

The Effect of Educational Intervention on Psychiatric Nurses' Self-Awareness and Self-Efficacy

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Abstract: Self-efficacy could be a key part of a nurse's competency or ability, therefore, a nurse who lacks a precise understanding of these competencies puts self and others in danger and without self-awareness, nurses are unable to display empathy with others. The aim of the study was to promote self-awareness and self-efficacy for psychiatric nurses. Design: A quasi-experimental design was used to conduct the current study (pretest -posttest). The study was completed in Outpatient Clinics and inpatient department Psychiatric Hospital in Mit-Khalaf at Menoufia, Egypt. A non-probability sampling of fifty psychiatric nurses from the previously mentioned setting was recruited. Tools of the study comprise a Nurses Characteristics Data Form, Self- Efficacy Scale and Self-awareness Scale. Results of the study: nurses' self- efficacy was 50.2 ± 4.88 pre- intervention but increased to 68.1 ± 2.78 post-intervention, nurses 'awareness was 62.2 ± 4.71 pre intervention but increased to 69.4 ± 2.01 post intervention .Conclusion: the intervention has a positive effect on self -awareness and self –efficacy among psychiatric nurses. Recommendations: self awareness and self –efficacy education should be applied for psychiatric nurses and nursing students to be able to take care of psychiatric patients.

Keywords: self -awareness, self-efficacy, psychiatric nurses.

1. INTRODUCTION

A workday of the nurse is loaded with individuals: patients suffering from pain or nearing death, and relatives attempting to comprehend and adapt to their loved ones' conditions. Most nurses are attracted to the profession by a wish or want to care for others, and many are more likely to think that taking time for self-examination or self- consideration is highly self-indulgent. Thus, many nurses are less pertinent than the general population to pay attention to who they are, what they value, what they resemble, what they want, what they fear, and why they do what they do. Creating and utilizing a sound feeling of mindfulness is an important initial move toward being capable to care more for yourself as well as to wind up stronger, set solid limits at home and work, keep in more advantageous practices and, eventually, become a better nurse and caregiver (Gessler, and Ferron ,2012).

Working with mentally ill individuals is very extremely difficult and Nurses who work in a psychiatric setting can significantly affect the mental status of their patients (Ahmed and Elmasri, 2011) .Caring for those with mental illness is established on the capacity to develop constructive associations with individuals who might be altogether different from us. There might be contrasted in age, race, identity, sex, financial status, wellbeing, sexual introduction, rank, power, and benefit, and also convictions with respect to religion and governmental issues. The experience of these differences can make us feel psychologically and intellectually distressed .The capacity to become aware of and intentionally deal with these internal disturbances will influence the nature of the relationship we can set up with the individuals we serve. A sympathetic development of mindfulness is a fundamental ability essential to the authority development and improvement

International Journal of Novel Research in Healthcare and Nursing

Vol. 4, Issue 1, pp: (315-326), Month: January - April 2017, Available at: www.noveltyjournals.com

of being a skillful career It requires devotion and responsibility to a constant practice of attentive, non-judgmental consider for what is going on within us as we collaborate with others. Likewise, personal values and professional practices are consistently tried as a consequence of workload issues and health care activities. Self-using has been thought to be an underutilized resource in a health services milieu deeply needing innovative and valuable ways to providing high-value, financially effective health services (Eckroth-Bucher, 2010)

Individual's means of thinking are extremely necessary within the development processes of cognitive and psychological awareness. Cognitive structures – schemas- occasionally shelter dysfunctional, illogical, habitual thoughts and ideas. Automatic thoughts, useless convictions, and psychological mutilations are among these structures and they cause diminishing awareness. On the other hand; substitution of these negative and fantastic thoughts with different and healthy thoughts can solve the matter and elevate awareness (Erden, 2015). Knowing regarding oneself isn't a simple task; it is an aching and time-consuming method. This method starts with conscious awareness and troubled for modification throughout constant efforts. There is most likely Self-mindfulness is one of the vital mechanisms in the nurse-client relationship. Nurses stay more time with the patients than of the other health care professionals. Thus, self-awareness is taken into account as a very important tool to build up a therapeutic relationship with the client (Rasheed, 2015).

