

## Relative/Patients' Satisfaction of Nurses Services in Federal Neuro-Psychiatric Hospital, Calabar; Within 2022

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### ABSTRACT

The study was conducted to investigate relative/patients' satisfaction to nursing services in Federal Neuro-Psychiatric Hospital, Calabar from January to December, 2022. Three (3) research questions were raised and one hypothesis was formulated to guide the study. A cross sectional research design was used to study 204 relatives who came to retrieve their recovering member home. Instrument for data collection called Relative/Patient Satisfaction of Nursing Services (RSNS) was constructed in line with research questions; it was also validated with face validation and its reliability ascertained with split-half reliability test and a reliability coefficient of 0.885 was obtained. Collected data were analyzed with descriptive statistics using frequency counts, simple percentage, mean and standard deviation, while hypothesis was tested with use of One-Way Analysis of Variance (ANOVA). Obtained results were presented in charts, tables and graphs. Finding revealed that majority of the respondents waited within 0-30 minutes before attention and administration of care, that a significant proportion of the patients remarkably improved before allowed for trial leave, and that there is a high level of relatives' satisfaction with nursing care services. Hypothetical finding shows that there is statistically significant difference in relatives' satisfaction with nursing services based on the Wards/Units ( $p < 0.05$ ). It was recommended among other things that nurses should avoid beating patients when they are wrong and should upgrade from manual to online payment transaction with use of Point of Sale (POS).

**Keywords:** Relatives, Patients, Satisfaction, Nursing Services

### INTRODUCTION

Satisfaction is a state of gratification of desired want from expected source. Every patient and relative requires best attention and care in the healthcare facility. In psychiatric setting, relatives are family members, philanthropic or Non-Governmental Organizations who bring or refer their sick associates for treatment of abnormal behaviors. They suffer the impact, risk and poor functionality of their members than the sufferers. In most instances they expect prompt and effective care from Caregivers like the nurses, doctors, laboratorists, pharmacists and others. List of their satisfaction ranges from courtesy, respect, reduction in waiting time, attention to complaints, provision of emerging health needs and patients' safety. These patients being humans has expectations even with poor mental state, to be regarded and considered in

available services. Healthcare services might be far from reach due to relatives' constraint to resource, high expectations and organizational dysfunction. Despite any or all above constraints, it involves nursing skill to be available, attentive, friendly, communicative and reassuring to the anxious and desperate members that Nursing care Services is readily available for their mentally ill patients.

Commencement of nursing care began at arrival of a patient and/or relative at reception toward reduction of waiting time, assessment and history taking, attention to presenting complaints and other arising needs, prevention of escape, custodian of patients' property, and other clinical cares.

### **Waiting Time**

This is the length of time a patient and relative wait outside expecting caregivers' attention either for observation, data or specimen collection, supply and administration. According to Jing, et. al. (2017), every organized health facility should offer timely and appropriate service to all their patients and relatives as their need arises.

### **Patient's Health Status**

Health status is relative and never static. It takes a proactive and skillful nurse to maintain it within comfortable range for a peaceful working environment. This could be attained with patient-centered care from scientific community and practicing caregivers (Rumsfeld, 2002). In psychiatric nursing unlike general practice, patient's health status ranges from disease or mental trauma, mental illness, deviation from function and severance from reality; health related quality of life as illustrated in Spertus model (1995).

A patient is said to be normal when reasoning is within reality testing with attendance to daily life activities. This is confirmed by clinicians with use of mental state assessment at various levels of care (Forrest, 2020). Deviation from this is what warrants the relative to bring their member for treatment.

### **Nurses Activities**

Nurses being core care providers in every health facility has wide range of activities to justify patients/relatives' satisfaction even during trial leave. At inception, relatives and patients has to be accepted, listened to, cared for, prevention from harming self and/or others, accommodated, protected from injury and infection, and advocated for till insight is regained. According to Townsend (2015), above activities could be attained through value clarification which involved self-awareness, respect to culture and beliefs of patients, proof of genuineness to patients in interpersonal relationship, show of sympathy and empathy toward patient's condition.

A psychiatric patient, irrespective of behavior and appearance needs reception and acceptance. Ryan (2020) comment that accepting a psychiatric patient help him make a change, accept peace with difficult situations which was hard for him to bear and amount a loss to him. This shows a level of compassion and assistance to assume reality by a Care provider.

Most psychiatric patient has no sense of safety and who may be affected by his activities. Prevention from harm is one priority of psychiatric nursing as negligence can lead to adverse

consequence. Murphy, Keogh and Doyle (2019) reported incidence of over 220,000 cases seen at accident and emergency unit Australia, arising from self harm. This results in challenging situations with common admission in healthcare facilities. According to Taylor and Zborowsky (2019), harm to self and others could best be guided against with use of Safety Risk Assessment (SRA). The same vigilance skill used to prevent harm self and others extends to prevention from elopement. Taylor and Zborowsky (2019) design an SRA tool to monitor and easily arrest patients' escape at first point of emergence.

Doncaster and Bassetlaw Hospital issue a check list for Custodian of a psychiatric patients' property in Healthcare Institution (Clegg & Carville, 2015). In accordance with Mental Capacity Act (2005), items found with admitted patients who are unconscious, confused, incapacitated or dead are required to be custodies or safe kept in a psychiatric facility by a nurse. Care Quality Commission provides that this is done to avoid misuse, theft, misappropriation of valuable properties especially monies and possession (CQC, 2010).

In the same vein, accountability to patients' property is born by nursing staff that receives and care for them. The patient has right to demand or seek for explanation of the property, and has to be attended to. In line with CQC (2010) rules, any damage of misplaced property is explained to patient on regain of insight or communicated with relatives. Moreover, forgotten and rejected items are only destroyed following the patient or relatives' consent.

