Exploring undergraduate nursing students’ experiences of their first clinical placement in an acute adult mental health inpatient service

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June 2013

A thesis submitted for the degree of
Master of Health Science
at the University of Otago, Christchurch
ABSTRACT

Mental health nurses are vital to the mental health and addiction workforce. However, there are significant workforce challenges facing mental health nursing. With an aging workforce, increasing demand for mental health and addiction services and relatively few new graduates choosing mental health as a career the current shortage of mental health nurses is going to become more acute. One of the main impediments in recruitment to mental health nursing is that undergraduate nursing students do not see mental health nursing as a desirable career choice. Undergraduate nursing programmes provide opportunities to influence nursing students’ attitudes with positive clinical experiences in mental health being identified as having a significant impact on nursing students’ attitudes to people with mental illness and mental health nursing as a career.

This small study seeks to develop a better understanding of the undergraduate nursing students’ experience of their clinical placement in mental health and identify the influences on student learning in an acute adult mental health service. This qualitative study was undertaken at one educational institution in New Zealand. A cohort of thirteen nursing students participated in this study. A process of thematic analysis was used to analyse students’ reflections on practice. Exploring the lived experiences of nursing students through their written reflections on practice offered important insights into the student experience of their first mental health clinical placement. From the analysis six themes emerged: The Unknown; Connecting; Relationships with staff; Questioning; Understanding; and Vulnerability. These themes allowed for a more meaningful understanding of the student experience of their clinical placement and the factors which influence this experience. This study provides educators and clinical staff with valuable information which can be used to develop innovative and positive clinical experiences for nursing students. With the ultimate goal being to develop caring, empathetic nurses who see mental health and addiction nursing as a dynamic and rewarding career option.
ACKNOWLEDGMENTS

I would like to acknowledge and thank Dr Dave Carlyle, my primary academic supervisor for his guidance throughout this process. And also Professor Marie Crowe, my associate academic supervisor for the feedback she provided.

I would like to thank Christchurch Polytechnic Institute of Technology for their generous support without which this research would not have been possible. I am also very grateful to all my colleagues in the School of Nursing who have shared their knowledge with me and have been so helpful at the various stages of this research.

This research would not have been possible without the participants. I am immensely grateful to the nursing students who agreed to participate in this study. I would also like to acknowledge all of the students that I have had the privilege to work with over the past six years and from whom I have learnt so much.

Finally, I would like to dedicate this to my wonderfully, supportive husband Tai, and to my children Amelia, Daniel and Anton – you will always be my three greatest achievements. Also, to Miss Mele for all the joy she brings to my life. A huge thank you to my sister Cindy for her assistance with proof-reading my thesis. And to my parents, Russell and Marion, for all your love and encouragement and for always believing that your ‘scatty’ was smart, she just needed to apply herself!
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CHAPTER ONE:
INTRODUCTION

1.1 Researcher Context Related to the Formulation of The Research Question

As a mental health nurse working in an acute adult inpatient ward I often worked with nursing students during their clinical placement. While most students appeared to embrace this experience, there were a number of students for whom this seemed to be a confusing and scary experience which they endured rather than enjoyed. It was a topic of much debate amongst the nursing team as to whether our ward was a suitable clinical placement for nursing students, with many nurses believing that the acute environment was not a safe environment for undergraduate nursing students.

Five years ago I moved into nursing education and now work fulltime teaching in the Bachelor of Nursing programme at our local education provider. I continue to work with nursing students in the acute mental health environment but this time in a clinical lecturer role. As a clinical lecturer I spend two and half hours per week with students in clinical and therefore only get a small snapshot of what their experience is. Most of this is relayed through the conversations we have and in the reflections they write on practice. Student feedback suggests that the acute mental health environment is a rich learning environment for nursing students and most students report that they enjoyed their mental health placement but very few of them chose to return to mental health nursing on graduation. This led me to wonder how accurate this student feedback was and question how much I actually knew about the nursing students’ clinical experience.

I would like to have a better understanding of the student experience during their mental health placement. This understanding will enable me to develop my clinical lecturer role to ensure that I am working with students in a way that best meets their needs and supports their learning. This knowledge can also be used to work with clinical staff to develop and improve the clinical experience with the desired outcome being to provide positive clinical placements in which nursing students are supported to grow in confidence and competence when working
with people with mental illness, and as a result of this positive clinical experience see mental
health nursing as a dynamic and rewarding career choice.

1.2 Mental Health Nursing in the New Zealand Context

Mental health disorders are common in all regions of the world, with 14% of the global
burden of disease being attributed to these disorders (World Health Organisation, 2013).
Mental health is a priority health area for the New Zealand government with 47% of New
Zealanders experiencing a mental illness and/or an addiction at some time in their lives, and
one in five people affected in any given year (Ministry of Health, 2013). With increasing
demand for mental health and addiction services comes increasing pressure on the mental
health workforce. Over the past ten years the Ministry of Health has invested significantly in
workforce development with the vision being to create a workforce that is responsive to the
needs of service users and able to contribute positively to people’s recovery journeys (Mental
Health Commission, 1998). In the second Mental Health and Addiction plan, Te Tahuhu
(Ministry of Health, 2005) one of the ten leading challenges identified was workforce and
creating a culture for recovery. This challenge emphasises the importance of a
knowledgeable, skilled, competent, recovery-focused workforce that can deliver the right mix
of services for the changing demographics of the New Zealand population (p. 12).

Mental health nurses are vital to the mental health workforce as they are the largest regulated
members of the workforce (Ministry of Health, 2011) but there are significant workforce
challenges facing the mental health and addiction sector in New Zealand as there has been and
is still currently a shortage of qualified mental health nurses. With increasing demand for
mental health and addiction services, an aging mental health nursing workforce and relatively
few new graduate nurses choosing mental health as a career this shortage is going to become
more acute. Therefore the recruitment of nurses to mental health is a pressing concern and
must be addressed in order to create the desired knowledgeable, skilled, competent and
recovery-focused workforce which is responsive to service user’s needs.

There are a range of specific issues impacting on recruitment and retention of the mental
health nursing workforce including: underfunding in mental health services, workload, stress,
the impact of role changes and undergraduate education (Roche & Duffield, 2007). One of the
main impediments identified to recruitment is the fact that mental health nursing is not seen as
a desirable career choice for undergraduate nursing students (Hoekstra, van Meijel, & van der Hooft-Leemans, 2009, p. 4; Kloster, Hoie, & Skar, 2007, p. 158; McCann, Clark, & Lu, p. 34; Rushworth & Happell, 2000, p. 132). There are a number of explanations for this including fear of working with people with mental illness, a perceived inability to cope with this clientele, a belief that the working environment would be unpleasant, stressful and frustrating, insufficient knowledge of this specialist area and the belief that they were personally unsuited to this area of practice. (Happell, 1999, p. 503; Hoekstra et al., 2009, p. 6)

Undergraduate nursing programmes provide opportunities to produce more positive attitudes in nursing students towards people with mental illness and mental health nursing. There is some evidence that theoretical preparation is an important factor in influencing the attitudes of undergraduate nurses towards working with people with mental illness and mental health nursing (Happell, 2009b, p. 44; Happell, Robins, & Gough, 2008, p. 445; Rushworth & Happell, 1998, p. 324). However, it is clinical experience in mental health (Happell, 2009b) which has consistently been acknowledged in literature as having a significant impact on nursing students’ attitudes towards working with people with mental illness and mental health nursing as a career (Happell, 2000, p. 47; 2001, p. 513; Mullen & Murray, 2002, p. 64; Rushworth & Happell, 1998, p. 324). Therefore it is important to understand what constitutes a quality clinical placement in mental health. One way to achieve this is through exploring the student’s experiences whilst on these placements.

The aim of this study is to explore the undergraduate nursing student’s experience of their first clinical placement in an acute adult mental health inpatient service and identify the influences on student learning in an acute adult mental health service. The knowledge generated from this study can then be used to develop and improve the clinical experience with the desired outcome being to create positive clinical experiences which not only challenge the stigmatising and negative attitudes held by nursing students towards people with mental illness and mental health nursing but also to present mental health nursing as a dynamic and rewarding career option.

1.3 Thesis Structure

Chapter 1 explains the background context to the study from the researcher’s perspective. It begins by situating mental health nursing within the mental health and addiction sector and
identifies some of the workforce challenges. Some specific issues impacting on recruitment in mental health nursing are outlined and the role of education and specifically the clinical experience in addressing these is identified.

Chapter 2 describes the literature review process and explains the search strategy. It begins by defining mental health nursing and describing the current mental health nursing workforce. It then expands on some workforce challenges facing mental health nursing in New Zealand and globally. Next the link between nursing students’ attitudes towards people with mental illness and mental health nursing and recruitment to mental health nursing is made. Literature identifying the role of education in influencing nursing students’ attitudes is reviewed. This is followed by a thorough review of literature pertaining to undergraduate nursing students’ clinical experiences in mental health settings. Finally it describes how reflection on practice has enabled educators to examine more closely the experience of the student during their clinical placement.

Chapter 3 offers an overview of the research methodology used in the study. A description of the participants and recruitment process is provided. Ethical considerations are explained, including the approval process, how potential risk to participants was managed and confidentiality. It then briefly explains qualitative research and its applicability to this study. The analytical framework ‘thematic analysis’ is defined and its steps described. Finally the application of this framework to this study is explained.

Chapter 4 outlines the results of the data analysis. The six themes uncovered during data analysis are identified. Each of these themes is defined, described and illustrated through the use of excerpts from the data. The first theme is ‘The Unknown’. This theme is characterised by the uncertainty and anxiety that students expressed during their first two weeks of their clinical placement. ‘Connecting’ was the second theme to emerge from the data. Connecting relates to the desire nursing students’ had to connect with patients and the data demonstrates how nursing students try to establish these connections. The third theme is ‘Relationships with Staff’. The relationships described by students were both positive and negative and are shown to have a significant impact the students’ perception of the clinical environment. In the fourth theme ‘Questioning’, students begin to uncover and question their own attitudes to mental illness as well as questioning some of the nursing practice they had observed. Following on from this theme is the fifth theme ‘Understanding’. This theme is based on the students’ attempts to understand mental illness and its impact on the people they are working
with during their clinical placement. The data reveals some of the strategies that the students used to improve their knowledge of mental illness. In the final theme, ‘Vulnerability’, students wrote about some of the situations they had been exposed to that left them feeling vulnerable. Several participants also wrote about the vulnerability of the patients they were working with. The chapter ends with a brief synthesis of these results.

**Chapter 5** discusses the findings of the data analysis. It begins with a synopsis of the findings of the study. This is followed by a discussion of these findings in relation to relevant literature.

**Chapter 6** provides an overall summary of the research. Strengths and limitations of the research are acknowledged. Recommendations based on the findings of this research are made and include preparation prior to clinical, orientation to clinical placement, structured learning experiences during clinical placement, education and support for clinical staff working with students and finally education and support for academic staff working with students. The chapter concludes with a discussion of the implications arising from the study for future research.
CHAPTER TWO:
LITERATURE REVIEW

2.1 Introduction

This chapter will begin by describing the literature searches undertaken to obtain literature relevant to this study. Next a definition of mental health nursing in New Zealand will be provided and a description of the current mental health nursing workforce. It will then expand on some of the workforce challenges facing mental health nursing in New Zealand and globally. This will be followed by an examination of nursing students’ attitudes towards people with mental illness and mental health nursing and how this impacts recruitment to mental health nursing. Then the role of education in influencing nursing students’ attitudes will be explored, specifically theoretical preparation and teaching methods. This is followed by a discussion of a number of specific factors which have been identified as influencing the undergraduate nursing students’ clinical experience. Finally it will describe how reflection on practice has enabled educators to examine more closely the experience of the student during their clinical placement.