Awareness plays a very important role in the development of positive self-regulation and healthy social relationships and experiences. The idea of awareness comprises of numerous psychological, enthusiastic and social parts, is characterized as recognizing subjective encounters, guiding the thoughtfulness regarding transitory living with an impartial approach and tolerating them (Siegel, Germer, and Olendzki, 2009). Eckroth-Bucher (2010), defines the Self-awareness as consists of the cerebral practice of reflection. This trait reflects the cognitive exploration of own thoughts, feelings, convictions, qualities, practices, furthermore the criticism from others.

Teaching future generations of capable registered nurses to need bravery and responsibility. Self-efficacy is the confidence in one's capacity to take activities to deal with a future circumstance (Stump, Husman, Brem, 2012). Self-efficacy has grounded in social learning theory in people, which have fundamental, essential drives (e.g. hunger and thirst) and secondary drives (e.g. rewarded or reinforced behaviors. Self-efficacy is among the optional drives. (Kitching, Cassidy, Eachus, Hogg, 2011)

Significance of the study:

To keep up the significance of self-awareness in the nursing profession (Scheick ,2011) pretend that Nursing students and nurses convey minding to their injured patients as well as on occasion their own uncertain individual stress. Particularly without mindful awareness, projection of the nurse's unacknowledged enthusiastic encumbrances (counter-transference) debilitates the adequacy of nurse-client relationship

Each individual needs to be alive a healthy and peaceful life, so each Individual must need to acknowledge and examine his/her awareness level on own self as far as their quality, weakness ,feeling, thoughts, perceptions, behavior, initiation, motivations, and actions activities at every single moment of his/her life. Since without self-awareness" s (he) cannot carry out any work viable ,despite the fact that their everyday exercise, for example, family unit work, instructive exercises, games (Kalaiyarasan and Solomon,2016).

The purpose of the Study:

The purpose of this study was to evaluate the effect of educational intervention on psychiatric Nurses' Self-awareness and Self-efficacy

Research Hypothesis:

- Psychiatric nurses who will participate in the educational intervention will have high- level self-efficacy
- Psychiatric nurses who will participate in the educational intervention will have high- level self-awareness

Operational Definition:

A **Psychiatric nurse** is operationally defined as “nurses who are working with mentally ill patients in Outpatient Clinics and inpatient department Psychiatric Hospital in Mit-Khalaf at Menoufia, Egypt”.

Self-awareness is operationally defined as Knowledge of oneself, including one's feelings, traits, and behaviors.

Self-efficacy is operationally defined as a person's conviction about his or her capacity and ability to complete a task or to manage the difficulties of life.

2. SUBJECTS AND METHOD

Research Design:

A quasi-experimental design (one group pre-test-post- test design) was used to achieve the aim of the study

Research Setting:

The study was conducted at the Psychiatric Hospital in Mit-Khalf at Menoufia, Egypt.

Sampling:

A Convenience sample of 50 Psychiatric nurses was chosen from the previously mentioned setting. Sample size has been calculated using the following equation $N=(Z^2 * P * q) / D^2$ at CI 95% and power of 80% .

Inclusion criteria were as follows:

Both sexes of nurses while dealing with psychiatric patient

- (1) On-the-task registered clinical nurses;
- (2) Experience year's ≥ 1 year

Exclusion criteria were as follows:

A- Nurses in off-duty during the survey because of rotation, holiday, sickness, and other reason

Instruments of the Study:

Three tools were used in the study

Tool (1) Nurses Characteristics Data Form:

A fifteen-item form developed by the researcher used to acquire information about the nurses' socio-demographic characteristics (age, sex, marital status, residence, persistent illness and its kind) and characteristics of the profession such as (Years of experience ; Status of satisfaction with current place of work; instructional degree; Status of finding nursing career suitable for oneself; Opinion about profession practice effectiveness; Opinion about their coworkers' appraisal of the care; Status of considering stopping work on psychiatric ward; Opinion about their supervisors' appraisal of the care; Participation in team decisions about patients; Participation in the profession activities; and Having goals associated with professional future).