Irrespective of source of collecting patients' data, it is nurses' role to preserve and guide it from public access mindless of level of relationship with the patients. This demonstrates patient's safety, ethical practice and effective nursing practice. Anand (2014) asserts that nurses' ability to preserve and guide information is one of her tools that enhances practice and upgrades patient's care. Patients' documented data are reliable and are meant to be kept permanent as base for communication between inter-health professionals. It demonstrates nurses' accountability, useful in nursing audit and legal involvements. This further provides framework for research, resourceful evidence and rationale for funding further studies.

Transparency of nursing services requires explanation of treatment options, costs and risks to relatives. This information is relevance to gain their cooperation and trust, which further enhances staff relationship and patient's outcome (Duquesne University, 2020).

Nurses justify their activities by retaining a rationale for each of their action to fellow caregivers, relatives, society and even the patient. Hence, confinement is meant for absconding, aggressive and violent patients likely to escape from healthcare facility to harm the public or family members. Similarly, shifting duty allocation made for nursing staff help to share responsibility of upholding safety within patients in the Ward and lessen stress and anxiety on a set of staff for another set (Slemon, Jenkins & Bungay, 2017).

Another basic care a nurse owes her psychiatric patient is maintenance of environmental and personal hygiene. A nurse must maintain balance between excess and poor grooming (Goldenhart & Nagy, 2022). It is also mandatory to prevent spread of contamination by patient to care providers and other patients, or from care workers to patients. To ensure cleanliness disinfectant is useful to wash and mop the floor and instruments, disinfect caregivers' hand before touching and attending to patients. This mitigates chances of hospital acquired on in-

mates in the wards. According to Groven, Zwakhalen, Odekerken-Schröder, Joosten and Hamers (2017), encouraging and assisting patient into self bath, bathroom or bed bath is a fundamental step to proper hygiene; as this clears dirt, death skin, bacteria, perspiration, and promotes blood circulation. It may be necessary to recommend bathing toiletries to combat and prevent skin infection between patients in the Wards.

Collaboration with other medical disciplines is an adjunctive treatment approaches which requires nutraceuticals, lifestyle and behaviour change interventions with treatment of mental health problems (Ee, Lake, Firth, Hargraves, De Manincor, Meade, Maryx and Sarris, 2020). It involves more than one single professional giving health care; and proving their services systematically, working in synergy and in team for any patient based on their emerging needs. Furthermore, collaborative care is necessary for high quality care in patients requiring physical and mental health intervention. This enhances close working relationship among partaking team members and integration of primary, secondary and tertiary healthcare providers towards patients' presenting complaints. Ee, et. al. (2020) opined that better outcome of co-morbid presentations in psychiatric conditions is with collaborative care.

Moreover, there is need of collaboration with same colleagues like in Nursing, Medical, Laboratorists, Pharmacy and Records geared at patients' wellbeing. For instance, management of a schizophrenia, depression and most serious chronic mental disorders demands different professional disciplines contributing their services toward patients improved mental state (Unutzer, Katon, Fan, Schoenbaum, Lin, Della Penna & Powers, 2008). There is also coordination in care within collaboration when caregivers ensure patient's needs are provided alongside utilization of health services. This concept equally permits sharing of medical record and inter-professional communication. This further foster early identification of adverse drug effect and interactions as observed in a particular patient. Importance of collaboration also enables holistic care to a particular patient, and where symptom persists, referral is recommended to other physical or mental health facility for continuation of care. There is opportunity for shared learning and exchange of knowledge among colleagues giving room for effective use of conventional and integrative modalities (Hannigan, Simpson, Coffey, Barlow & Jones, 2018). Professionalism of nursing care involves delivery of services to meet standard. Though psychiatric care may be termed as a hurried or carless care, professionalism in safety practice, infection control, moral ethics and human rights are regarded (Ee, et. al., 2020). Advantage of this permits creation and use of professional care plan with involvement of the patient and family members to deliver care. There are peculiar nursing diagnoses based on patients' symptoms professionally designed by nurses to describe and direct management. This is done after assessment and thorough review of patients' background literature with a defined goal (Herdman, et. al., 2021).

### **Theoretical Framework**

Donabedian evaluation model is a useful framework to guide in assessment of patient or relative's satisfaction of psychiatric nursing care in FNPH Calabar.

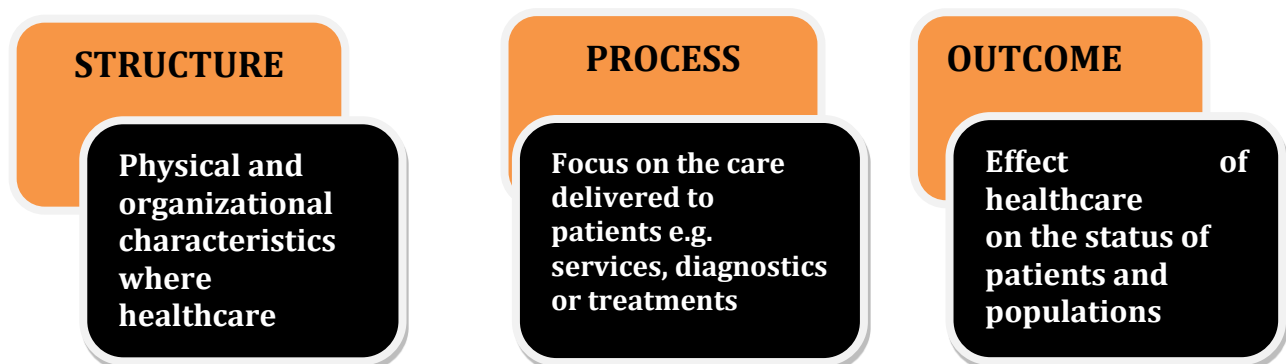
### **Donabedian Evaluation Model**

McDonald, Sundaram and Bravata (2014) posited that these three elements: structure, process and outcome are involved in Donabedian model. These were first discussed by Donabedian in 1966 in his article titled "Evaluating the Quality of Medical Care" (Donabedian, 2007; McDonald

et al., 2014). The three elements provide a framework for examining health care services and quality of care provided to patients for effective outcome of care. Based on this model, structure refers to all physical structure, equipment and personnel needed to deliver physical, social and spiritual care to the patients. These factors control the behaviour of health care workers and may influence the nature on how care is delivered which may consequently influence how patients receive their care and may also affect their judgment of satisfaction. It could also be regarded as a means of measuring "average quality of care provided in the health system and factors within the structure component that could predispose to challenges occurring within the healthcare facility.