2.2 Literature Searches

Literature searches were undertaken using a number of sources. The Christchurch Polytechnic Institute of Technology (CPIT) databases, libraries and services were utilised and interloan services to several other New Zealand polytechnic and university libraries were used where texts were unavailable locally. The Cumulative Index to Nursing and Allied Health Literature (CINAHL), Proquest Nursing and Allied Health source and Science direct databases were all searched. The Ministry of Health website was searched for government documents related to the mental health and addiction sector and health workforce information. The Nursing Council New Zealand website was accessed for specific information related to the current registered nurse workforce and registered nurse competencies. The Te Ao Maramatanga, New Zealand College of Mental Health Nurses website was accessed for the standards of practice for mental health nurses. Finally the Nurse Education in the Tertiary Sector (NETS) website was accessed for the information related to new graduate destinations on graduation.
The major databases identified above were searched using the following key terms undergraduate nursing students and clinical experiences and mental health/psychiatric nursing and then clinical education and mental health/psychiatric nursing were used. The results of these searches were not large but the literature found was very relevant. Introducing the terms student learning and undergraduate education in combination with mental health and psychiatric nursing produced some further literature which was also found to be relevant to this study. Some literature was found that did not relate specifically to the mental health context but it was interesting to note that several of the factors identified as impacting on undergraduate nursing students’ clinical experiences were common to all clinical placements. However, this literature was discarded as the focus of this study is specifically the student experience of their mental health placement.

2.3 Definition of Mental Health Nursing

Mental health nursing in New Zealand is recognised as a specialised branch of nursing which “focuses on collaborative partnerships and meeting the needs of people with mental health issues, family/whanau and communities” (Te Ao Maramatanga, 2012, p. ii). A mental health nurse is defined by Te Ao Maramatanga (2012) as “a registered nurse who is a graduate of a nursing programme with a specialisation in mental health nursing and is registered by the Nursing Council of New Zealand to practise in the speciality of mental health. This includes nurses who have completed a hospital based specialist undergraduate programme, or a tertiary education programme followed by a postgraduate programme in the specialty of mental health nursing” (p. iii). New graduate nurses in New Zealand enter the speciality of mental health nursing through the completion of a New Entry to Specialist Practice Mental Health and Addiction programme. Mental health nurses provide “comprehensive care which includes health education, health promotion and illness prevention, assessment, diagnosis, intervention, treatment and evaluation in a variety of settings along the continuum of care and across the lifecycle” (Te Ao Maramatanga, 2012, p. iii).

2.4 The Mental Health Workforce in New Zealand

In 2011 there were 45,318 registered nurses working in New Zealand (Nursing Council of New Zealand, 2011, p. 11). Of these, 9% (4092) identified as working in mental health; 2016 in an inpatient setting, 1982 in a community setting and 94 mental health, not further defined.
There were also 201 nurses identified as working in addiction services. The mental health workforce is primarily female, with only 28% of nurses being male, however this compares favourably with the 8% of male nurses in the total nursing workforce (Nursing Council of New Zealand, 2011, p. 32). The mental health nursing workforce is an aging one, with 43% aged 50 or older compared with 39% of the total nursing workforce in this age bracket (Nursing Council of New Zealand, 2011, p. 32). Mental health nursing is one of the most ethnically diverse practice settings and has the largest proportion of nurses identifying as New Zealand Māori, with 15.3% in Mental Health (community), 12% in Mental Health (inpatients) and 10.9% in Addiction Services. The second largest ethnic group represented is Asian, with 6.1% of nurses identified as being of Asian ethnicity. This is followed by Pacific, with 4.9% of the mental health nursing workforce identifying one or more Pacific ethnicities (Nursing Council of New Zealand, 2011, p. 33).

Figures from the New Graduate Destinations surveys (NETS) for the past five years show an increase in numbers of new graduate nurses coming into mental health nursing between 2008 and 2010 and that these numbers have been maintained at around 12% in 2011 and 2012.

Table 1: Percentage of Graduates Entering Mental Health Nursing

<table>
<thead>
<tr>
<th>New Graduate Destinations, source Nurse Education in the Tertiary Sector (NETS)</th>
<th>Percentage of graduates entering mental health nursing</th>
<th>Response rate</th>
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<tr>
<td>December, 2008</td>
<td>9.2 %</td>
<td>80%</td>
</tr>
<tr>
<td>December, 2009</td>
<td>12.7%</td>
<td>66%</td>
</tr>
<tr>
<td>November, 2010</td>
<td>15.1%</td>
<td>76%</td>
</tr>
<tr>
<td>November, 2011</td>
<td>12.2%</td>
<td>93.6%</td>
</tr>
<tr>
<td>July, 2012</td>
<td>12.0%</td>
<td>89%</td>
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By far the majority of these graduates are entering mental health nursing through Post Entry Clinical Training (PECT) programmes. Whilst these figures appear to be encouraging there are still significant challenges facing mental health nursing and the current supply of new graduate nurses will not be sufficient to meet future demand.
2.5 Workforce Challenges

As already identified, there are significant workforce challenges facing the mental health and addiction sector in New Zealand. This issue is not unique to New Zealand but is a global concern. O’Connell (2003) warns that recruitment and retention issues in Northern Ireland could lead to major problems for the future of mental health nursing (p.30). He identifies several reasons for this crisis including a decline in new graduates in mental health nursing, challenges in retaining undergraduate nursing students in the mental health branch programmes and an aging mental health nursing workforce. These recruitment and retention concerns are echoed by (Roche & Duffield, 2007) and (Happell, 2008d) who report significant shortages in the mental health nursing workforce in Australia. They also identify an aging workforce, other reasons given for these challenges include less nurses wanting to work full-time, workload, workplace violence and aggression, stress and the impact of role changes. Adding to these workforce challenges facing mental health nursing are the negative and stigmatising beliefs regarding mental health nursing which do little for the appeal of mental health nursing (Gouthro, 2009, p. 669).

2.6 Undergraduate Nursing Students’ Attitudes to People with Mental Illness and Mental Health Nursing

Negative and stigmatising beliefs are evident in undergraduate nursing students’ attitudes which generally reflect a negative view of mental health nursing and working with people with mental illness (Happell, 2008a, p. 1176; Penn, 2008, p. 53). Nursing students’ attitudes towards people with mental illness reflect those held by the general public, that people with mental illness are dangerous, prone to violence, unpredictable, and to some degree responsible for their illnesses (Emrich, Thompson, & Moore, 2003, p. 19). These negative and stigmatising attitudes seem to be more prevalent at the commencement of the nursing programme with more positive attitudes reported by students in their final year of training (McCann et al., 2010, p. 34; Surgenor, Dunn, & Horn, 2005, p. 105). These attitudes appear to have a significant influence on nursing students’ career choices.

The literature reviewed clearly shows that mental health nursing is not seen as a desirable career choice for undergraduate nursing students (Gough & Happell, 2009, p. 3155; Halter, 2002, p. 23; Happell, 1999, p. 503; 2001, p. 508; Hoekstra et al., 2009, p. 4; McCann et al.,
2010, p. 34). There are many reasons given for not choosing mental health nursing these included fear of working with people with mental illness, a perceived inability to cope with this clientele, a belief that the working environment would be unpleasant, stressful and frustrating, insufficient knowledge of this specialist area and the belief that they were personally unsuited to this area of practice (Happell, 1999, p. 503; Hoekstra et al., p. 6). Other influences include the negative attitudes from family members and general nurses towards psychiatric nursing as reported by students in Ireland (Wells & Ryan, 2000, p. 16). Psychiatric nursing was also reported as being menial and boring and not a suitable career for school leavers as it is seen as a “dangerous job” (Wells & Ryan, 2000, p. 16). These attitudes are similar to those reported by students in Australia, who described mental health nursing as “boring, depressing, slow-paced, unchallenging, unrewarding, uninteresting and too difficult”, (Rushworth & Happell, 1998, p. 324). Students reported a desire to work in other areas of practice that are considered to be more exciting and rewarding, such as surgical and critical care areas (Gough & Happell, 2009, p. 3156). The role of education in addressing these negative views towards mental health nursing and presenting mental health nursing as a dynamic and rewarding career option is of vital importance to the survival of the mental health profession.

2.7 The Role of Education in Influencing Nursing Students’ Attitudes

There is relatively little research examining the role of theoretical preparation with the majority of research focusing on the role of the clinical experience, however the research reviewed does indicate that theoretical preparation or lack of, is an important factor in influencing the attitudes of undergraduate nurses towards working with people with mental illness and mental health nursing. The size of the theoretical component has been identified as one factor influencing the knowledge and confidence levels of nursing students prior to their clinical placements, with students exposed to a larger theoretical component tending to have more positive attitudes towards people with mental illness and mental health nursing (Happell, 2009b, p. 44; Happell et al., 2008, p. 445; Rushworth & Happell, 1998, p. 324). A short duration of theoretical preparation has been cited by students as being one factor that impaired their ability to achieve their learning objectives whilst on clinical placement (Henderson, Happell, & Martin, 2007b, p. 170).
Theoretical courses in undergraduate nursing education provide opportunities for educators to expose students to areas of theory and practice in nursing that they may never have been exposed to previously. With the advent of comprehensive nursing education in New Zealand and Australia there is no longer a direct educational pathway for students wanting to practice as mental health nurses, with graduates required to undertake specialist graduate nurse programmes (GNPs) in Australia and post entry training programmes (PECTs) in New Zealand. There has been much debate in Australia about the ability of comprehensive education to adequately prepare graduates for practice in mental health settings as there is a significant variation in the mental health content between universities, with the primary focus of these comprehensive programmes being medical-surgical nursing (Happell, 2006, p. 77). It is of concern that nursing students report feeling less prepared for mental health practice than other areas of practice (Wynaden, Orb, McGowan, & Downie, 2000). Although there was no New Zealand literature found to support these concerns, it would be reasonable to assert that there are similar problems in undergraduate education in New Zealand given that 91% of PECT graduates report that the clinical training they received in their undergraduate programmes was inadequate (Finlayson, 2005, p. 37).

There is a paucity of literature exploring the impact of educational methods on student attitudes towards mental health nursing, however the studies reviewed do indicate that there are some educational methods that do have a positive influence on students’ attitudes. Happell’s (1998) study found that using a problem-based learning approach positively influenced students’ attitudes toward mental health nursing. Curtis’s (2007) study describes the implementation of preclinical undergraduate workshops using problem-based learning and role plays which were developed in collaboration with clinicians. The participants reported feeling better prepared and more confident about undertaking clinical placements following these workshops (Curtis, 2007, p. 291). The positive response to these workshops appears to support Happell’s assertions regarding the use of problem-based learning in nursing education (Curtis, 2007, p. 292). Although theoretical preparation clearly is important and there is much scope for further research examining the impact of educational methods on undergraduate student learning, the classroom is no substitute for the learning which takes place during clinical placements.
Clinical experience is recognised as being the core of nursing education, with quality clinical placements being vital to the development of capable and competent nurses (Levett-Jones, Fahy, Parsons, & Mitchell, 2006, p. 58). To develop competent nurses it is therefore important to seek to understand what constitutes a quality clinical placement and to explore the students’ experiences whilst on these placements. Clinical experience in mental health has consistently been acknowledged in the literature reviewed as having a significant impact on nursing students’ attitudes towards working with people with mental illness and mental health nursing as a career (Happell, 2000, p. 47; 2001, p. 513; Mullen & Murray, 2002, p. 64; Rushworth & Happell, 1998, p. 324). Andrews, Brodie, Andrews, Wong and Thomas’s (2005) study found the more positive the clinical experience is, the more likely the student will want to return to that environment on graduation. Therefore determining the factors which both positively and negatively impact on the students’ experience is an important first step in understanding what constitutes a quality clinical placement in a mental health setting and is important for the recruitment of new graduates to mental health.