2- Self- Efficacy Scale (SES):

This tool was developed by Abul-hussein (2010) It was created to evaluate the standard experience of perceived self-efficacy with the purpose, to predict coping with daily conflicts as well as adaptation after exposure to traumatic life events. Self -efficacy scale has 22 items respond on a 3-point Likert-type scale with ratings that may be as Good (63 – 84), as Moderate (42 < 63), and as Weak (21 < 42).

Tool(3) Self -awareness Scale:

This tool was developed by El-khalady (2014). It includes 25 items on a 3-point Likert-type scale, the reaction of items is 3"like me" 2"sometimes like me" 3"unlike me ". except for items number 8,17,22,25 are given One point for each item answered "like me" and zero for item "unlike me ". with scores that can be as Low (<60%), as Moderate (60% - 75%), and as High (>75%)

The validity of the tools was ascertained by subject area experts who reviewed the tools for content and internal validity. They were also asked to judge the items for appropriateness, completeness, and clarity (3 experts from the Faculty of Nursing, and 3 experts from the Faculty of Medicine). Suggestions were incorporated into the tools.

Reliability was done by Test- retest reliability and the result revealed that all tools were reliable at 0.711 for tool one (awareness), at 0.788 for tool two (efficacy)

A pilot study was carried out on 10% of the total sample (5 nurses) after the instruments were developed and before starting data collection to test the applicability, practicability, clarity and the feasibility of the study tools and to estimate the needed time to fill the tool. No modifications were required for the tools, so the pilot study was included in the sample of the study

Procedure:

The current study was carried out in three consecutive phases, namely preparatory, implementation and evaluation phases.

1. The Preparatory Phase:

Approval: A certified consent became acquired from the administrators to get permission for data collection.

The data collection instrument was developed after a review of past and current, local and international related literature including books, articles, periodicals and magazines to get acquainted with the various aspects of the research problem and to acquire the needed knowledge to conduct the study and prepare the necessary instrument.

Implementation phase:

The researcher applied the implementation phase according to the following steps:

The 1st step:

Subjects (50 Psychiatric nurses). The researcher introduced herself to them, provided verbal explanation of the study and answered all related questions. They were interviewed to complete the sociodemographic data. Telephone numbers were taken to facilitate communication and follow-up, and then they are given pre-test questionnaires.

-Data was collected over a period of 7 months starting from November 2015 till May 2016. The researcher collected the information during the morning shift at four days/week from 10 AM to 1 PM. The subjects were divided into groups (each group interviewed twice per week). Every interview lasted for 30-60 minutes, relying on the reaction of nurses. The termination occurred after losing more than two sessions of the last five sessions.

The 2nd step: The researcher started to give health education sessions according to subject needs deriving from pre –test and used guide booklet and pamphlets to facilitate explanation and to be a reference for them. The nursing intervention included 3 main sessions as follows:

- 1- Importance of self-awareness and self- efficacy for Psychiatric nurses
- 2-Improving of self-awareness and self- efficacy
- 3- Skills and practices of Psychiatric nurses regarding self-awareness and self- efficacy

Teaching Methods

Lecture (Simple Arabic)

Group discussion

Teaching Aids

Data show presentation, guiding booklet and pamphlet.

-Evaluation phase: post- test was carried out after two months of completing the sessions

Data Collection:

The data collection started in November 2015 till May 2016.

November: screening phase and pre test.

From December to April teaching sessions.

May: post-test.

Ethical Considerations: an oral acceptance was obtained from the parents .This consent was obtained after explaining the aim and nature of the study. The study was voluntary, harmless, anonymous, and confidentiality of response would be respected. All nurses had the full rights to refuse to participate in the study and withdraw at any time.

3. DATA ANALYSIS

Data were gathered, categorized, statistically analyzed using an IBM private computer with Statistical Package of Social Science (SPSS) model 20 where the following statistics were applied.