Process involves actions that are used to provide this care. It is the sum total of activities carried out to render services to the clients by health care workers. These activities include diagnostic procedures, treatment procedures and preventive measures involving health promotion activities, health education, psychomotor activities including technicality of carrying out the procedures and the interpersonal relations between the health care workers and the clients. The process information as to how care is being rendered could be obtained through assessing the clients' records and also from survey, focus group discussion and interview with the clients who actually are the recipients or consumers of health services and with the practitioners or health professionals. In addition, observation could also be employed in obtaining data which will actually reveal the quality of services provided. It is reported that from measuring this element of process, quality of care provided could be ascertained.

Outcome is the effects of healthcare systems on the clients or health consumers. It is said to be the best indicators used to measure quality of care rendered. This is because, it deals with ensuring whether the goals of health care have been accomplished or not, which will be seen in clients' general health status and patient's expression of satisfaction regarding care. This model is commonly used in the health system to assess quality of care, though it does not contain implicit definition of care; however, the three domains identified are useful tools to identify quality of care provided to clients in a health care setting (Andersen, Rice & Kominski, 2016).



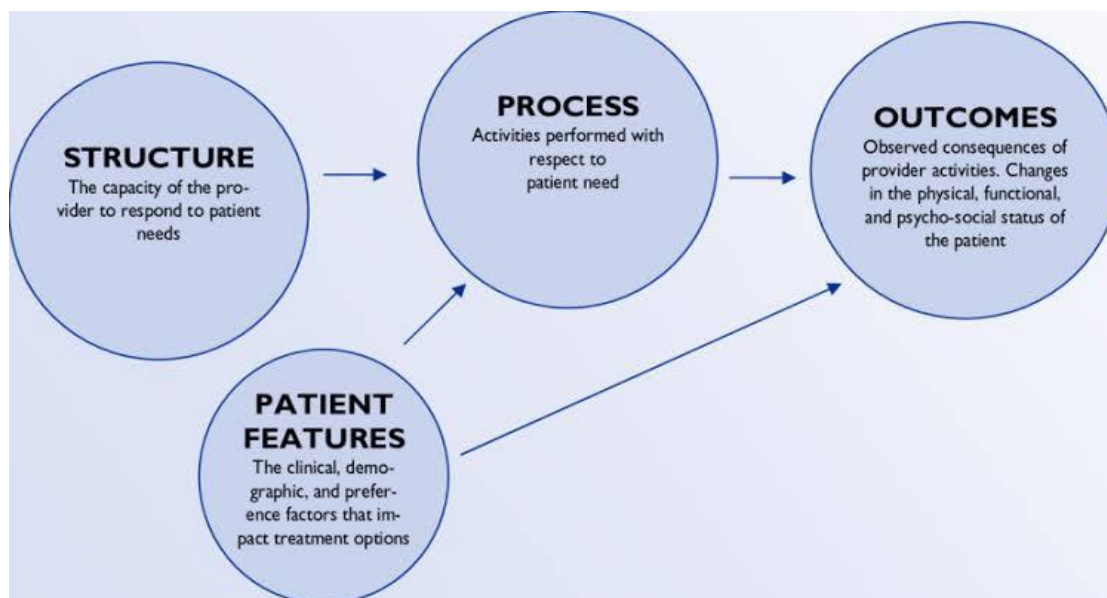
**Donabedian Model of evaluation (2014)**

### Application of Donabedian Model to the Study

Donabedian model does not only apply to assessment of healthcare system, it could also be used to assess the relatives and patients' satisfaction of mental healthcare services among patients of receiving care in Federal Neuro-psychiatric Hospital, Calabar. In applying this model to the study, appropriate use of the three domains which are structure, process and outcome can

produce positive impressions, perceptions and feelings with regards to patient/relative's judgment of satisfaction about mental healthcare services. The structure in the study is considered as all the physical objects like building, instruments, apparatus, machineries, appliances and personnel grouped together to make up physical facilities in all wards and units in the Hospital. In clear terms, these include spacious arena, comfortable bed and beddings, indoor games, recreational gadgets, orientation cues, chemical agents to modify behaviors and the staff like nurses, physicians, psychologists, social workers and health assistants who provide care and services patients require in the psychiatric ward/unit.

The process in this study is the series of activities employed in managing the patient from psychotic to stable phase. In this study, they include prompt attention to reduce waiting time and considerate service charge that in-cooperating feeding and accommodation. Outcome in this study has to do with measurement of overall satisfaction of relatives/patients' health needs while in the facility. There is also interconnectedness of the elements or variables, this means that one element can influence the other which may in turn affect the outcome of care. For example, physical facilities such as equipment and human resources may influence the satisfaction of patients of all the variables within the large three circles. Below is an illustration of the relationship between the variables. The three circles are connected to one outstanding circle at the right extreme through interlinked arrows showing that the variables are related to one another and directing at outcomes. The four internal arrows show the connectivity of the three circles, meaning that, the variables when effectively employed could lead to positive impressions in terms of satisfaction of relatives and patients with psychiatric mental healthcare.



**Donabedian's Structure, Process, Outcome Model (1982)**

## Statement of Problem

### Objective:

The aim of the study is to investigate relative/patients' satisfaction to nursing services in Federal Neuro-Psychiatric Hospital, Calabar from January to December, 2022 using FNPHRSNS.

### Specific objectives are:

1. To ascertain the waiting time before admission
2. To determine the level of patient's wellness before taken home
3. To illicit relatives' satisfaction to nursing services

### Research Questions:

1. What is the waiting time before patients' admission?
2. What is the level of patients' wellness before taken home?
3. What is relatives' satisfaction to nursing services?