Happell’s (2008b) survey measuring undergraduate nursing students’ satisfaction with their clinical experience in mental health found that there are a number of specific factors which influence nursing students’ attitudes to clinical experience including: time spent with a preceptor, length of clinical placement, number of clinical hours per day and the type of service the student was placed with. This study found that students who spent more than 30 minutes per shift with a preceptor or a clinical teacher regarded their experiences more positively. Preceptorship enables students to work alongside their preceptor and experience the ‘real’ world of nursing whilst learning skills and gaining knowledge in a safe and encouraging environment (James & Chapman, 2009, p. 36). The importance and benefits of preceptored clinical experiences were apparent in Hartigan-Rodgers, Cobett, Amirault and Muise-Davis’s (2007) study, with positive comments from participants who had been preceptored far exceeding those of students whose experiences had been led by a clinical instructor (p. 8). The importance of the preceptor is further emphasised in Happells' (2008b) research in which there was a significant relationship demonstrated between the amount of time spent with the preceptor and overall satisfaction with the clinical experience (p.853). Whilst preceptorship can lead to positive clinical experiences and potentially reduce “culture shock” for nursing students and new graduate nurses, there is evidence that conflict within the preceptorship relationship can create negative outcomes for students, preceptors and faculty.
What is apparent from the literature reviewed, regardless of the model of clinical teaching adopted, is that staff-student relationships have a major influence on the students’ perception of the clinical learning environment.

Positive relationships with clinical staff build student confidence and increase satisfaction with the clinical experience. The contribution of clinical staff to the overall impression that students form of the clinical placement cannot be underestimated. A placement where students feel that clinicians are supportive and show a commitment to student learning is highly valued by students (Perese, 1996, p. 282; Slimmer, Wendt, & Martinkus, 1990, p. 132). Providing a welcoming and relaxed atmosphere in which the professional attributes of nurses are demonstrated has been identified as creating a positive clinical experience (Mullen & Murray, 2002, p. 65). A student’s first impression, formed on their first day of placement, may colour their whole clinical experience (Levett-Jones et al., 2006, p. 319), something that clinical placements and staff need to be mindful of. Staff-student relationships not only have an impact on how the student perceives the clinical experience but also on their sense of belonging and their learning (Levett-Jones et al., 2006, p. 322). Belonging to and being part of an inclusive professional group influences choices about staying in nursing over the longer term and the development of students’ identity nurses (Levett-Jones et al., 2006, p. 323), which are vital components of recruiting and retaining a mental health workforce for the future.

The length of the clinical placement is another factor identified in influencing attitudes to clinical experience. Happell’s (2008b) study which examined the influencing factors on clinical experience in mental health found that students who had attended a greater number of clinical placement days were more likely to regard their clinical experiences positively (p. 852). Likewise students who had attended clinical placement for eight hours a day indicated that their clinical experiences were regarded more positively compared with students who had attended seven hours a day (Happell, 2008b, p. 852). Nursing students need time to become proficient and confident in their clinical skills. Too short a duration on clinical placement can impair their ability to achieve their learning objectives as was cited by some students in Henderson et al.’s (2007b) study (p. 170). The short length of placements was also identified in Cleary, Horsfall and De Carlo’s (2006) study by clinical staff as being a factor that hinders student learning. This finding is confirmed by Mullen and Murray’s (2002) study evaluating the clinical experiences of ten year two undergraduate nursing students in which 20% of the sample thought the placement needed to be longer (p. 64). Whilst the consensus appears to be
that longer clinical placements aid student learning and are regarded more positively by
nursing students, the difficulty in finding adequate placements with increasing student
numbers must be acknowledged.

With the increasing demand for mental health placements due to increasing student numbers
in nursing programmes there are growing concerns identified in literature about the lack of
quality clinical placements. The purpose of the clinical placement is to give students
exposure to a range of learning opportunities which will enable them to meet a set of clinical
competencies (Callaghan, Cooper, & Gray, 2007, p. 18). In order to meet these competencies
the students need to be actively involved in providing patient care. Henderson et al.s’ (2007b)
study found that students on inpatient placements were likely to rate their clinical experience
more positively, report being able to participate in care and have their learning needs reviewed more frequently than students on community placements (p. 170). This is contrary
to the findings of Perese (1996) who found that students were much more likely to rate
community mental health placements more positively than inpatient mental health placements
(p. 283) and Happell’s (2008c) study which found that students who undertook all or part of
their placement in community-based settings indicated higher satisfaction with the placement
(p. 30).

Mental health placements can be particularly challenging for nursing students as they are not
task orientated, rather the expectation is that students spend time interacting therapeutically
with service users. The familiar tasks that have structured their day in previous clinical
experiences are gone and this can contribute to student stress in clinical practice (Oermann &
Sperling, 1999, p. 74) and can lead to nursing students being confused about their roles (Grav,
Juul, & Hellzen, 2010, p. 4). Students often demonstrate lack of confidence and a sense of
inadequacy with their role of therapeutic interaction (Landeen, Byrne, & Brown, 1995, p. 881)
which can further add to the stress they are experiencing. Melrose and Shapiro’s (1999) study
of students’ perception of psychiatric clinical nursing found that at the beginning of their
placement all of the participants described feeling afraid of patients in the unit who might hurt
them and feeling anxious about their own ability to help people with mental illness (p. 1454).
By the end of their placement, none of the students expressed fear of mental illness. This
finding is consistent with other studies examining nursing students’ perceptions of their
mental health/psychiatric clinical placements (Happell, 2006 p.125; Melrose, 1998; Perese,
1996 p.284; Slimmer et al., 1990 p.130) Melrose and Shapiro found that students’ anxiety
was related more to being unable to help rather than fear of people with mental illness (p.
1454) and suggest that introducing psychiatric nursing skills in the first year of the programme of study may assist in addressing this anxiety.

There are a number of interrelated dimensions, including anxiety, which characterise the nursing students’ experience of the clinical placement in mental health nursing. Two core categories identified in Granskaor, Edberg and Fridlund’s (2001) study were nursing students’ qualities and patients’ behaviour (p. 251). Granskaor et al. (2001) found that students either focused on their own needs or focused on patient needs. Nursing students who focused on their own needs, or who were task orientated, reported feeling helpless when they met a patient who was negative towards them or not able to be engaged. However, if the patient was considered to be in need of assistance and willing to establish a relationship with the student then the student reported feeling confirmed as the student role was more obvious (p. 254). The students who were able to focus on patient needs were able to view the patient as a person and not an object, which in turn helped to decrease the task orientation and increased their relationship orientation in their professional encounters with patients (p. 255). Understanding all the interrelated dimensions which influence nursing students’ clinical experiences is important as this knowledge can be used by academic staff to better prepare students for their first mental health placement.

The preparation that the students receive before commencing clinical placements is a significant factor that can influence the overall experience. A well-prepared student is able to adapt to the clinical environment and move towards the pursuit of learning experiences quicker than the poorly prepared student (Mullen & Murray, 2002, p. 65). Therefore, the poorly prepared student may miss out on valuable learning experiences which could colour their perception of the experience. A short duration of theoretical preparation was cited by some students in Henderson et.al.’s. study (2007b) as a factor which impaired their ability to achieve their learning objectives whilst on clinical placement (p. 170). Grav et al.’s (2010) study found that both students and mentors thought that the students’ theoretical knowledge was not good enough when they entered clinical practice (p. 7). This is consistent with the findings in Hayman-White and Happell’s (2005) study that students often perceive the theoretical course content as inadequate leading to the students not feeling well prepared for the mental health area in general or their placement in particular (p. 191). The importance of preparedness in influencing nursing students clinical experiences must be noted by educators and addressed to ensure the clinical experience is a positive one.
In acknowledgement of the importance of a positive clinical experience there have been several studies undertaken which have focused on improving the undergraduate clinical experience (Cleary et al., 2006; Levett-Jones et al., 2006; O’Brien, Buxton, & Gillies, 2008). Clinical education is the shared responsibility of nurse educators working in tertiary institutions such as universities and polytechnics and nurses working in the clinical environment and the success of clinical placements relies heavily on collaborative relationships between these parties (Levett-Jones et al., 2006, p. 58). However, the markedly different points of views which often exist between the tertiary and health care sector can put a strain on these relationships and consequently have a negative impact on clinical placements. Listening to the concerns raised by clinical staff and responding appropriately to these concerns was shown by Levett-Jones et.al (2006, p. 66) to improve the quality of the clinical placement experience. These findings are supported by O’Brien et.al (2008) who also emphasise the importance of education providers and clinical areas working “in harmony” to provide the best possible clinical experience (p. 521).

To enable a harmonious relationship, it is essential to understand how registered nurses employed in the clinical environment view their role in relation to clinical education. Many registered nurses feel that the clinical education of undergraduate nursing students is not their responsibility (O’Brien et al., 2008, p. 518). Some nurses are reluctant to work with students as they already have escalating demands placed on them due to increasing patient acuity and short staffing (Levett-Jones et al., 2006, p. 63). Other nurses report feeling uncomfortable working with students as they felt their practice may be under scrutiny and therefore felt compelled to be careful when students were around (O’Brien et al., 2008, p. 518). Nurses reported finding the teaching role particularly challenging when working with students who needed extra time because of inadequate clinical skills, or poor motivation (Levett-Jones et al., 2006, p. 63; O’Brien et al., 2008, p. 518). However, there are many nurses who are willing to adopt the extra responsibilities inherent in working with students (Levett-Jones et al., 2006, p. 63) and many nurses saw this as a “natural extension” of their other educational responsibilities (Cleary et al., 2006, p. 143).

Nurses who are willing to work with nursing students have identified the importance of training, support, acknowledgement and feedback to enable them to carry out this role. In order to prepare nurses for their role in supporting student learning in clinical practice it is essential that they receive adequate training. This training needs to be accessible to nurses, clearly outline the educational providers’ expectations (Levett-Jones et al., 2006, p. 64), and
the responsibilities and limitations of the preceptorship/mentor role (Cleary et al., 2006, p. 143). Nurses would like to have their role in clinical teaching acknowledged (Cleary et al., 2006, p. 143; Levett-Jones et al., 2006, p. 63) and they would like to get feedback on their contribution to undergraduate nursing education (O'Brien et al., 2008, p. 518). These findings further reinforce the importance of developing and maintaining collaborative working relationships between education providers and clinical staff to ensure positive clinical experiences for students.