A-Descriptive information: in which quantitative data had been provided in the form of a mean (\bar{X}), standard deviation (SD) qualitative information have been provided in the form of numbers (No) and percentages (%).

B-Analytical statistics: The used tests of significance included:

- Paired t-test is a test of importance utilized for comparison between two related groups having quantitative variables.
- McNemar's test: evaluate the significance of the difference between two correlated proportions, such as might be found in the case where the two proportions depend on the similar sample of subjects or on matched-pair samples.
- Pearson correlation (r): is a test utilized for measure the association between two quantitative variables.
- P value of >0.05 was considered statistically non-significant
- P value of <0.05 was considered statistically significant
- P value of <0.001 was considered statistically highly significant

Limitations of the Study:

-Absence of control group

- Incapability to apply the intervention to all members at the same time because of the distribution of psychiatric nurses all through the day.

4. RESULTS

Table (1): Socio-demographic characteristics of the studied group (N=50): This table shows that: his table revealed that the studied sample ages ranged from 23 to 40 years and their years of experience ranged from 2 to 20 years. More than two third (58%) were female, more than half of them (52%) had a technical institute of nursing, and the majority (90%) were married.

Table (2): Distribution of the psychiatric nurses' professional characteristics and perception of the profession (N=50):

This table shows that the majority of the studied sample not considering quitting work on the psychiatric ward, at the same time they did not participate in activities for the professional development (84.0% and 80.0% respectively). About two third of the studied sample revealed that they are somewhat satisfied with the current place of work (88.0%).More than half of the sample were had nursing professional goals related to future and had a fair opinion about their supervisors' appraisal of their work (58.0% and 62.0% respectively)

Table (3): Distribution of the psychiatric nurses' self- efficacy score at pre and post intervention.

This table shows the difference between the pre-test and post-intervention of total nurses self- efficacy mean scores, it differs significantly at pre and post intervention ($p=0.001$).

Figure (1) illustrated that there is a highly statistically significant improvement in the psychiatric nurse's self -efficacy at post intervention.

Table (4):Distribution of the psychiatric nurses' awareness score at pre and post intervention .This table shows that a significant difference was observed between the pre-test and post-test mean scores for the total nurse's self-awareness.

Table (5): Correlation between self-efficacy and awareness

This table revealed that a highly significant correlation was present between a total of self -efficacy and total of self-awareness at pre and post intervention ($P < 0.05$).

N.B:- Positive significant correlation means when self-awareness increase, self -efficacy increase.

Figure (3) revealed that there was a significant positive correlation between nurses self -efficacy and self-awareness, which means that when self-awareness increase, self-efficacy will be increased.

Table (2): Socio-demographic characteristics of studied group (N=50)

Socio demographic characteristics	No.	%
Age / years ($\bar{X} \pm SD$)		27.0±3.94
Range		23 – 40
Years of experience ($\bar{X} \pm SD$)		5.30±4.28
Range		2 – 20
Gender		
- Male	21	42.0
- Female	29	58.0
Residence:		
- Urban	14	28.0
- Rural	36	72.0
Level of education:		
- Diploma	18	36.0
- Institute	26	52.0
- Collage	6	12.0
Marital state:		
- Single	5	10.0
- Married	45	90.0
Suffering from chronic illness		
- Yes	5	10.0
- No	45	90.0

Table (2): Distribution of the psychiatric nurses' professional characteristics and perception of the profession (N=50)

Studied variables	No.	%
Status of satisfaction with current place of work		
- Satisfied	44	88.0
- Somewhat satisfied	6	12.0
Status of finding nursing profession appropriate for oneself:		
- Appropriate	20	40.0
- Somewhat appropriate	27	54.0
- Not appropriate	3	6.0
Quitting work on the psychiatric field:		
- Yes	8	16.0
- No	42	84.0
Participation in decisions given by team about patients		
- Yes	33	66.0
- No	17	34.0
Participation in activities for the professional development		
- Yes		
- No	10	20.0