### Hypothesis:

1. There is no significant difference on relatives' satisfaction based on Ward/Unit

## METHODS

The researcher used a cross sectional survey design to conduct the study. As a form of observational survey, relatives offer response to the instrument once as data for decision making. That gives no room for manipulation of variables; their response had consideration for other characteristics at the same time, and also provides required analytical data for the subject of study (Kerry, 2022). Moreover, Levin (2006) describe the design as useful in studying any prevailing situation of interest in a given population.

The study progressed by perusal of patients' admission through discharge as recorded in Hospital documents, Registers and forms like patients' Nursing Processes, Ward and Compound reports, Incident books, patients' folders and Nursing Audit Register from January till December, 2022.

The area of study was Federal Neuro-Psychiatric Hospital, Calabar in Calabar South Local Government of Nigeria. Being the oldest psychiatric hospital in Nigeria established in 1903, she offers quality and effective mental health services to her clients/patients across South-South geo-political Zone of Nigeria up to Southern Cameroun.

Out of three hundred and ninety-two (392) patients given trial leave within the period, relatives of two hundred and four (204) relatives accepted to pick and respond to the instrument. The scale was introduced to relatives at nursing station when retrieving their member home in any part of nursing shift (morning, evening and night).

The Researcher constructed an institution-based instrument—Relative/Patient Satisfaction of Nursing Services (RSNS) to illicit opinion of the relatives on retrieving their member's home. It contains eight (8) items measured with five (5) point scale of close and open-ended questionnaire to seek relatives' opinion towards improvement of nursing care. Validation was done by Research Fellows of University of Calabar.

| S/Nos | Variables                            | N  | Test positions | $\bar{X}$ | SD      | $r_{cal}$ |
|-------|--------------------------------------|----|----------------|-----------|---------|-----------|
| 1     | Nursing activities on patients' care | 46 | Part 1         | 40.6537   | 5.17081 | .885      |
|       |                                      |    | Part 2         | 35.8244   | 4.77723 | .894      |

## RESULTS

This study is an assessment of relatives' satisfaction with nursing care activities in Federal Psychiatric Hospital, Calabar. A total of 204 patients' relatives responded to the questionnaire. The filled questionnaires were coded, scored and analyzed using frequency counts, simple percentages, weighted scores, mean and standard deviation. One way analysis of variance (ANOVA) was used to ascertain the differences in the respondents' satisfaction with nursing care activities based on the respective Wards/Units. Organized data were presented using frequency table and charts.

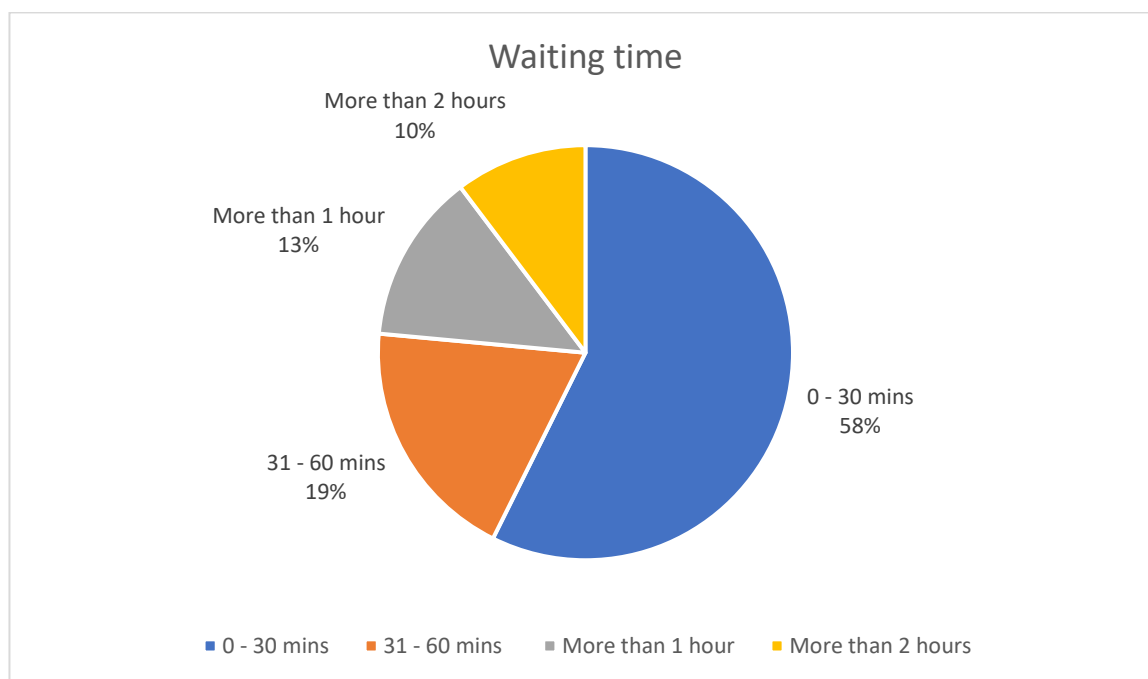
### Answering Research Questions

- What is the waiting time before patients' admission?

**Table 1: Patients' waiting time before admission (n = 204)**

| Waiting time      | Frequency  | Percentage (%) |
|-------------------|------------|----------------|
| 0 – 30 minutes    | 117        | 57.4           |
| 31 – 60 minutes   | 39         | 19.1           |
| More than 1 hour  | 27         | 13.2           |
| More than 2 hours | 21         | 10.3           |
| <b>Total</b>      | <b>204</b> | <b>100</b>     |

Source: Fieldwork, 2023



The respondents' waiting time before admission is presented in Table 1 above. According to the result, more than half 117 (57.4%) of the 204 respondents indicated that they were given prompt attention and as such they did not wait for more than 30 minutes before their patients were admitted into the Hospital. The remaining proportion responded that they waited for 31-60 minutes (39 [19.1%]), more than 1 hour (27 [13.2%]), and more than 2 hours (21 [10.3%]). Based on these results, it is concluded that majority of the respondents waited for about 0-30 minutes before admission demonstrating high level of quick attention to patient and relatives

with general and psychiatric health complaints. These results are also presented in figure 1 above for more clarity.