2.9 Exploring the Lived Experience of the Clinical Placement

Having examined several of the specific factors which can positively and negatively influence the clinical placement; it is now time to examine more closely the experience of the students during their clinical placement. Much can be learnt about the student experience through exploring nursing student narratives via their reflections on practice. Narrating is one of the ways in which humans organise their understanding of the world and share it with others (Cortazzi, 2001 as cited in (Koskinen, Mikkonen, & Jokinen, 2011, p. 624). Narration is a way to convey the lived human experience (Koskinen et al., 2011, p. 624), and can assist educators in gaining a better understanding of the lived experience of the clinical placement. Student narratives can also help educators to understand student learning during their mental health placement.

Reflections are defined as “those intellectual and affective activities in which individuals engage to explore their experiences in order to lead to new understandings and appreciations” (Boud, 1985). Reflection allows nurses and nursing students to examine the assumptions and judgements which underpin practice and allows the opportunity to “step back from habitual practice and act from a place of greater understanding” (Binding, Morck, & Moules, 2010, p. 591). Reflections on practice can assist students to hone nursing skills, enhance their critical thinking and raise their self-awareness and allow faculty to understand the student’s experience in the clinical setting (Barksdale & Nasir, 2009, p. 699). Reflective narratives, reflective journaling and critical incident technique are examples of tools used to promote reflective practice. Reflective journals allow students to examine and reconstruct experiences with both objective (facts) and subjective (feelings and interpretation) of the clinical
experience (Landeen et al., 1995, p. 879) and are the most common method of promoting reflective practice in undergraduate nursing education (Mallik, 1998).

The development of reflective practice is seen as essential in mental health nursing (Crowe & O'Malley, 2006, p. 80) as these reflective skills enable students to examine and conceptualise the complex clinical issues which exist in mental health nursing practice (Cooke & Matarasso, 2005, p. 243). Reflection allows the learner to explore experiences within a context which can facilitate new understandings (Cooke & Matarasso, 2005, p. 244). Reflection is seen as necessary to make sense of professional experience and includes the everyday events of practice. It also enables students to connect theory with practice, an important consideration in a nursing curriculum which is largely theory based (Binding et al., 2010). Williams (2001) suggests that in order to be able to engage in competent practice, nurses need to consider the contextual variables in each interaction and review their experience and knowledge before they can even begin to suggest appropriate actions (p. 30). The ability to reflect upon, and evaluate with peers and experienced nurses, the effectiveness of nursing care is one of the competencies (Competency 2.8) required by the Nursing Council of New Zealand (2007). Similarly the ability to reflect on practice features several times in the indicators for practice outlined in the New Zealand College of Mental Health Nurses Standards for Practice (Te Ao Maramatanga, 2012).

In order to develop reflective, competent practitioners, education must be provided to enable students to develop these skills. Education in the mental health arena must not only focus on the learning of practice based skills but must also include thinking and problem solving skills and theoretical frameworks for practice. Whilst specialist knowledge is recognised as essential for practice, it is suggested that self-consciousness (reflection) and continual self-critique are (critical reflection) are crucial to competence (Harris, 1993 and Schon, 1995 as cited in (Williams, 2001, p. 28). The development of reflective skills is a process which requires regular practice and guidance (Cooke & Matarasso, 2005, p. 244). A problem-based learning (PBL) approach has been proposed as being a valuable means in which skills in reflective practice can be developed, promoted and achieved (Cooke & Matarasso, 2005, p. 244). This is supported by Williams’ (2001) study which found that a PBL approach enabled students to develop the ability to be reflective and critically reflective in their learning (p. 27). Clearly the importance of reflective practice in developing insightful and competent nurses and the need to develop teaching and learning approaches which support the development of reflective skills is something which nursing education must not lose sight of.
Reflective practice is also promoted by educators as being a useful strategy in clinical education to gain insight into student’s clinical thinking (Cooper, Taft, & Thelen, 2005, p. 293; Landeen et al., 1995, p. 879; Lasater & Nielsen, 2009, p. 40; Shin, 2000, p. 259; Stockhausen & Sturt, 2005). Landeen et al.’s (1995) qualitative study used reflective journals to identify important issues facing nursing students when learning in a mental health setting. The students were instructed to write in their journal at the end of each clinical day and include some descriptive details of the most significant event that had occurred, to reflect on the impact of that event and identify any future learning needs that arose from that event. The specific information recorded by students made the student learning experience “come alive” for the faculty (Landeen et al., 1995, p. 884). The journals also allowed a different level of communication between students and faculty, however the researchers highlight the need for faculty to provide non-judgemental feedback to the student in order to facilitate growth and avoid the “student-teacher game” (p. 884). More importantly, Landeen et al. suggest the knowledge gained from this study could assist faculty to provide on-going supervision and support to students during their mental health placement.

Landeen et al.’s findings are supported by the findings of Fisher’s (2002) study. Fisher’s study sought to examine the actual experience of students during their mental health clinical experience through analysis of their reflections on practice. The participants in this study were asked to reflect upon two critical incidents occurring over the three week period of their placement. The students were asked to analyze these events using the guide provided. Analysis of the data revealed a wide range of experiences, some of these were positive, but predominantly, negative experiences were described by the nursing students (Fisher, 2002, p. 132). Reporting patient violence and witnessing psychotic behaviour dominated these critical incident reports, suggesting that students face considerable personal and professional conflict during clinical placement (Fisher, 2002, p. 132). The data also provided insights into both the treatment experiences of consumers and the therapeutic milieu of clinical settings; unfortunately the majority of these were also negative and the students expressed negative feelings arising from these incidents. The findings of this study reinforce the need for both clinical staff and educators to assist the student to become aware of, process, and resolve anxieties and personal conflict arising from the clinical settings (Fisher, 2002, p. 133).

The purpose of Stockhausens’s (2004) qualitative study was to discover and understand new insights into taken for granted experiences students reflect on during their clinical placements, giving “the student voices an auditorium to be heard” (p. 9). Stockhausen used reflective
group debriefings and the students’ journals to access interpretations of contextual events through the eyes of the participants. The findings of this study suggest learning to become a nurse is based on contextual encounters with the patient and the registered nurse (RN) and an opportunity to practice a range of nursing activities (Stockhausen & Sturt, 2005, p. 12). Stockhausen found that the student experience is strongly influenced by their encounters with the RN. This concurs with the findings of Perese (1996), Slimmer et al. (1990) and Levett-Jones et al. (2006) who all recognised the influence of clinicians on student learning. The experiences of the students in Stockhausens’ study were positive which contrasts with the negative experiences reported by students in Fisher’s (2002) study, however the clinical environments and length of clinical placement was significantly different for each of these studies and may explain these differences.

Koskinen, Mikkonen and Jokinens’ (2011) study was conducted with 20, second-year Finnish nursing students and sought to describe their learning in the area of mental health and their response to the challenges of working in mental health. The data consisted of 39 critical incidents written by the students during their five-week mental health placement. Three consistent storylines were identified from the data: self-awareness and self-esteem, the nurse-patient relationship and mental health care methods (Koskinen et al., 2011, p. 625). The results from this study were consistent with several previous studies (Fisher, 2002; Hung, Huang, & Lin, 2009; Melrose & Shapiro, 1999) and confirmed that nursing students often feel unprepared, anxious and stressed before starting their mental health placement. However, it was found that these opinions can change over the course of the placement through observation of and active participation in the events of the ward and by listening to the life stories of the patients (Koskinen et al., 2011, p. 625). This study highlighted the need for educators to recognise the importance of a feeling of belonging, encouraging mentorship, active involvement in patient care and space for reflection on feelings and emotions (Koskinen et al., 2011, p. 628). The insights provided by these studies into what influences students’ learning in the clinical setting and how they interpret events, provide educators and clinical staff with valuable information which can be used to develop and improve the clinical experience.
2.10 Summary

In summary it is evident from the research reviewed that there are some significant barriers to the recruitment of undergraduate nursing students to mental health nursing but the literature has also offered many solutions. These solutions include acknowledging the importance of theoretical preparation and ensuring that nursing students are adequately prepared for the complexity of working with people with mental illness. Theoretical preparation has not only been demonstrated to produce more positive attitudes towards people with mental illness but it also improves student learning during clinical practice. Another solution is recognising that a positive clinical experience has a significant influence in shaping nursing students’ attitudes towards people with mental illness and mental health nursing. There are a number of factors which have been identified as influencing student attitudes to clinical experience including preceptorship, relationships with staff, time spent in clinical, the type of clinical service and relationships between education and clinical providers. In order to create positive clinical experiences education providers need to work collaboratively with clinical providers taking into account all of these factors. Finally, exploring the lived experiences of nursing students through their reflections on practice has been shown to enable educators to hear the student voice and discover new understandings and insights into the student experience of their clinical placement.

This literature review has also highlighted the paucity of research in New Zealand related to nursing students and mental health. Only one New Zealand study was found, Surgenor et al.s’ (2005) quantitative study which identified nursing student attitudes to psychiatric nursing and psychiatric disorders. This study investigated the association between attitudes, demographic variables, mental illness exposure and career aspirations in 164 nursing students at one education institution in New Zealand and did not collect information about the participants’ clinical experience. Therefore there is clearly a need for research examining New Zealand nursing students’ experiences during their mental health clinical placements.

Most of the literature identifying factors influencing undergraduate nursing students’ clinical experience in mental health is quantitative and much of this research has been conducted in Australia by Happell and her various research partners. It would be useful to have more research from other countries, including New Zealand to compare these findings with. Quantitative research has been shown to be a useful methodology to identify factors influencing undergraduate nursing students’ clinical experience in mental health and
determine the impact this has on nursing students’ attitudes, but it does not allow for the exploration of the lived experience of clinical. The qualitative research reviewed contained descriptions of the nursing students’ experiences and provided valuable insights into the meanings students ascribe to these experiences. This literature provides a global account of nursing students’ experiences with research from a range of different countries included. Whilst the insights provided by these studies can be used to develop positive clinical environments, research conducted in the New Zealand context would add to our understanding of the nursing student experience in mental health and the findings from this may be more applicable.

Therefore it has been concluded from this literature review that there is a need for

1. Further research identifying factors influencing undergraduate nursing students’ clinical experience in mental health.
2. Further qualitative research exploring nursing students’ experiences of their mental health placements.
3. Research examining New Zealand nursing students’ experiences during their mental health clinical placements.

It is the intent of this study to address these gaps by exploring the experiences of the participants during their mental health placement in an acute mental health facility located in one major city in New Zealand.

The following chapter will outline fully the intent of this study and how the methodology chosen will achieve this. It begins by identifying the research questions that this study seeks to answer. This is followed by a description of the sample and the context of their clinical placement is explained. Next an outline of the recruitment process is provided and ethical considerations are identified. Then the research design and methods employed in this study will be discussed and finally the analytical framework ‘thematic analysis’ is defined and the steps involved in this will be identified.
CHAPTER THREE: METHODOLOGY

This chapter begins by outlining the research questions this study sought to answer. Secondly, a description of the participants and the recruitment process is provided. Following this the ethical considerations are identified and the process for storage and disposal of the research data is stated. Next the research design and methods employed in the study are described. The chapter concludes with a description of data analysis process used in this study.

3.1 Research Questions

What are undergraduate nursing students’ experiences of their first clinical placement in an acute adult mental health inpatient service?

What are the influences on the undergraduate nursing students’ learning in an acute adult mental health inpatient service?

