule clarity, identification of potential escapee, locking of the ward door and strengthening of the security apparatus in the ward. Stewart et al., (2010) also identified some measures to prevent inpatients from absconding which include targeted nursing care time for those at high risk, dealing with home worries and treating patients' relatives' not as meddling interlopers but as members of the therapeutic milieu.

#### *Custodian of property*

In England, Clegg (2013) reported on custodian policy in psychiatry hospital. This was organized into Trust Policy under Nursing Department for custodian of patient's properties. In this practice, Nursing staff requires all patient on admission to submit to their custody every of their valuable and monetary cash for safe keeping. These include ATM card, Bank Cheques, wrist watches, phone/handsets, clothes, shoes and ornaments. Above items are recorded, labeled and kept with Ward Manager to be released for patient whenever he/she has need of them. This is most pertinent where patient has no insight into his problem and under psychotic state might displace or misuse these items to wastage. According to Mental Capacity Act (2005), a relative can take the properties home having signed an undertaking with nursing

staff that these items are with them until when patient resumes reality the items will be brought to his use.

#### *Accountability to patient's care*

Psychiatric nurses like any other caregiver are more answerable to themselves and others for service rendered to their patients. The patients though with abnormal behavior, have right of quality care and safety and nurses are held liable on failure to provide such. Davis (2017) asserted that to meet the growing healthcare needs of patients with chronic and complex illness like psychiatry disorders, nurses must own accountability to all their clinical practice toward patient's wellbeing whether to their credit or adversity.

## II. STATEMENT OF PROBLEM

Reports from clinical survey reveals patients' missing items, misappropriation of properties and intolerance of nursing officers on duty schedule. Though relatives rarely complain of nurses' wrong approach, there had been rumor of deprivation of patient's rights, insecurity and non-accountability of service provided to assigned patients. This is deemed to affect the relative satisfaction of patients and/or their relatives. However, several studies have been conducted to vet the outcome of psychiatric care but to the best knowledge of the researchers none of these studies have been carried out in Cross River State. To fill this gap in existing literature, the researchers investigate patient relatives' satisfaction with nursing service to their family members in Federal Psychiatric Hospital, Calabar, CRS which will help device intervention to curb inadequacies in services assigned to patients.

#### *Aim of the study*

The main aim of the study was to determine patient relatives' satisfaction with nursing care services rendered to patients in Federal Neuro-Psychiatric Hospital, Calabar. Specifically, the study sought to:

- i. Compare patient's health status before admission and during trial leave
- ii. Examine the level of relatives' satisfaction with nursing care
- iii. Ascertain patient's level of wellness before grant of trial leave;
- iv. Explore relatives' opinion on rendered safety care.

## III. METHODOLOGY

The study uses cross sectional descriptive design. Population consists of 78 relatives/family member, Cross River State Citizen Provision for Women and UNO officials who passed through the hospital over three months from June to August 2020. Convenience sampling technique was used as most relatives decline response for lack of chance. The instrument was validated with face validation by the Chairman of Research Team, Procedure Committee Educational Unit to have covered essential aspects of nursing care. Reliability was conducted on 20 family members who were not included in the actual research using split half reliability method. Having

correlated with Pearson Product Moment Correlation, a reliability coefficient of 0.82 was obtained. Data were collected willingly from relatives as they come to pick their family members home over the period. Descriptive analysis which involves percentages, frequency count, charts, mean and standard deviation was used for the study.

## IV. RESULTS

A total of fifty eight (58) questionnaires were filled by patients' relatives in six (6) Wards including Ward 1, Ward 2, Ward 3, Ward 4, Ward 5, and Outpatient Emergency (OPE) respectively. These questionnaires were sorted and analyzed, and results were presented using charts and frequency table. The data were described using frequency counts and simple percentages.