- What is the level of patients' wellness before taken home?

**Table 2: Level of patient's wellness before taken home (n = 204)**

| Patient's wellness     | Frequency  | Percentage (%) |
|------------------------|------------|----------------|
| Mild improvement       | 3          | 1.5            |
| Moderate improvement   | 69         | 33.8           |
| Remarkable improvement | 132        | 64.7           |
| <b>Total</b>           | <b>204</b> | <b>100</b>     |

Source: Fieldwork, 2023

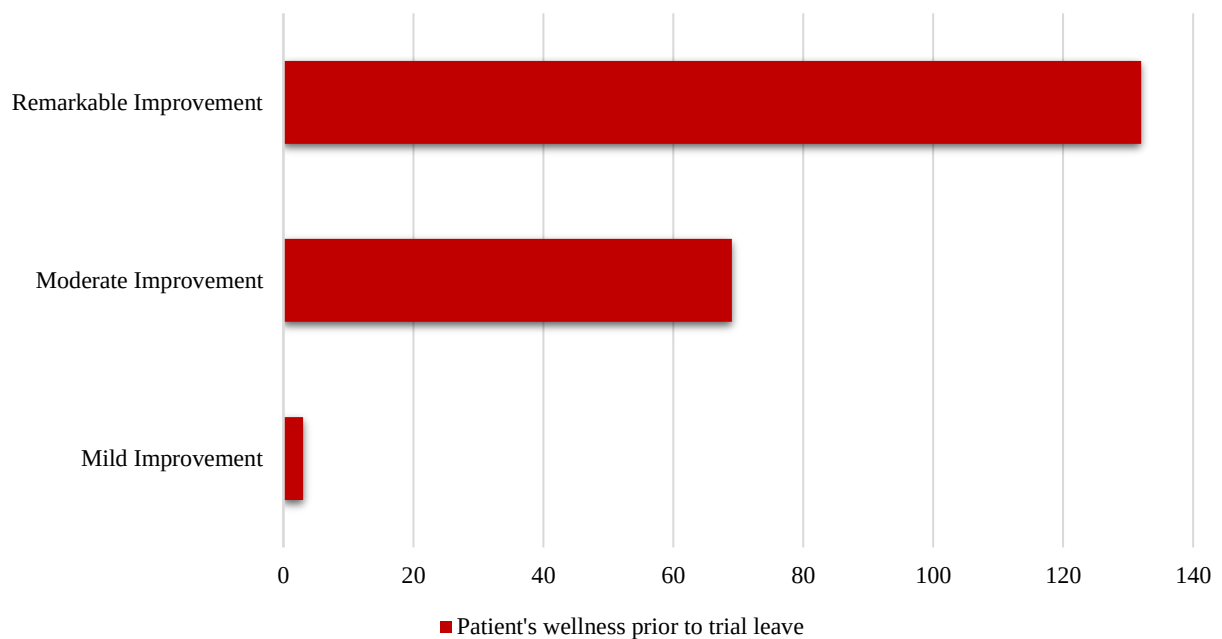


Table 2 and figure 2 present the level of wellness of the patients before given trial leave. As indicated, majority 132 (64.7%) of the 204 respondents responded that their patients showed remarkable improvement before they were picked home on trial leave, while 69 (33.8%) said their patients showed moderate improvement, and only 3 (1.5%) responded that their patients showed mild improvement, when he/she was sent home for a trial leave. With these results, it can be inferred that a significant proportion of the patients remarkably improved before taken home for a trial leave.

- What is relatives' satisfaction to nursing services?

Table 3 presents the relatives' satisfaction with nursing care activities performed on their respective patients. The Table shows that majority 126 (61.8%) of the 204 respondents were very satisfied with nurses' acceptance of patients; a slightly more than half 108 (52.9%) were very satisfied with nurses' reception of patients' relatives in the Hospital, the attention they accord to patients' problems, and nurses' provision of patients' care/need respectively.

**Table 3: Relatives satisfaction with nursing care activities on patients**

| SN  | Nursing care activities               | Very Satisfied | Satisfied | Neutral  | Unsatisfied | Very unsatisfied |
|-----|---------------------------------------|----------------|-----------|----------|-------------|------------------|
|     |                                       | n (%)          | n (%)     | n (%)    | n (%)       | n (%)            |
| 1.  | Acceptance of patients                | 126 (61.8)     | 72 (35.3) | 3 (1.5)  | -           | 3 (1.5)          |
| 2.  | Reception of relatives                | 108 (52.9)     | 90 (44.1) | 6 (2.9)  | -           | -                |
| 3.  | Attention to patients' problem        | 108 (52.9)     | 87 (42.6) | 9 (4.4)  | -           | -                |
| 4.  | Provision of patients' care/ needs    | 108 (52.9)     | 78 (38.2) | 18 (8.8) | -           | -                |
| 5.  | Prevention of patients' from escape   | 123 (60.3)     | 60 (29.4) | 15 (7.4) | 3 (1.5)     | 3 (1.5)          |
| 6.  | Custodian of patients' property       | 120 (58.8)     | 63 (30.9) | 18 (8.8) | -           | 3 (1.5)          |
| 7.  | Accountability to patients' property  | 108 (52.9)     | 78 (38.2) | 18 (8.8) | -           | -                |
| 8.  | Preservation of patients' information | 102 (50.0)     | 90 (44.1) | 9 (4.4)  | 3 (1.5)     | -                |
| 9.  | Transparency of nursing transactions  | 111 (54.4)     | 78 (38.2) | 15 (7.4) | -           | -                |
| 10. | Justification of nursing activities   | 114 (55.9)     | 75 (36.8) | 15 (7.4) | -           | -                |
| 11. | Professionalism of nursing services   | 138 (67.6)     | 54 (26.5) | 12 (5.9) | -           | -                |
| 12. | Maintenance of patients' hygiene      | 105 (51.5)     | 84 (41.2) | 15 (7.4) | -           | -                |
| 13. | Hygiene of the Ward/Unit              | 99 (48.5)      | 96 (47.1) | 9 (4.4)  | -           | -                |
| 14. | Attention by medical doctors          | 114 (55.9)     | 78 (38.2) | 9 (4.4)  | 3 (1.5)     | -                |
| 15. | General care of the patients          | 102 (50.0)     | 93 (45.6) | 9 (4.4)  | -           | -                |
| 16. | Attention to patients' complaints     | 96 (47.1)      | 96 (47.1) | 12 (5.9) | -           | -                |
| 17. | Cooperation among nursing staff       | 117 (57.4)     | 78 (38.2) | 9 (4.4)  | -           | -                |