3.2 Sample

The sample comprised 13 students enrolled in a three year Bachelor of Nursing programme offered by one education institution in the South Island of New Zealand. The students who volunteered to participate in this research had all completed their mental health and addictions course in 2009 or 2010. All of the participants were female and ranged in age from 19-46 years. Other demographic data was not sought due to the small sample size and the difficulty in maintaining anonymity of the participants if this information was collected and reported.

3.3 Context of Clinical Course

The mental health clinical course is situated in the first semester of the second year of the Bachelor of Nursing programme. Students undertake a five week theory block focusing on
mental health and addictions prior to commencing their clinical placement. Students attend their respective clinical placements from Monday to Friday for six weeks and undertake eight hour shifts. All students are offered 240 clinical hours and they need to complete a minimum of 200 clinical hours in a mental health or addictions facility in order to pass their clinical course. The mental health facilities the participants in this study attended for their clinical course were three acute units situated within the Specialist Mental Health Services of one District Health Board in New Zealand. Two of these units were open units and the third was a locked unit.

The model of clinical teaching in each of these units was the preceptorship model and each student had one or two primary preceptors with whom they worked closely and who directly supervised the student’s clinical practice. Each student also had a clinical lecturer employed by the academic institution who spent two and a half hours per week with them. The clinical lecturer’s primary focus was student learning and assisting in the integration of knowledge to practice.

3.4 Data

The data for this research comprised of the six reflections on practice that the participants had written for their clinical portfolio. The students had to complete a clinical portfolio as one of the summative assessments attached to their clinical course. The purpose of the clinical portfolio is to enable the student to demonstrate how they integrate and apply theoretical knowledge to practice. The clinical portfolio contained six learning activities to be completed by the student during their clinical placement. The first learning activity in the clinical portfolio is related to developing critical reflective practice (appendix 7). The student had to complete a written reflection each week during their clinical course, a total of six reflections. The reflections were to be practice based and demonstrate critical reflective thinking. These reflections were to be discussed each week with their clinical lecturer and signed and dated by the clinical lecturer as verification that this had been done. The students were instructed to use the reflection guide (appendix 8) to assist them to write their reflections. It was also recommended that they start a reflective journal and write a reflection each shift as a way of developing their critical reflective skills and gaining a greater understanding of their values, assumptions and beliefs and the impact these have on practice. However this was not a compulsory requirement for the portfolio and none of the participants in this study chose to do this.
3.5 Recruitment

Using convenience sampling, all students who had completed their mental health and addictions clinical course in 2009 and 2010 in an acute inpatient mental health facility were given the opportunity to participate in this research project. The eligible cohorts of students were approached by the researcher at a time negotiated with their course leaders. At that time the project was explained, and the information sheets (appendix 4) and consent forms (appendix 5) were distributed. The information sheet included the researcher’s phone number and email to enable contact by students interested in participating.

Posters advertising the research study (appendix 6) were also posted on the research notice board in the School of Nursing and e-versions of this poster were posted on the Moodle courses of the eligible cohorts of students.

3.6 Ethical Considerations

As this research project sought participation from students in the Bachelor of Nursing programme a research proposal was sent to the Christchurch Polytechnic Institute of Technology (CPIT) Academic Research Committee. The research proposal was also sent to the University of Otago Board of Studies for approval (appendix 3). The project was granted ethics approval by the CPIT ethics committee (appendix 1) and from the University of Otago, Department of Psychological Medicine (appendix 2).

There was a potential risk to participants as the researcher works as a clinical lecturer and is involved in the assessment of students’ clinical portfolio. This was addressed by ensuring that the researcher was no longer involved in the teaching or assessment of the students who were asked to participate in the research project.

To ensure confidentiality, the participants were asked to remove any identifying features, such as the name of the ward and any information that could identify patients or staff, from their reflections. Each set of reflections was numbered and the number assigned was recorded on the participants consent form so that the researcher could exclude data from any participant who chose to withdraw from the study. No data that could identify the participant, third person or service has been reported.
Participation in this study was entirely voluntary. Participants had the right to withdraw from the study at any time until the data was analysed.

### 3.7 Storage and Disposal of Data

The coded data from the study will be stored in a locked filing cabinet. Only the researcher and her academic supervisors have access to this data. The data will be kept for a period of five years and will then be destroyed.

### 3.8 Methodology

This section will explore the methodology and methods used to examine the research question in this study. A qualitative research design was chosen for this study. Qualitative research is a systematic, subjective approach which aims to describe the experiences of people. It offers a way to gain insights into the participants’ experience through discovering meanings (Burns & Grove, 2009, p. 51). Qualitative researchers are interested in the socially constructed nature of reality and seek answers to questions which stress how social experience is given meaning (Denzin & Lincoln, 2003, p. 13). This meaning is derived through the analysis of what people say or through observing and interpreting their behaviour. Using a qualitative approach to research allows the researcher to explore an experience, culture or situation in depth, taking into account the richness, and complexity inherent in the phenomena being studied (Burns & Grove, 2009, p. 51; Lacey, 2010, p. 19). Adopting a qualitative approach to this study enables the exploration of nursing students’ experiences during their first mental health placement and also provides the opportunity to examine how these experiences are created. Using the rich descriptions provided by the participants of their experiences during their clinical placement allows the researcher to gain a better understanding of how this experience is constructed and given meaning.

When choosing an appropriate methodology the researcher needs to consider the function of the research. There are three broad functions of qualitative research designs. The first being to increase understanding, the second being to promote participation or immersion, and the third function being to link ideas and concepts (Rebar, Gersch, Macnee, & McCabe, 2010, p. 182). The function of this research is to increase understanding of the nursing students’ clinical experiences. Qualitative designs are often used where there is little known about a
subject (Rebar et al., 2010, p. 182), with the purpose of the research being exploratory rather than explanatory (Lacey, 2010, p. 19). As there is relatively little known about nursing students’ experiences during their mental health placements and no research in the New Zealand context was found, it was important that research methodology chosen for this study allowed for the exploration of the subject. Taking this into consideration it was determined that a qualitative research approach was the most appropriate approach to adopt.

When conducting qualitative research this must be approached based on the understanding that knowledge is evolving and contextual (Polit & Beck, 2006, p. 213; Rebar et al., 2010, p. 182; Roberts & Taylor, 2002, p. 15). Qualitative approaches to research are situated in a holistic worldview which is underpinned by the following beliefs: There is not a single reality; reality based on perceptions is different for each person and changes over time; what we know has meaning only within a given situation or context (Burns & Grove, 2009, p. 51). It was important in this study to recognise that knowledge is contextual and it was for these reasons that the students’ reflections on practice which were written whilst they were immersed in their clinical placement were chosen as the data for this research as the researcher wanted to capture the perceptions of the experience that the students held at the time of their placement. If this data had been collected after their clinical placement it was likely that the students’ perceptions of their placement could have been quite different and the contextual richness of the data would have been lost.

Once an appropriate research approach has been chosen, the researcher’s focus shifts to making sense of the data collected. In qualitative research, data analysis is essentially about detection, and the tasks of defining, categorising, theorising, explaining, exploring and mapping are fundamental to the researcher’s role. The qualitative researcher’s task is to provide some coherence and structure to the data set whilst still retaining hold of the original accounts from which it has been derived (Ritchie & Spencer, 2002, p. 309). Therefore in order to retain the contextual richness of the data collected and to explore this, it is important to choose a method for data analysis which facilitates this.

3.9 Data Analysis

The data analysis method chosen for this research is the process of thematic analysis informed by the writings of Boyatzis (1998). Thematic analysis was chosen as this process “enables
researchers to use a wide variety of types of information in a systematic way that increases their accuracy or sensitivity in understanding and interpreting observations about people, events, situations and organisations” (Boyatzis, 1998, p. 5). It was felt that this method of data analysis would allow the researcher to develop an understanding of the students’ experience in their mental health placement and also provided a way of communicating these findings. As thematic analysis is not tied to a particular theoretical outlook it can be applied when using a range of theories and epistemological approaches (Harper & Thompson, 2011, p. 209), therefore making it a suitable method to adopt in this research.

Thematic analysis is described by Boyatzis as a way of seeing (1998, p.1). He suggests that thematic analysis has a number of overlapping or alternative purposes. It can be used as

1. A way of seeing
2. A way of making sense out of seemingly unrelated material
3. A way of analysing qualitative information
4. A way of systematically observing a person, an interaction, a group, a situation, an organisation, or a culture
5. A way of converting qualitative data into quantitative data (p.4).

The purpose of using thematic analysis in this study is two-fold; it provides a way of seeing the student experience and also a way to analyze the information.

Boyatzis (1998, p. 4) describes a theme as “…a pattern found in information that at a minimum describes and organises the possible observations and at maximum interprets aspects of the phenomenon.” He suggests that themes may be directly observable in the information (the manifest level) or by interpreting information underlying the phenomenon (the latent level).

Themes may be generated inductively from the raw information or generated deductively from theory and prior research. A data-driven approach to developing themes and codes was used in this research. This approach was chosen as data-driven themes that have been constructed inductively from the raw information are sensitive to the context of this information. Working from the raw information allows the researcher to view all aspects of the information, those that are easily evident and the more intricate and more difficult-to-discern aspects (Boyatzis, 1998, p. 30). According to Boyatzis (1998) working directly from the raw information can enhance appreciation of the information and lead to recognition of
different perspectives and voices that are inherent in the data (p. 30). This ability to recognise
the different perspectives and voices inherent in the data was important to the researcher as
she wanted to “hear” the student voice and use these “voices” to examine how their
experiences during their clinical placement were created and given meaning.

3.9.1 Boyatzis’s Thematic Analysis Framework

Boyatzis (1998, p.29) outlines three core stages involved when using thematic analysis
1. Deciding on sampling and design issues
2. Developing themes and code
3. Validating and using the code

The following discussion will outline how these stages were approached in this study.

3.9.1.1 Stage 1: Deciding on sampling and design issues
Boyatzis (1998, p. 59) suggests that the sampling design of research studies using thematic
analysis should be tested for adequacy and appropriateness in regards to its efficacy,
efficiency, and ethics. When deciding on a sample for this study the researcher was mindful
of the need to ensure that the sample was large enough to provide adequate data for the size
and scope of this study but not too large that the volume of data would be too much to
manage. Sample size was discussed with the researcher’s academic supervisors and it was
determined that a sample size of between 12 and 20 participants would be appropriate for this
study. A final sample of 13 participants was able to be recruited.

The steps in developing a code inductively using thematic analysis usually require criterion-
reference material with the material being coded representing a subsample of two or more
specific samples used in the research (Boyatzis, 1998, p. 41). However Boyatzis does note that
there are two situations when the researcher wants to use a data driven, inductive approach to
code development but the criterion-reference method is not possible or comparison is
unnecessary. The first being when the study has a single unit of analysis and secondly, and as is
the case in this study, there is no evident or desirable criterion variable. The purpose of this
study is to describe the experiences of undergraduate nursing students during their acute mental
health placement. Thematic analysis helps in making this description clearer and the themes
developed from this study could potentially be useful to other researchers.
3.9.1.2 Stage 2: Developing Themes and a Code

Boyatzis outlines 5 steps involved in inductively developing code. These are

1. Reducing raw information
2. Identifying themes across subsamples
3. Comparing themes across subsamples
4. Creation of code
5. Determining reliability

As it was determined that comparison was not necessary in this study, step 3 was not carried out. Boyatzis (1998, p. 52) identifies this then forces the researcher to use his or her theories or prior research as a guide for articulation of meaningful themes. In the case of this study prior research has been used to as a guide for the articulation of meaningful themes.