		40	80.0
Having goals related to nursing professional future			
- Have professional goals		29	58.0
- Doesn't have professional goals		21	42.0
Opinion about their coworker's appraisal of their care			
- Satisfied		30	60.0
- Average		17	34.0
- Not satisfied		3	6.0
Opinion about their supervisor's appraisal of their care			
- Fair		31	62.0
- Not fair		19	38.0
Opinion about the effectiveness of professional practice:			
- Good		18	36.0
- Average		32	64.0

Table (3): Distribution of the psychiatric nurses' self- efficacy score at pre and post intervention.

psychiatric nurses' self- efficacy score	Pre		Post		McNemar P value
	No.	%	No.	%	
Self-efficacy items					
- Good (63 – 84)	0	0.00	35	70.0	54.1 0.001**
- Moderate (42 <63)	49	98.0	15	30.0	
- Weak (21 <42)	1	2.00	0	0.00	
$\pm SD \bar{X}$	50.2±4.88		68.1±2.78		
Range	35 - 61		49 - 62		
Paired t-test					16.9
P value					0.001**

*Significant (P<0.05)

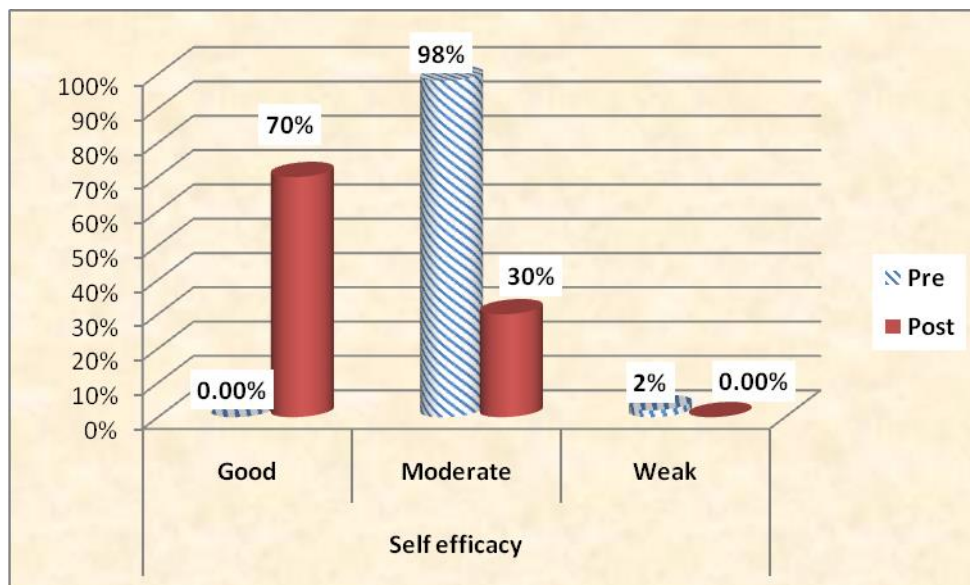


Figure (1) Percent distribution of the psychiatric nurses' self-efficacy score at pre and post intervention

Table (4): Distribution of the psychiatric nurses' awareness score at pre and post intervention

psychiatric nurses' awareness score	Pre		Post		McNemar P value
	No.	%	No.	%	
Awareness					
- Low (<60%)	0	0.00	0	0.00	11.1 0.001**
- Moderate (60% - 75%)	10	20.0	0	0.00	
- High (>75%)	40	80.0	50	100	
$\pm SD \bar{X}$	62.2±4.71		69.4±2.01		
Range	52 - 71		65 - 73		
Paired t-test					14.9
P value					0.001**