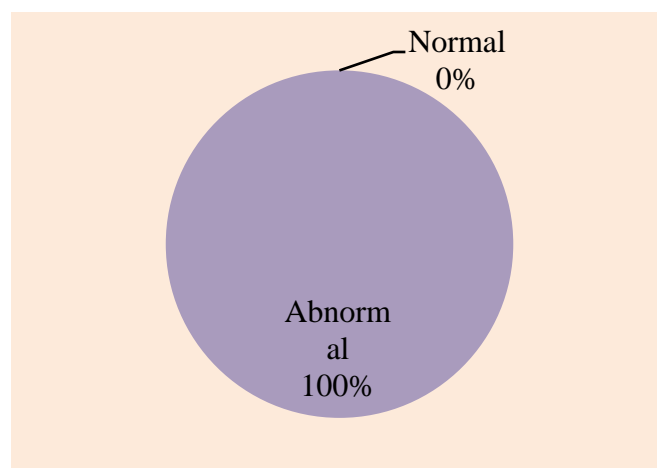


Figure 1: Pie chart showing patients' health status before admission

Figure 1 presents the health status of patients before they were admitted into the respective Wards. The figure reveals that prior to admission all the patients assessed in this study were abnormal.

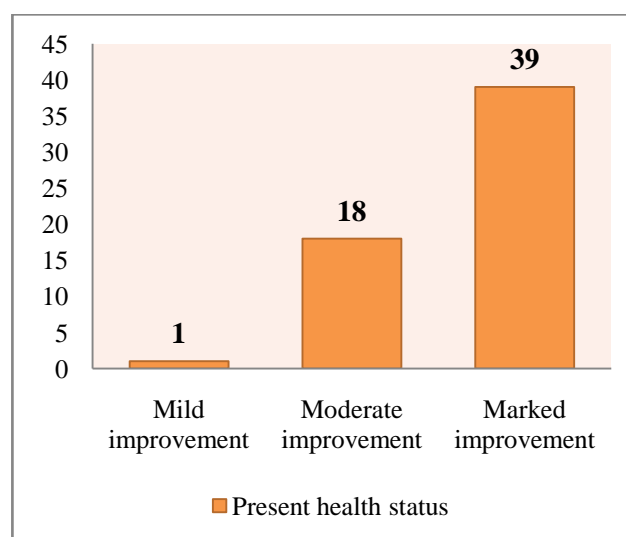


Figure 2: Bar showing the present health status of patients on trial leave

The present health status of patients due for trial leave is presented in figure 2 above. It shows that among the 58 patients assessed in this study, only 1 (1.7%) had mild improvement from his/her prior state of health status during

admission; 18 (31.1%) had moderate improvement; and 39 (67.2%) had marked improvement compared to when they were admitted into the hospital.

Table 1: Patients/relatives' satisfaction with Nursing Activities

Nursing Activity	Rating (%)						Mean $\pm$ SD	Remark
	V. poor	Poor	Fair	Good	V. Good	Total		
Acceptance of patient	0(0.0)	1(1.7)	3(5.2)	14(24.1)	40(69.0)	58(100)	4.60 $\pm$ .67	Very satisfied
Reception of relatives	0(0.0)	0(0.0)	1(1.7)	13(22.4)	44(75.9)	58(100)	4.74 $\pm$ .48	Very satisfied
Attention to patient's problems	0(0.0)	0(0.0)	3(5.2)	16(27.6)	39(67.2)	58(100)	4.62 $\pm$ .59	Very satisfied
Provision of patient's care/need	0(0.0)	0(0.0)	2(3.4)	20(34.5)	36(62.1)	58(100)	4.59 $\pm$ .56	Very satisfied
Prevention of patients from escape	0(0.0)	0(0.0)	1(1.7)	11(19.0)	46(79.3)	58(100)	4.78 $\pm$ .46	Very satisfied
Custodian of patient's property	0(0.0)	0(0.0)	1(1.7)	17(29.3)	40(69.0)	58(100)	4.67 $\pm$ .50	Very satisfied
Accountability to patient's property	0(0.0)	0(0.0)	3(5.2)	14(24.1)	41(70.7)	58(100)	4.66 $\pm$ .58	Very satisfied
Preservation of patient's information	1(1.7)	0(0.0)	2(3.4)	12(20.7)	43(74.1)	58(100)	4.66 $\pm$ .71	Very satisfied