Source: Fieldwork, 2022

On prevention of patients from escape, slightly less than 2-third 123 (60.3%) of the relatives were very satisfied with this nursing services rendered to their respective patients. Similarly, a greater proportion 120 (58.8%) of the respondents were very satisfied with the custody of patients' property accorded by the nurses; a little above half 108 (52.9%) of the relatives studied were very satisfied with nurses' accountability to patients' property; exactly half of the participants were very satisfied with preservation of patients information – that is confidentiality of patients' information by the nurses; many 111 (54.4%) relatives were very satisfied with the transparency of nursing transactions in the Hospital; while a greater proportion 114 (55.9%) of the relatives were very satisfied with justification of nursing activities; slightly more than 2-third 138 (67.6%) of the relatives were very satisfied with nursing professional services rendered to the patients; most 105 (51.5%) relatives were very satisfied nurses' maintenance of patients' hygiene; slightly less than half 99 (48.5%) of the relatives were very satisfied with maintenance of the Wards/Units hygiene; a greater proportion 114 (55.9%) were very satisfied with the attention accorded to patients by medical doctors; a higher percentage 96 (47.1%) were very satisfied and satisfied respectively with the nurses' attention to patients' complaints; and majority 117 (57.4%) were very satisfied with the cooperation among nursing staff in the Hospital. A summary of these results is presented in Table 4 and figure 4 below.

**Table 4: Level of relatives' satisfaction with nursing care activities**

| Level of satisfaction | No. of respondents | Percentage (%) | Score Range   | Mean ( $\bar{x}$ ) | Standard Deviation (SD) |
|-----------------------|--------------------|----------------|---------------|--------------------|-------------------------|
| High                  | 196                | 96.1           | 57 – 85       | 77.02              | 6.97                    |
| Moderate              | 8                  | 3.9            | 28 – 56       | 53.75              | 1.91                    |
| Low                   | -                  | -              | 1 – 27        | -                  | -                       |
| <b>Total</b>          | <b>204</b>         | <b>100</b>     | <b>1 – 85</b> | <b>76.10</b>       | <b>8.21</b>             |

Source: Table 3

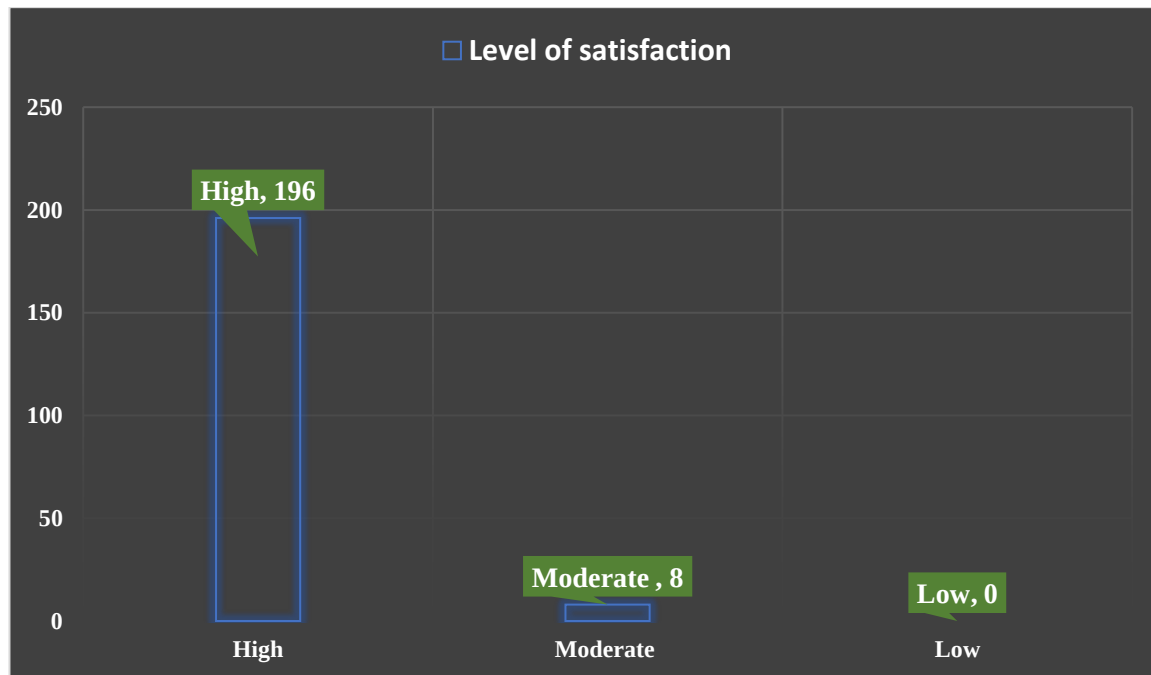
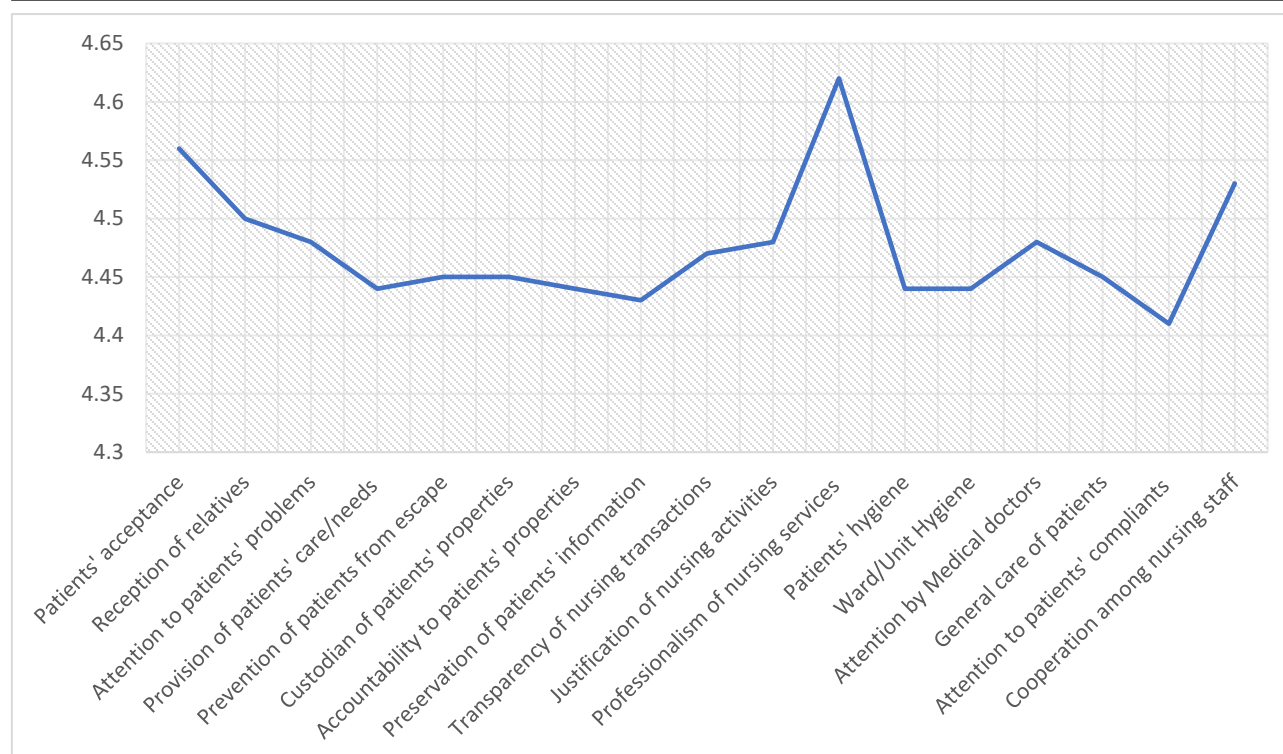