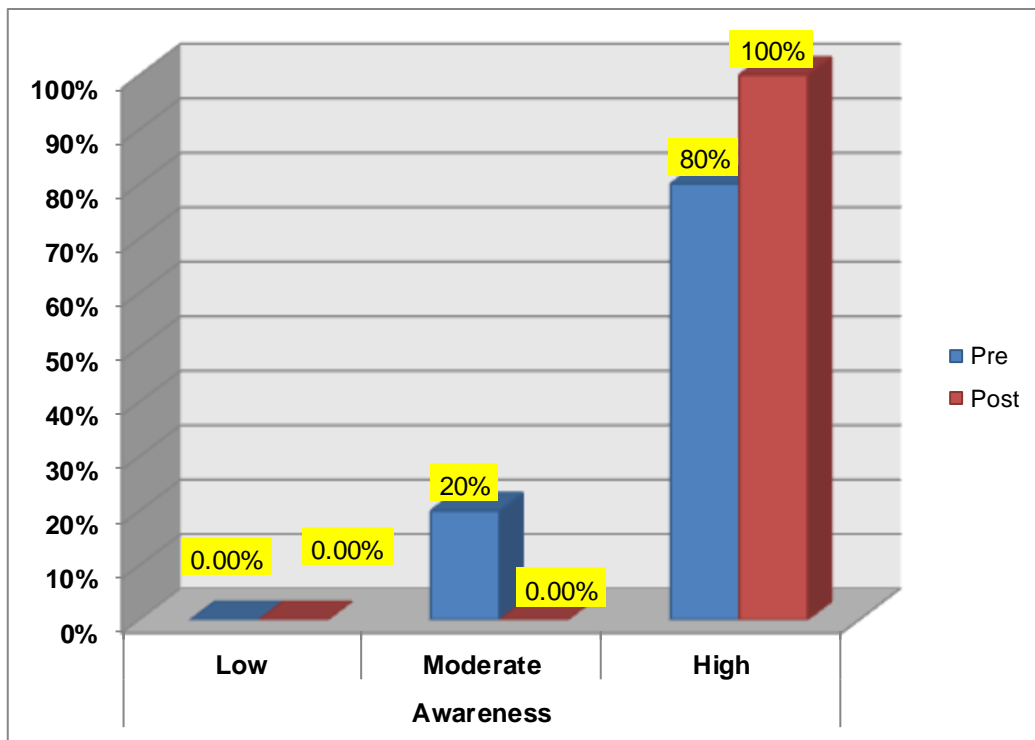


Figure (2) Percent distribution of the psychiatric nurses' awareness scores at pre and post intervention.

Table (5): Correlation between self-efficacy and awareness at pre and post- intervention

Studied variable	Pre		Post	
	Awareness		Awareness	
	r	P value	r	P value
Self-efficacy	0.267	0.061	0.488	0.001**