Source: Questionnaire; \*(%);

Table 1 presents the satisfaction of patients' relatives with nursing activities. The Table shows that out of the 58 relatives who rated nursing activities, 40 (69.0%) rated acceptance of patients by nurses to be very good, while 14 (24.1%) rated good, only 3 (5.2%) and 1 (1.7%) rated this nursing activity to be fair and poor respectively. 44 (75.9%) relatives said that the reception the nurses accorded them was very good, 13 (22.4%) said it was good, while only 1 (1.7%) relative said the nurses were fair on this item. On the Nurses attention to patient's problem, 39 (67.2%) observed that this service was very good, 16 (27.2%) said it was good, while 3 (5.2%) said it was fair. About 36 (62.1%) relatives rated nursing related act of providing patients care/need as being very good, while 20 (34.5%) rated good, and 2 (3.4%) rated fair. Also, 46 (79.3%) out of the 58 relatives said that the prevention of patients from escape was very good, 11 (19.0%) said it was good, while 1 (1.7%) said it was fair. On custodian of patient's property, 40 (69.0%) said the nurses were very good on this, while 17 (29.3%) said they were good, and only 1 (1.7%) said they were fair. 41 (70.7%) out of the 58 relatives said affirmed that the nurses were very good at rendering accounts to patient's properties, 14 (24.1%) said they were good, and 3 (5.2%) relatives said they were fair at rendering this service. 43 (74.1%) relatives said yes that the nurses were very good at preserving their patient's information, 12 (20.7%) said they were good in this aspect of nursing care, while 2 (3.2%) said they were poor, and 1 (1.7%) relative rated this nursing care as being very poor. On the whole, the mean scores of each of the variables measuring the patient's/relative satisfaction with nursing activities reveals that the relatives were very satisfied with all aspects of the nursing activities assessed in this study.

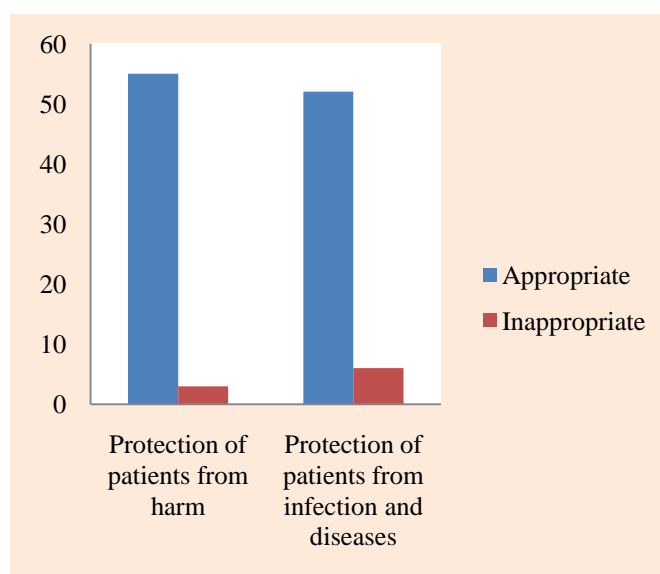


Figure 3: Bar chart showing the relatives' opinion on rendition of safety care

The bar chart above shows that 55 (94.8%) out of the 58 respondents in their opinion indicated that nursing services relating to patients' protection from harm was appropriate, while 3 (5.2%) said it was inappropriate. Also, 52 (89.7%) relatives adjudged nursing activities related to protection of patients from infection and diseases to be appropriate, and 6 (10.3%) opined that this nursing act was inappropriate. Summarily, these nursing related activities is general indicated as appropriate and is therefore adjudged satisfactory to the patients' relative assessed in this study.