Table 4 presents a summary of the level of satisfaction of relatives with nursing care activities in the Hospital. The Table shows that among the 204 respondents, majority nearly all 196 (96.1%) of them had a high level of satisfaction with a mean satisfaction score of 77.02 (6.97), while 8 (3.9%) had moderate level of satisfaction with a mean satisfaction score of 53.75 (1.91), and none of them had low level of satisfaction with nursing care activities in the Hospital. The aggregate mean score of 76.10 (8.21) obtained for all the 204 participants falls within the score range of high level of satisfaction (57-85), therefore, it is inferred that there is a high level of satisfaction with nursing care activities among patients' relatives in Federal Psychiatric Hospital, Calabar.

As indicated in Figure 5, the relatives were mostly satisfied with the professionalism of nursing services, and least satisfied with the attention accorded to patients' complaints.



**Mean plot of relatives' satisfaction with the respective aspects of nursing care activities**

### Answering the Hypothesis

- There is no significant difference on relatives' satisfaction based on Ward/Unit

### Difference in Relatives' Satisfaction with Nursing Care Activities Based on Wards/Units

Table 5a and 5b show the differences in the relatives' satisfaction with nursing care activities in the respective Wards/Units. Table 5a presents the differences in mean satisfaction scores obtained for relatives in the respective Wards/Units. Accordingly, the Table shows that there are differences in the mean satisfaction scores of the respondents in various Wards/Units with relatives in Ward 6 having the highest mean satisfaction score 84.00 (1.50); followed by, Ward-4 [80.45 (3.90)], Ward 1 [77.86 (7.00)], Ward 2 [74.08 (9.64)], and Ward 3 [73.62 (8.08)]; while patients' relatives in Ward 5 had the least satisfaction with nursing care activities with a mean satisfaction score of 73.28 (9.56). Similarly, the variation in the respondents' mean satisfaction scores by Wards/Units is presented in Figure 6.