**Highly significant

r=Correlation coefficient

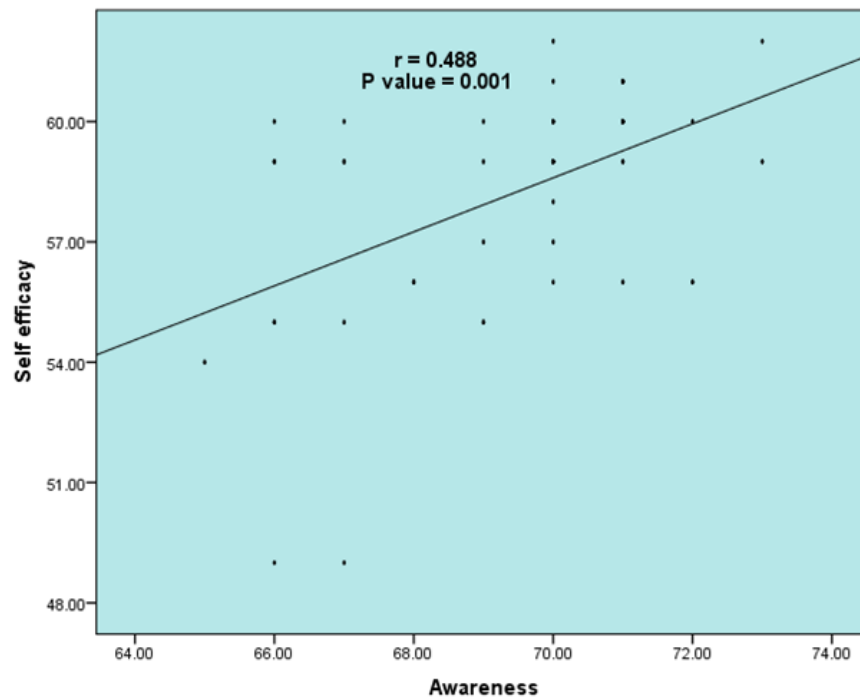


Figure (3) Correlation between self-efficacy and awareness post- intervention

5. DISCUSSION

The current study showed that the majority of the psychiatric nurses not considering quitting work on the psychiatric ward and their years of experience ranged from 2 to 20 years. This is may be due to their Participation in decisions given by team about patients. .This result were in line with Adams and Miller(2001)who studied " Professionalism in nursing behaviors of nurse practitioners"; and Kelleci and Gölbaşı (2004) who studied " Investigation problem- solving skills of nurses working in a university hospital in terms of some variables ".The results reported the constant result and relate it to the self-control and autonomy of those people , they assumed that nurses with a high level of autonomy assume a more viable part of meeting the criteria of their profession. Also, Chen and Hsu (2015)who studied" Nurses' reflections on good nurse traits: Implications for improving care quality" .His results found that those years of nursing experience was from 1.5–20 years. This result is inconsistent with Mark et al., (2005)who studied" Spending for mental health and substance abuse treatment" .His results found that 61% of all inpatient psychiatric spending went to general hospitals.

As regards to the satisfaction with the work in a mental health setting, about two third of the studied sample revealed that they are somewhat satisfied with the current place of work. This result is congruent with Hanrahan and Aiken(2008) who studied" Psychiatric Nurse Reports on the Quality of Psychiatric Care in General Hospitals.Qual Manag Health Care". His results found that psychiatric nurses report dissatisfaction with their current jobs, but non-psychiatric nurses are more burned out and gave an explanation is that because of the nature of work of psychiatric nurses requires a higher point of flexibility and proficiency in assessing and dealing with human behavior. In addition, a recent meta-analysis of the literature regarding the reasons for leaving mental health nursing (Edwards and Burnard, 2003) who studied" A systematic review of stress and stress management interventions for mental health nurses ".His results included less overall job satisfaction, dissatisfaction with perceived decision- making quality by directors, dissatisfaction with the lack of in-service training, dissatisfaction with physical working burnout and circumstances.

The mean score of total nurses self-efficacy scores have highly differed significantly at pre and post intervention , it is seen that the pre- program self-efficacy perception of nurses was ranged from Moderate (2%) to Weak(98%) level, increased to Good (70%) and Moderate (30%) level after the Intervention was received, despite the data showing that most of the nurses within the sample found their profession applicable to themselves and felt satisfied whereas operating, this could be interpreted as a lack of response and consciousness of feelings in nurses while working. This result is congruent with Tanaka, Okuno and Yamauchi (2002) who studied "Achievement motives, cognitive and social

competence, and achievement goals in the classroom. Perceptions Motivation Skills". His results were found "Continuing education for nurses has been resolved to be effective in their development of positive attitudes and helpful in making nurses feel more viable and satisfactory and in making them act likewise. The self-efficacy of psychiatric nurses can be changed through a systematically arranged training". Also the study by Bulut, Hisar and Demir (2010) who studied "Evaluation of mentorship program in nursing education". His results reported that forty-eight successes of the junior students within the program improved and that leadership skills and confidence levels of the senior cohort were enhanced.

Consistency with this result Ammentorp et al., (2007) who studied "The effect of training in communication skills on medical doctors' and nurses' self-efficacy. Patient Education and Counseling". His results found that "doctors and nurses who participated in the communication course enhanced their self-efficacy for specific communication tasks with up to 37%. The improvements stayed consistent for the accompanying six months. The training course did not have an effect on the initial experience of self-efficacy". On a similar line McDonough et al., (2016) who studied "Standardizing nurse training strategies to improve knowledge and self-efficacy with tracheostomy and laryngectomy care." His results revealed that Statistical analysis of the post-training data demonstrated measurable significantly higher knowledge and self-efficacy scores of nurses who completed the training than nurses who did not. On the same line Esra and Olcay (2009) who studied "Effect of Self-awareness Education on the Self-efficacy and Sociotropy-Autonomy Characteristics of Nurses in a Psychiatry Clinic". His results was added that, the education had a positive effect on the nurses' sense of pride, inspiration for achievement, and capacity to control events and Moattari et al., (2012) who studied "The effect of empowerment on the self-efficacy, quality of life and clinical and laboratory indicators of patients treated with hemodialysis: a randomized controlled trial". His results found that there was a noteworthy contrast between the experimental and control groups in terms of pre-to post-intervention changes in overall self-efficacy scores.