When using thematic analysis it is important to develop useful and meaningful codes which capture the qualitative richness of the subject and are useable in the analysis, interpretation and presentation of the research. In order to do this the researcher needs to be open to perceive patterns inherent in the data, have the ability to organise his or her observations into a useable system for observation and have knowledge relevant to the area being studied (Boyatzis, 1998, p. 8). The researcher needs to become familiar with the raw information, “entering the information into their unconscious, as well as consciously processing the information” (Boyatzis, 1998, p. 45). In order to do this, the data in this study, which comprised of the six reflections written by each of the participants during their mental health and addictions clinical course, was read and re-read.

Once familiarity with the literature was established, the researcher began to identify themes evident in the data. Key activities, thoughts and emotions expressed by the students in their reflections were highlighted and considered for each set of reflections. These sets of reflections were then pooled and re-read looking for any similarities or patterns. Having worked in the acute mental health environment both as a registered nurse and clinical lecturer helped the researcher to recognise what was important in the data. Whilst this prior experience and knowledge was helpful it was difficult not to begin to interpret the data. Boyatzis (1998) suggests it is important during this phase not to start to interpret the data but rather just to focus on developing themes. This challenge was managed through discussion with the researcher’s academic supervisor about the process that was being followed to ensure that the researcher was ‘listening’ to the data rather than interpreting it.
During step two of the analysis, sixteen categories were identified: Therapeutic relationships, Questioning practice, Major incidents, Own experiences, Learning about mental illness, Keeping self-safe, Using communication, Attitude to mental illness, Developing practice, Student role, Challenges of being a student, Conflict with staff, Buddying, Learning a new task, Ethical dilemmas, and Understanding mental health nursing (Table 2). It was from these categories the six themes were created.

Table 2: Categories and Themes

<table>
<thead>
<tr>
<th>Categories</th>
<th>Themes</th>
</tr>
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<tbody>
<tr>
<td>Student role</td>
<td>The Unknown</td>
</tr>
<tr>
<td>Challenges of being a student</td>
<td></td>
</tr>
<tr>
<td>Using communication</td>
<td></td>
</tr>
<tr>
<td>Therapeutic relationships</td>
<td>Connecting</td>
</tr>
<tr>
<td>Conflict with staff</td>
<td>Relationships with staff</td>
</tr>
<tr>
<td>Buddying</td>
<td></td>
</tr>
<tr>
<td>Questioning practice</td>
<td>Questioning</td>
</tr>
<tr>
<td>Attitude to mental illness</td>
<td></td>
</tr>
<tr>
<td>Own experiences</td>
<td></td>
</tr>
<tr>
<td>Learning about mental illness</td>
<td>Understanding</td>
</tr>
<tr>
<td>Learning a new task</td>
<td></td>
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<tr>
<td>Developing practice</td>
<td></td>
</tr>
<tr>
<td>Understanding mental health nursing</td>
<td></td>
</tr>
<tr>
<td>Major incidents</td>
<td>Vulnerability</td>
</tr>
<tr>
<td>Keeping self-safe</td>
<td></td>
</tr>
<tr>
<td>Ethical dilemmas</td>
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</tbody>
</table>

Step 4 of the second stage of thematic analysis is the creation of codes. Boyatzis (1998, p. 53) says that a code should have five elements

1. A label (i.e. a name)
2. A definition of what the theme concerns
3. A description of how to know when the theme occurs
4. A description of any qualifications or exclusions to the identification of the theme
5. Examples, both positive and negative, to eliminate possible confusion when looking for the theme.
In developing themes for this study the list of categories identified in step 2 was examined and the data related to each of these categories was re-read. On closer examination of the data it became apparent that several of these categories related to a common theme and it was from this analysis that the following themes emerged: The Unknown; Connecting; Relationships with staff; Questioning; Understanding; and Vulnerability. These will be discussed in detail in the following chapter.

The fifth step in stage 2 is determining reliability. Reliability refers to the consistency of observation, labelling, or interpretation and is critical in using thematic analysis (Boyatzis, 1998, p. 144). Consistency is attained when different people observing or reading the information see the same themes in the same information. Interrator reliability is tested by directly comparing results with another researcher, and was achieved in this study by comparing the results with the researcher’s academic supervisors’ interpretation of the data.

3.9.1.3 Stage 3: Validating and using the code

Validation is important so the researcher can feel confident that their study provides an accurate description of the subject being studied. If the study is accurate then the results that come from this research can provide insights that are useful and practical.

Boyatzis (1998, p. 50) identifies two steps in validating codes

1. Coding the rest of the raw information
2. Validating the code statistically or qualitatively

Step one involves applying the reliable code to the entire sample. Once the themes had been developed all of the data was re-read by the researcher to ensure that these themes provided an accurate description of the nursing students’ clinical experience.

Step two is achieved by comparing the differentiation on each of the samples in relation to the themes in the reliable code. As this study did not have subsamples due to the small size of the study this comparison was not possible. In this study the researcher’s academic supervisors were relied on to validate the themes developed in this study.
3.10 Summary

The research methodology chapter began by outlining the research questions this study sought to answer. It then provided a description of the participants and the recruitment process. Following this the ethical considerations were identified and the process for storage and disposal of the research data was stated. Qualitative methodology was discussed and its appropriateness for this study was explained. The chapter concludes by outlining the thematic analysis framework and an explanation of how this was applied to this study was given.

In the following chapter the results of the study will be outlined. Each of the six themes will be defined. A description of what each theme concerns will be provided and examples from the data will be used to illustrate each theme.
CHAPTER FOUR: RESULTS

This chapter will outline the findings of this study. Each of the six themes will be defined. A description of what this theme concerns will be provided and examples from the data are used to illustrate each theme. The chapter will discuss the themes in the following order: The Unknown, Connecting, Relationships with Staff, Questioning, Understanding and finally Vulnerability.

4.1 The Unknown

The Unknown is defined as the unfamiliar elements that nursing students encounter during their mental health placement. This theme emerged from the categories: Challenges of being a Student and the Student Role. These challenges were especially evident in the student’s reflections which were written in the first two weeks of the students’ clinical experience. In this theme students identified a number of different challenges, including their uncertainty about their role as a student in their mental health placement and how to act in this unknown environment.

For several students this uncertainty was related to not knowing how to relate to patients:

Student 8 – “I was feeling a little intimidated about talking to the patients on the ward. I was unsure how to initiate conversations with them. I was concerned that I wouldn’t know what to say, that I wouldn’t say the ‘right thing’, and that I may not understand what they were saying. I also felt worried about the patients’ reactions to what I said.”

This student describes feeling intimidated by the need to interact with patients on the ward. She reports feeling unsure about how to initiate conversations with them. This concern appears to stem from her belief that she does not know what to say or that she may say the wrong thing. She also voices her concern that she may not understand what people are saying.
and does not know how the patients she is interacting with may react to her. Several other students also expressed similar concerns.

*Student 12* – “...I was unsure about what was the right response...”

*Student 10* - “...I was initially shocked and did not know how to answer this question without getting myself into a difficult situation...”

It is clear from these reflections that students feel unsure about how to respond to patients and are worried that if they do not respond appropriately they will get themselves into difficult situations.

Just as Student 8 described wanting to say the ‘right thing’, many of the other students in this study talked about wanting to be seen to do the ‘right thing’. This desire seems to not only relate to responding appropriately to patients but also to fulfilling the expectations of the nursing student role as can be seen in the following reflection.

*Student 11* – “I was going outside for my break and was met by one of the patients from the ward I had just been orientated on. As I was alone and a student, I was worried about a number of things: was I allowed to talk to patients outside whilst on a break and was I safe to do so? I was also worried about being alone and breaking ‘nurse patient protocol’ and didn’t want to make a bad impression on my first day of placement”.

It is apparent that this student is unsure about what she is allowed to do in her student role. She is worried that if she talks to a patient whilst on her break she may be breaching protocol and that this could influence the way that staff view her. It is evident that she feels the need to make a good impression on the staff especially this early in her placement.

This student also questions whether she was safe to be interacting with the patient off the ward. She is able to identify that some of this anxiety is related to her beliefs about people with mental illness

*Student 11* – “...this situation made me aware that I held some negative ideas about people with mental illness...”
Her concern for her safety arises from her belief that people with mental illness can be unpredictable and potentially dangerous. This perception is held by many of the other participants in the study.

*Student 3 – “...It is a priority to keep yourself safe at all times when around unwell patients...”*

*Student 9 – “...People who are mentally ill often display unpredictable or difficult behaviour...”*

Although these attitudes were most prevalent in reflections written in the first two weeks of the clinical placement, for some students these attitudes were still evident in reflections written in their final week.

Many students expressed in their reflections that they needed to be careful how they acted around patients because they were not sure how the patient might react. The impact this perception has on the students’ behaviour is demonstrated by Student 10:

*Student 10 – “...I felt unsure how to act around clients and this therefore stopped me from initiating conversations with them...”*

She identifies that the anxiety she was experiencing stopped her from initiating conversations with clients. The anxiety described by other students also had a marked impact on their confidence in relating to patients. This can be seen in the following reflection:

*Student 12 – “Two happenings today made me concerned and aware about appropriate behaviours and responses during conversation. Firstly, I was told my new haircut still made me look “smoking” and “cute” by a male patient. I laughed and smiled it off, before quickly vacating the conversation...”*

Even though this student had managed to initiate conversation with this patient she quickly terminated this when faced with some unwelcome responses from the patient which she felt ill equipped to deal with.
Whilst all students in the study expressed some anxiety about relating to patients, for the majority of participants this anxiety did decrease as they became more familiar with the environment and the patients that they were working with.

*Student 4 – “Early on in the week I was uncomfortable with being left alone with a patient however once I became more comfortable with the environment and patients I was more likely to approach the patients.”*

Several students also identified factors which helped them feel more comfortable in the environment. Student 8 identified how helpful it was to have the support of another student and how this enabled her to feel comfortable enough to initiate conversation with one of the patients on the ward

“…Another student and I went into the lounge area and introduced ourselves to a patient…”

Observing how nurses interacted with patients and beginning to participate in the ward routine were other factors identified by students that helped build confidence:

*Student 10 – “…after going on a group walk with clients I began to familiarise myself with the way the other nurses approach clients and then I began to make an effort to start general conversation…”*

It is evident that some of the challenges that students face in the first weeks of their mental health placement stem from their concerns about how to relate appropriately with patients. However students also identified the fact that they were going to an acute inpatient setting as being a major contributor to their anxiety:

*Student 10 – “My first day on the ward I was feeling anxious and unsure about being there as I have never been on an inpatient ward, known (sic) that X was an acute inpatient setting added to my anxiety because I did not know the level of wellness of the clients and how they might react…”*

For most of the participants in this study this was not only their first mental health placement but also the first time they had ever been on any sort of ward environment. It is apparent that
the combination of a completely unfamiliar environment and the students’ concern about the unpredictability of people when they are acutely unwell fuelled much of the anxiety they expressed. This anxiety related to the environment was particularly evident in the reflections of the students who were placed on the locked ward. The students in this environment were particularly concerned that they would not be able to recognise potential risks. Student 12 sums up how challenging it was coming into this environment:

Student 12 – “I was concerned whether or not I was making a big deal out of nothing – it’s hard coming into this new experience, not being aware of what should be shared and what is not of any consequence.