Table 2: Opinion of relatives on patient's wellness

Item	Rating (%)						Mean $\pm$ SD	Remark
	V. poor	Poor	Fair	Good	V. Good	Total		
Patient's functionality	0 (0.0)	0 (0.0)	5 (8.7)	35 (60.3)	18 (31.0)	58 (100)	4.22 $\pm$ .59	Very Good
Patient's level of wellness to go home	0 (0.0)	1 (1.7)	9 (15.5)	23 (39.7)	25 (43.1)	58 (100)	4.24 $\pm$ .78	Very Good

Source: Questionnaire; \*(%);

Table 2 presents the relatives opinion on the level of wellness of their respective patients. Accordingly, 18 (31.0%) out of the 58 relatives said yes that the level of functionality of their patients was very good, while 35 (60.3%) said it was good, and only 5 (8.7%) said their patients were fairly functional. On the same note, when the relatives were asked to rate the level of their patients' wellness to return home, 25 (43.1%) said it was very good, while 23 (39.7%) rated good, 9 (15.5%) rated fair, and only 1 (1.7%) relative rated fair. The mean scores of these items indicate that the level of patients' wellness as assessed from the relatives' opinion is very good.

#### *Perceived areas for improvement*

Though the relatives were very satisfied with the respective care given to their patients, however, some areas they think the Hospital should improve upon were mentioned for consideration. Most significant among these include: fumigation of Wards against rodents and mosquitoes, giving adequate and timely information to relatives regarding their patients, general renovation of the Wards (such as painting and lighting system), improving on patients' feeding, cleanliness of Wards through frequent sanitation, keeping patient's information confidential, curtailing long waiting time while seeking physicians' attention, encouraging self-care, and improving on patient's safety. Apart from these, most relatives opined that the cost of patients' care should be subsidized by the government to accommodate the less privileged, while some of them suggested that occupational therapy and games should be intensified in the facility.

#### IV. SUMMARY OF FINDINGS

The study was conducted to vet patients/relatives satisfaction with nursing services in Federal Psychiatric Hospital, Calabar. Specifically, the study sought to: compare the health status of the patients before admission and during trial leave; examine the level of relatives' satisfaction with nursing care; ascertain the level of wellness of patients; and explore the areas needed to be improved as perceived by the patients' relatives. Summary of the study's finding is presented below:

1. There was marked improvement of Patients' health status prior to grant of trial leave as compared to their health status when they were admitted.
2. Patients' relatives were very satisfied with nursing care rendered to patients
3. The relatives indicated that the level of wellness of their patients was very good.
4. Significant areas to be improved upon include: fumigation of Wards against rodents and mosquitoes,

giving adequate and timely information to relatives regarding their patients, general renovation of the Wards (such as painting and lighting system), improving on patients' feeding and general cleanliness of Wards through frequent sanitation

#### V. RECOMMENDATIONS

It was recommended that the Nursing Department should ensure the following activities:

- Increments of supervision on nurses activities by the Ward Managers and Nursing Supervisors,
- Collaborative service between Nurses and Social Workers to promptly inform relatives over patients' current information and wellbeing.
- The Maintenance and Catering Department of the hospital should be proactive over complaints concerning their areas.

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FEDERAL PSYCHIATRIC HOSPITAL, CALABAR  
 RELATIVE/PATIENTS SATISFACTION OF NURSES SERVICES

SURVEY OF PATIENT'S MENTAL HEALTH STATUS

MANAGING WARD/UNIT:.....

Before admission patient was:

Normal	Abnormal

Present state for trial leave:

Worse than when he came	Same as he came	A mild improvement	Moderate improvement	Very marked improvement

NURSES' ACTIVITIES ON PATIENT'S CARE

	VERY POOR	POOR	FAIR	GOOD	VERY GOOD
Acceptance of patient					
Reception of relatives					
Attention to patient's problems					
Provision of patient's care/needs					
Prevention of patient from escape					
Custodian of patient's property					
Accountability to patient's property					
Preservation of patient's information					

RENDITION OF SAFETY CARE

	Appropriate	Inappropriate
Protection of patient from harm		
Protection of patient from infection and diseases		

LEVEL OF PATIENT'S WELLNESS

	VERY POOR	POOR	FAIR	GOOD	VERY GOOD
PATIENT'S FUNCTIONALITY					
PATIENT'S LEVEL OF WELLNESS TO GO HOME					

COMMENTS ON GENERAL SATISFACTION

COMMENTS ON AREAS OF IMPROVEMENT