The intervention also affected the Self-awareness of the nurses who participated in the current study that increased after the intervention. It is seen that the pre-intervention self-awareness of nurses was ranged from Moderate (20%) to high (80%) level, increased to Good (100%) level after the intervention. This study result is similar to what was reported by Abedian, Bagheri Nesami, Shahhosseini (2015) who studied "The effect of an education-based intervention on self-reported awareness and practice of Iranian nurses in observing patients' rights". His results who found that mean scores of nurses' awareness before intervention were 15.12 ± 2.19 . Repeated measure analysis of variance test demonstrated a significant distinction in awareness of nurses before and after intervention ($P < 0.001$). and Sutton, Williams and Allinson (2015) who studied "A longitudinal, mixed-method evaluation of self-awareness training in the workplace". His results found that was decidedly connected with employment related prosperity and was enhanced via training. Also, Hart, Seignourel, and Sherer (2009) who studied "A longitudinal study of awareness after moderate-to-severe traumatic brain injury". His results found that significant change after some time for overall self-awareness and in addition awareness for psychological and conduct/affective functioning.

The study finding revealed that there is a highly significant correlation was present between the total of self-efficacy and total self-awareness at pre and post intervention. This study result was similar to Rask and Aberg (2002) who studied "Swedish forensic nursing care: nurses' professional contributions and educational needs". His results were concluded that in order to develop care, psychiatric health nurses required information on humanistic, fundamental human qualities and self-learning. Also, O'Brien (2000) who studied "Nurse-client relationships: the experience of community psychiatric nurses". His results was found that the greater part of the psychiatric/mental health nurses in her study, nurture in her study distinguished that their identities could influence the way they react to their patients and that must act naturally mindful to know how to approach collaborations with various patients. Additionally, Scanlon (2006) who studied "Psychiatric nurses perceptions of the constituents of the therapeutic relationship: a grounded theory study". His results was concluded that the interpersonal skills to form associations with patients were gained through finding out around oneself. In addition, Dunn et al., (2007) who studied "Self-efficacy and locus of control affect the management of aggression by mental health nurses". His results contended that awareness emotions are particularly significant for nurses in psychiatry clinics adapt to emotions, for example, anger and that it specifically influences the self-efficacy perception of nurses and Hatami, Ghahremani, Kaveh, and Keshavarzi (2016) who studied "The Effect of Self-Awareness Training with Painting on Self-Efficacy among Orphaned Adolescents". His results found that "The intervention group's mean (SD) scores of self-awareness were 27.00(2.97), 34.1(2.09), and 34.55(2.04) in the pretest, first posttest (1 week after the intervention), and second posttest (6 weeks after the intervention), respectively. Also, the intervention group's mean (SD) scores of self-efficacy were 26.00(19.56), 164.55(19.56), and 173.66(15.84) in the pretest, first posttest, and second posttest, respectively".

6. CONCLUSION

- The intervention has a positive effect on self- awareness and self –efficacy for psychiatric nurses.

7. RECOMMENDATIONS

-Self -awareness and self-efficacy education should be applied as Continuing education for nurses working in psychiatric departments and clinics.

-Training programs for nursing students about the importance of self -awareness and self-efficacy in their practice with psychiatric patients.

CONFLICTS OF INTEREST DISCLOSURE:

The authors declare they have no conflict of interest.

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International Journal of Novel Research in Healthcare and Nursing

 Vol. 4, Issue 1, pp: (315-326), Month: January - April 2017, Available at: www.noveltyjournals.com

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