It is clear from this theme that the first weeks of the students’ clinical placement in an acute mental health ward pose many challenges for students and can evoke many negative emotions. These stem from being unsure about their student role, being concerned about responding appropriately to patients and their ability to manage patient’s responses to them, as well as the actual environment itself. These concerns stop students from interacting with patients. However as the student becomes more familiar with the environment and patients and begins to actively participate in the ward routine this anxiety decreases and the students report increasing confidence in relating to patients. Supporting students to manage all these unknown elements is vitally important so that they are able to feel comfortable enough in the acute mental health environment to actively participate in all the learning opportunities available to them. Of particular importance is working with students to identify barriers they may experience to interacting with patients and offering strategies they can use to reduce these barriers so that they are able to interact confidently and appropriately with people with an experience of mental illness.

### 4.2 Connecting

The second theme, Connecting, is defined by the desire expressed by all students to connect with patients they worked with during their mental health placement. This theme was derived from the categories Using Communication and Developing Therapeutic Relationships. Each of the participants in this study wrote at least one reflection in which they reflected on how they had used communication techniques to develop therapeutic relationships with patients during their clinical placement. In the category, Using Communication, students identified
how they drew on the communication theory and skills they had learnt in order to make these connections.

Student 8 – “...I did wonder how I would establish a rapport with a patient who seemed so culturally different to me. I asked him about his tattoos and he explained it was a family tree done in Maori designs, this opened up a new thread of conversation...I realise now that whether you have things in common with a patient or not, there are plenty of ways to establish rapport with patients. By being open to cues from the patient and acknowledging and exploring differences between yourself and the patient can open up communication lines.”

This student recognises the importance of establishing rapport but does question how she might do this with someone who is so different from herself. In order to build this rapport she draws on some of the communication theory that she has learnt, such as being open to the cues given by the other person, as well as theory related to cultural safety. Several other students also identified aspects of therapeutic communication that they had used

Student 1 – “I managed a few open questions and paraphrasing...”

Student 4 – “…just sitting and spending time with patients...”

All of the students in this study were able to recognise the importance of communication in mental health nursing and many spoke about the opportunities they had during their clinical placement to work on developing their communication skills:

Student 11 – “...for future interactions I will be focusing on my communication skills...”

Student 7 – “...perhaps I missed a pause and interpreted a silence to be different than what TC was thinking...”

Most students connected using communication skills with building therapeutic relationships. Therapeutic relationships were highlighted as being essential to understanding the patients they were working with:
Student 1 – “...I have realised the importance of developing the therapeutic relationship to truly understand your patient in order to be able to help them.”

This realisation is echoed by student 7 who states:

“...I believe connection with the patient via a therapeutic relationship is crucial to allow the patient to feel comfortable enough to express all that is going on so that the nurse can then provide suitable support...”

She describes the therapeutic relationship as being “crucial” as this allows the patient to feel comfortable with the nurse and communicate the difficulties they are experiencing which then enables the nurse to provide suitable support.

This desire to develop therapeutic relationships was evident in many of the students’ reflections. Several students reflected on how they developed therapeutic relationships with patients and tried to identify factors which assisted with these.

Student 2 – “…I seemed to have built a rapport with her. On reflection from our last one to one we shared some cultural values and I wonder if this helped in building a therapeutic relationship.”

Student 8 – “…I used some self-disclosure by revealing I was diabetic too...”

Finding commonalities, whether they are cultural as identified by student 2 or a medical condition as is the case with student 8, provided the students with some common ground from which these therapeutic relationships could be built.

Whilst students recognised the importance of developing therapeutic relationships they also spoke about the complexity of these relationships.

Student 13 – “I realised that I was feeling like I was betraying D.H. as he was confiding in me, but I couldn’t let my personal feelings get in the way as it was not professional...this has given me insight into the nurse/patient relationship as opposed to wanting to be friends and wanting the patient to like me”
This reflection gives some insight into the emotional toll that students can experience as they balance their own feelings with the need to remain professional. Recognising the professional boundaries required to create safe relationships for everyone was also highlighted by Student 12.

“...I have to be aware of the slippery slope towards relationship boundary violations. I am aware that my personality will always have me involved with everything I can give to a situation...”

Equipping students with the knowledge and skills for dealing with the complexities of these relationships is an essential component of their nursing education. Students need to be prepared for the reality of practice so that they are better able to cope with situations that they may be exposed to during their clinical placement.

Many students wrote about the emotional connections that they felt:

Student 12 – “I have been working closely with patient S... Yesterday she came back from leave and revealed that she had self-harmed. This is the first instance of self-harm since I have been a student nurse in the ward. I am finding it hard to deal with - not the actual act, but the disappointment..... I was aware I had a lot of hope for her recovery given her recent improvements, but didn’t think of the effect this would have on myself if patient S took a step back. I have to deal with this disappointment.”

As can be seen from student 12’s reflection, connecting with people can be stressful for nursing students. She quickly went from the elation of having established a good connection with this person and seeing her improve to having to deal with the disappointment she felt when the person had a relapse. This student also identifies that this is the first time she has been exposed to self-harm behaviours and this may have contributed to her response. Student 6 also had to deal with a very complex situation which left her feeling conflicted:

“Over the weekend the patient had her baby....I knew from other staff that the child is indefinitely being taken out of her care yet the patient hopes otherwise. Now that the baby is born and the time I have spent with the mother my opinion of taking the child from her has changed slightly, maybe she should be given a
second chance with more support and supervision...I can’t help but feel sympathy for the patient...”

It is interested to note that this student talks about how having spent time with the patient her opinion has changed and she now feels sorry for the patient. It is clear from these reflections that students need to have an opportunity to discuss experiences such as these with clinical and academic staff so that they are able to explore their responses to these complex situations.

The emotional connections that students feel is also evident in student 11’s reflection of her response to a family meeting she attended

“I was involved in a family meeting regarding one of the patients I had spent a lot of time with whilst on placement...I found that I felt quite emotional observing the patient and her mother as both were upset.....I was shocked at my response and found I had to work hard at maintaining a professional manner.”

For this student she is more concerned that this behaviour might be seen as unprofessional and she is shocked that she has had an emotional response to this situation. This reinforces the need for educators to prepare students for the likelihood that they may be exposed to situations which are distressing during their mental health placement. It also highlights the importance of clinical and academic staff working with students to recognise and process these emotions when they arise.

It is clear from this theme that student nurses want to connect with patients during clinical. All the participants in this study reflected on an aspect of building connections in at least one of the reflections they wrote during their clinical placement. Students recognise the importance of communication skills in mental health nursing and how these are used to build therapeutic relationships. It is obvious from these reflections that the mental health placement offers students many opportunities to practice their communication skills and develop therapeutic relationships with patients. However, it must be acknowledged that these relationships are often complex and can cause students a degree of emotional distress. All staff working with students need to be able to support students to recognise the potential for these and work with them to process these emotions.
4.3 Relationships with Staff

The third theme is Relationships with Staff. This theme is defined by the relationships that nursing students build with clinical staff during their clinical placement. Most students in at least one reflection referred to the relationships they had with staff. There are two categories associated with this theme, Buddying and Conflict with Staff. As can be seen from these categories students either describe positive or negative experiences with staff.

Many students highlighted the positive relationships that they had built with staff. These positive relationships were seen as supportive for the students’ learning:

Student 9 – “The staff members were friendly and willing to help me. Such a helpful atmosphere has been encouraging for professional communication and supportive for my learning.”

Student 9 identifies some of the attributes the staff possessed, such as being friendly and willing to help, as contributing to the “helpful” atmosphere which she acknowledges as being supportive for her learning. Feeling supported and being welcomed by staff was mentioned by several students as being necessary for building their confidence, knowledge and skills during their clinical placement. Having nurses who were willing to help was recognised by a number of students as being vital to enabling them to provide appropriate support and care for the patients they were working with. This can be seen in the following reflection written by student 7:

“I was pleased I had advice from the RN who read the situation correctly and gave me helpful information to enable me to support TC effectively.”

These positive relationships with staff made the student feel like they were part of the team:

Student 2 – “Had a nice comment from head nurse tonight she said how pleased they all were with the way I was hands on and was part of the team.”

Student 5 – “While my buddy and I were working together, X said to me “I hope you don’t mind that I commandeered you”, which I replied “no not at all, thank you very much”, this made me feel happy and a part of the team.”
They gave students a sense of belonging to the nursing team and as Student 5 describes this made her feel happy. The reflections from the participants in this study indicate that nursing students want to feel like they belong to the nursing team. Belonging to the nursing team gave the students a sense of identity and was associated with having a positive clinical experience.

Several students also identified negative experiences with staff and discussed the impact that this had on them personally and also their learning.

Student 13 – “…I introduced myself to the nurse whom I had been assigned to, who had no previous knowledge that she would be guiding a nursing student that day. The nurse was very quiet and at first did not initiate any conversation or offer any guidance….This made me feel very awkward and at the same time the thought of the next four days under the same nurse’s guidance was not looking at the time to be beneficial…”

It is clear from this reflection that the student is very concerned about the impact that working with this nurse is going to have on her learning. She recognises that as a student nurse she is reliant on the registered nurse for guidance and without this is not going to be able to fully participate in patient or ward activities. Student 5 describes a similar experience she had:

“I asked a staff member whom I had worked alongside with a couple of weeks ago if it was alright that I buddied with her for the shift, she said that was fine. During the first hours of my shift my buddy would not speak or interact with me, this made me feel as though she didn’t want a student and again I felt extreme frustration.”

It is interesting to note in Student 13’s reflection the registered nurse did not know that she was going to be buddying a student that shift. This may explain some of the behaviour experienced by the student and also highlights the importance of ensuring that staff are aware that they are working with students and that they have the knowledge and skills to do this. In the second example, the student did not even have a buddy assigned to her that shift. Fortunately she was assertive enough to approach a nurse and ask if she would be her buddy but it appears that although the nurse agreed she was not making any effort to support the
student. It is critical for student learning and their sense of belonging that students have buddies that are capable and willing to fulfil this role.

While most students reflected on relationships with registered nurses, one student wrote about her experience with another member of the multi-disciplinary team (MDT) which she found very challenging.

Student 5 – “...I was met with extremely unprofessional behaviour that was conducted in front of an audience...I felt that the _____ believed I had no respect for her role, that I insulted her profession and that I was ‘moving in on her territory’, I believed it happened this way because the _____ had already made a stereotype that I did not understand the role of an _____...”

This serves as an important reminder that student nurses work with all members of the MDT during their mental health placement and these relationships can also colour nursing students’ perception of their placement. Establishing good relationships with all members of the MDT is an essential part of the nursing role. Therefore nursing students need to be encouraged to talk to other members of the MDT about their roles so they are clear about these and to reduce the chance of misunderstandings occurring.

Whilst most students identified how these negative relationships impacted negatively on their learning, one student was able to view these negative interactions with staff as a valuable learning experience, as can be seen in the following reflection.

Student 12 – “Registered nurses vary in skills, respect and desire to help student nurses. I have now seen an example of a nurse who has not been reflecting and dealing with her issues. She now appears stressed and hating what she is doing. It’s a good example of what happens when a nurse is unhappy with her work, and what I don’t want to happen in my future.”