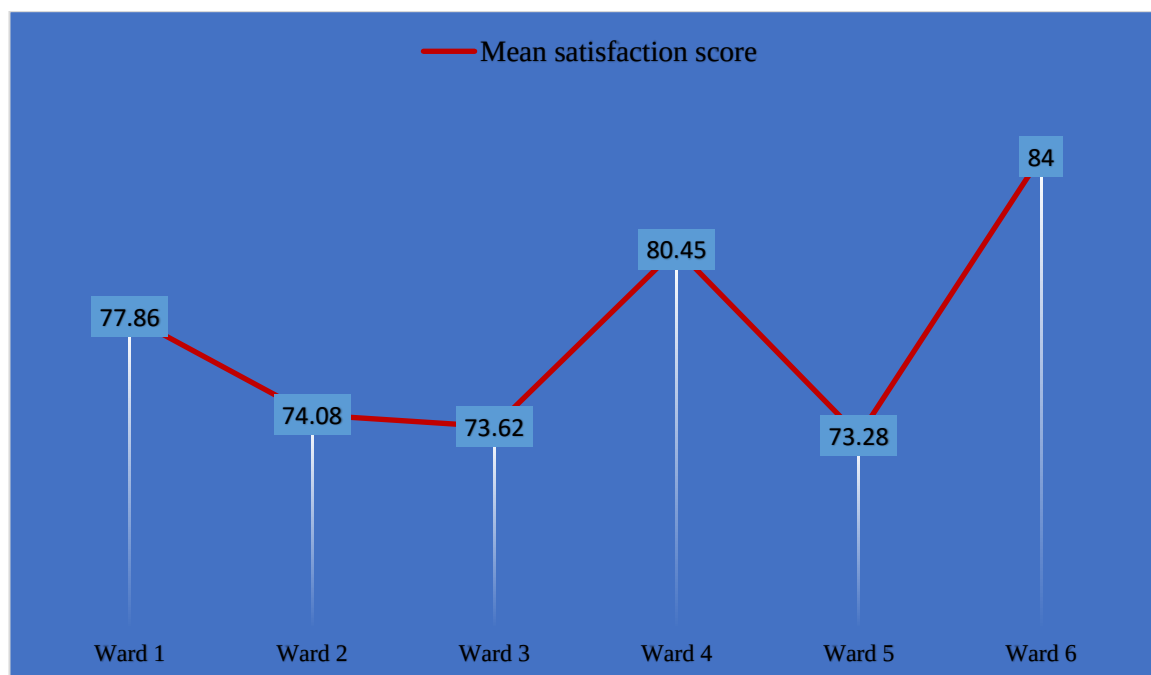
Table 5b is a summary of one-way ANOVA computed to test if the mean differences observed in Table 5a are statistically significant. In this analysis, the null hypothesis states that: there is no statistically significant difference in the mean satisfaction score of the relatives based on Ward/Unit where the patients were cared for. The level of significant for this test was set at  $p \leq 0.05$ . According to Table 5b, the p-value (0.000) associated with computed F-value (6.857) is less than the significant level ( $p \leq 0.05$ ). Therefore, the null hypothesis is rejected with a conclusion that there is a statistically significant difference in relatives' satisfaction with nursing care based on the Wards/Units of care.

**Table 5a: Descriptive Statistics**

|        | N   | Mean    | Std. Deviation | Std. Error | 95% Confidence Interval for Mean |             | Minimum | Maximum |
|--------|-----|---------|----------------|------------|----------------------------------|-------------|---------|---------|
|        |     |         |                |            | Lower Bound                      | Upper Bound |         |         |
| Ward 1 | 42  | 77.8571 | 7.00025        | 1.08016    | 75.6757                          | 80.0386     | 63.00   | 85.00   |
| Ward 2 | 36  | 74.0833 | 9.64328        | 1.60721    | 70.8205                          | 77.3462     | 52.00   | 85.00   |
| Ward 3 | 63  | 73.6190 | 8.08509        | 1.01863    | 71.5828                          | 75.6553     | 56.00   | 85.00   |
| Ward 4 | 33  | 80.4545 | 3.90585        | .67992     | 79.0696                          | 81.8395     | 73.00   | 85.00   |
| Ward 5 | 21  | 73.2857 | 9.56108        | 2.08640    | 68.9336                          | 77.6379     | 53.00   | 85.00   |
| Ward 6 | 9   | 84.0000 | 1.50000        | .50000     | 82.8470                          | 85.1530     | 82.00   | 85.00   |
| Total  | 204 | 76.1029 | 8.20574        | .57452     | 74.9702                          | 77.2357     | 52.00   | 85.00   |

**Table 5b: ANOVA**

|                | Sum of Squares | df  | Mean Square | F     | Sig. |
|----------------|----------------|-----|-------------|-------|------|
| Between Groups | 2017.621       | 5   | 403.524     | 6.857 | .000 |
| Within Groups  | 11651.218      | 198 | 58.845      |       |      |
| Total          | 13668.838      | 203 |             |       |      |



## RECOMMENDATIONS

Many respondents recommend as below:

1. They will ensure to refer more psychiatric patients to the facility
2. Patients are nursed in a very neat and serene environment
3. Nursing care to patients are effective and impressive
4. Nurse are very honest and sincere

## Recommendation on Area of Improvement

1. The Ward toilets and water system should be improved

2. Nurses should incorporate variety of foods, snacks and fruits in their menu
3. The quality and quantity of patients' feeding should improve
4. Staff should desist from being arrogant towards relatives and patients
5. Staff of Social Works should be taught on information management and release
6. Nurses should improve on manner of approach with the patients' relatives
7. Nursing staff should refrain beating patients when they are wrong
8. Nurses should upgrade from manual to online payment transaction within the facility by providing POS
9. Nurse should devise measure to abate their sexual weakness following their due drugs

### Implication of Study to Nursing

- Appraisal of nursing care by relatives inversely improves service delivery and quality health care.
- The study also illicit from relative and patients' area of care to be improved to guide image of the profession and facility.
- It discloses patient's nursing needs requiring advocacy to the family or Hospital Management for patients' benefit

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| Scale Statistics |         |          |                |                |
|------------------|---------|----------|----------------|----------------|
|                  | Mean    | Variance | Std. Deviation | N of Items     |
| Part 1           | 40.6537 | 26.737   | 5.17081        | 9 <sup>a</sup> |
| Part 2           | 35.8244 | 22.822   | 4.77723        | 8 <sup>b</sup> |
| Both Parts       | 76.4780 | 95.849   | 9.79024        | 17             |

| Case Processing Summary                                       |                       |    |       |
|---------------------------------------------------------------|-----------------------|----|-------|
|                                                               |                       | N  | %     |
| Cases                                                         | Valid                 | 46 | 100.0 |
|                                                               | Excluded <sup>a</sup> | 0  | .0    |
|                                                               | Total                 | 46 | 100.0 |
| a. Listwise deletion based on all variables in the procedure. |                       |    |       |

| Reliability Statistics         |                  |            |                |
|--------------------------------|------------------|------------|----------------|
| Cronbach's Alpha               | Part 1           | Value      | .885           |
|                                |                  | N of Items | 9 <sup>a</sup> |
|                                | Part 2           | Value      | .894           |
|                                |                  | N of Items | 8 <sup>b</sup> |
|                                | Total N of Items |            | 17             |
| Correlation Between Forms      |                  |            | .937           |
| Spearman-Brown Coefficient     | Equal Length     |            | .967           |
|                                | Unequal Length   |            | .968           |
| Guttman Split-Half Coefficient |                  |            | .966           |