She summarises the experiences of the participants in this study which is that the registered nurses they worked with varied in skills and desire to help student nurses. She also identifies that some nurses may not be in the right space to work with students. This reinforces the need to find appropriate buddies for students as the relationships that students form with staff have a significant impact on student learning and their overall perception of their mental health.
placement. Feeling supported by staff was reported as being necessary for building confidence, skills and knowledge and made students feel like they were part of the nursing team. Whereas negative experiences with staff impeded learning and made the students feel awkward and frustrated. The relationships that students build with staff have a significant impact on how students view their mental health experience therefore nurses need to be supported in the work they do with nursing students and have access to training opportunities which equip them with the skills and knowledge to fulfil this role.

4.4 Questioning

Questioning is defined according to the questions students posed about their own practice, as well as the nursing practice that they observe. The reflections written in this theme were generally written in weeks three, four and five of their clinical experience. There are three categories associated with this theme: Attitude to Mental Illness, Questioning Practice, and Own Experiences.

It was evident from some of the reflections that the students wrote that being exposed to people with mental illness caused students to begin to uncover and question their own attitudes to mental illness.

Student 3 – “In the ward I was on, there is a patient who is very manic at present. My initial impression is that he is a likeable person, could be good company and was intelligent...Whilst in the office with the other RN’s they mentioned he is a nurse. I had felt confused and wondered how he could be a nurse and a patient too...I have had so little experience with people who have a mental illness that I am learning finally that people with a mental illness are ordinary people who deserve respect....People who live with a mental illness come from all walks of life and have just as much to offer as those who do not have the inconvenience of living with a mental illness.”

Clearly this student had not considered that mental illness can affect anyone. She describes feeling confused about how this person could be both a nurse and a patient. She is able to recognise that her lack of experience in working with people with mental illness has meant that her understanding of mental illness is limited. She also acknowledges how much she is
learning during her clinical placement and the impact that this is having on her attitude
towards people with mental illness. Although it is interesting to note that even though she
begins to demonstrate some understanding about the fact the mental illness can affect anyone
her view of mental illness is that it is an “inconvenience”.

Another significant aspect of this reflection is the way in which the nursing student
categorises the patient she is working with, describing him as being “likeable, good company
and intelligent”. This tendency to categorise people was evident in a number of other
students’ reflections, with most of the students talking about the positive attributes of the
person:

*Student 12 – “I first interacted with the patient, whom I found to be soft spoken,
patient and kind…”*

It was noted that in the reflections in which students were describing patients by these
positive attributes the students were positive about the relationships that they had built with
these people. In many of these reflections the students also spoke about how their attitude
towards people with mental illness had changed as a result of these interactions, as was
evident in Student 3’s reflection.

Many of the students’ reflections revealed a more negative view of people with mental illness.

*Student 12 – “I was informed today of an ex-forensics patient staying in our ward.
I have already recognised that I would have a personal issue with any forensics
patient…The manner of which it was talked about before I had met the patient
was unfair on both the patient and myself…”*

For this student her attitude was related to the fact that this person had a forensic history and
she reveals that she already had an awareness that she was going to find it difficult to work
with people with forensic backgrounds. This attitude was further reinforced by the way this
person was talked about by the nursing team. The negative attitudes of nurses towards some
of the patients they worked with were evident in a number of other students’ reflections:

*Student 8 – “…one nurse commented “oh, just leave him until dinner time
because he makes no effort to control his diabetes”…”*
These attitudes reinforce many of the negative stereotypes that exist about people with mental illness, such as they are unmotivated, manipulative and dangerous. The clinical placement in mental health should be an opportunity to challenge these negative attitudes rather than reinforce them. Students who reported some of these negative attitudes also identified how this impacted the way they worked with patients:

Student 6 – “...now from hearing about this incident I have formed a judgemental view before meeting the patient and was personally apprehensive about meeting him...”

Student 12 – “...unwillingly a guard of some form went up on my part...”

However, all of these students were able to recognise these negative attitudes. In their reflections they acknowledged how these attitudes had impacted on the way they viewed and consequently interacted with the patient and also what they had learnt from this. This reinforces the importance of critical reflective practice during the mental health placement as this provides an avenue for students to build self-awareness and question their own attitudes and practice. It also offers an insight into some of the attitudes held by staff working in this environment and how these influence the way students perceive patients.

In several reflections students described practice they had observed and then questioned the appropriateness of this practice.

Student 1 – “...I was working with a very experienced nurse who surprised me in the way she handled a situation regards a patient with an addiction....D has lorazepam charted as PRN medication for anxiety. The nurse I was with would not give it to him as she could see that he wanted to use this as a substitute for his normal routine of drugs or alcohol. D became increasingly upset...The nurse told me he was using bully tactics over her to get drugs and she wasn’t going to give into him. I disagree with this way of handling this patient...An acute mental health ward is not the place to refuse access to medication to teach someone a
lesson about their addictions this action has no benefit to the patient it just causes distress and may lead to violence, seclusion, and abuse there is no point.”

Clearly this student is uncomfortable with the way in which the nurse managed this situation. She does not believe that the nurse’s practice is appropriate and she outlines what she believes may be some of the potential consequences of refusing to administer medication to this patient. It is interesting that the student identifies that she was working with an experienced nurse and was surprised by her attitude to this patient. This provides some insight into the expectations that student nurses have of the registered nurses they are working with to role model good practice. It also serves as a reminder of the vulnerable position that nursing students are in during their clinical placement because whilst the student writes in her reflection that she disagreed with the way this nurse managed the patient she did not challenge the nurse’s practice.

This reluctance to challenge nurses is also evident in Student 8’s reflection:

“A type 2 diabetic patient, with poor blood sugar control, presented with a headache. I organised with a nurse to get him some PRN paracetamol and I suggested taking a blood sugar reading. His BSL was 27mmol/L. When the nurse and I went to discuss our course of action with the other staff members one nurse commented “oh, just leave him until dinner time because he makes no effort to control his diabetes.” I was shocked by the nurse’s comments, especially since the patient was in obvious distress…”

Even though this student is shocked by this nurse’s comment she tries to come up with an explanation for her attitude and even defends the nurse’s practice.

“…After reflecting on the nurse’s comments I thought there may have been several reasons for her words. The first possibility being that she was exasperated by the patient’s on-going poor diabetes control and she may have wished to ‘punish’ the patient through lack of care. However, I think the more likely reason for her comments was that she was venting her frustrating of the situation…”

She concludes her reflection by stating
“I would like to think that in the same situation I could keep my frustrations to myself and still nurse the patient in a sympathetic and caring way.”

It is evident from these reflections that nursing students are able to recognise poor nursing practice but do not appear to be in a position to challenge this. Although both of these students are able to identify what they have learnt from observing this practice and how this will influence their own practice in the future.

However, one student reflected on an incident in which she was able to stand up to a nurse:

Student 13 – “The patient stated due to his culture he would prefer a male to give him the injection. The RN asked me if I wanted to do the injection even though the RN had also heard the patient request a male. I said no, as I didn’t feel comfortable going against the patient’s wishes...On reflection, I really wanted to do the IMI but ethically felt that this was not right or fair to the patient’s wishes ...this has made me more aware that not all staff have the same ethical radar and to question this when I felt that it was wrong.”

Fortunately this student is able to recognise the importance of questioning practice that she feels is wrong and in this instance was able to convey this to the nurse. She recognised that it would have been unethical to go against the patient’s wishes even if this meant that she missed out on a learning opportunity.

It is evident that during the mental health placement nursing students not only begin to examine and question their own attitudes towards mental illness but they are also questioning some of the nursing practice they observe. The reflections in this theme revealed that how students perceive the patients they are working with has a significant impact on the way they interact with them. Students who described patients as having positive attributes talked about the positive relationships they had been able to build, and when students perceived patients negatively they were less likely to interact with them. It is clear that some of the nurses the students worked with held negative attitudes towards people with mental illness and these could potentially reinforce some of the negative stereotypes surrounding people with mental illness. Students also reflected on some of the nursing practice they witnessed and whilst they may have recognised this as being inappropriate or unethical the majority of students did not challenge this practice.
4.5 Understanding

Understanding is defined by the experiences the students have during the clinical placement which contribute to their understanding of mental health nursing. This theme emerged from the following four categories: Learning about Mental Illness, Learning a New Task, Developing Practice and Understanding Mental Health Nursing. The reflections in each of these categories represent the diverse learning experiences that the participants experienced during their mental health placement.

As students progressed through their clinical experience they reflected on what they were learning. Several students wrote about different learning experiences they had been involved in.

Student 12 – “Today was my first attempt at asking questions for a holistic framework, for which I have learnt a few things, and will guide my method of questioning for subsequent attempts. Firstly, it’s obviously important to know what you’re asking….I asked about a number of physical conditions, including tinnitus, which I wasn’t aware what it was. The patient kindly but embarrassingly informed me of what it involved...”

This student learnt about the importance of having adequate knowledge and being prepared before trying to conduct an assessment. This reflection also highlights the considerable contribution that patients make to student learning, whether it is being willing to allow students to be involved in their care and practise some of their skills or through filling in gaps in student knowledge as can be seen in this example.

It was apparent from the students’ reflections that the acute mental health environment offers a range of learning experiences for students, from developing assessment skills and knowledge of medication

The acute mental health environment offers a diverse range of learning experiences for students. These include opportunities to develop assessment skills, learn new skills such as medication administration and the opportunity to observe specific treatments.
**Student 2** – “This experience taught the importance of monitoring mood and medication administration and if I come across something similar in the future I will remember the importance of communication...”

**Student 9** – “I learnt about a correct technique when giving an IMI.”

**Student 9** – “…The observations I have made during the administration of ECT helped me learn about the treatment in more detail…”

Recognising the learning opportunities available in the environment and working with clinical staff to facilitate student access to these learning opportunities will assist in maximising student learning during clinical.

Participants did not only describe the technical skills they were learning many of the reflections in this theme described the student’s attempts to understand mental illness, how it presents and the impact that this has on those experiencing it.

**Student 4** – “I then decided to try and explore exactly what paranoia meant to that patient when they experienced it. It wasn’t until some prompting and open ended questions that the patient began to explain their delusion to me....The patient then went into detail about their delusions and how much it is affecting their life.”

It can be seen that this student wants to try to understand mental illness from the perspective of the person experiencing it. She writes about her desire to understand what paranoia meant for this person. Recognising the impact of mental illness on the person is an important aspect of understanding mental illness.

Student 9 recognises how frightening psychosis can be for the person experiencing it:

“The major symptoms A has presented on admission included restlessness, agitation, self-neglect, disorganised thinking and auditory hallucinations. It seemed difficult for A to differentiate reality from fantasy. She appeared very frightened and terrified of the derogatory voices she constantly has been hearing in her head...”
She begins by describing several of the symptoms of psychosis the person has presented with. Being able to observe these symptoms assists in her understanding of psychosis and the impact this has on a person’s ability to function. This student also demonstrates the ability to empathise with this person which is evident in her reflection when she acknowledges the emotional impact these symptoms have on the person.

Several students acknowledged the need to know more about the illness in order to gain a better understanding of the patients they were working with. Some students achieved this by reading more about the disorder.

*Student 7 – “...I felt uneasy around G as I could not begin to understand how her mind could take her to a place that saw self-harm as an option. The feeling of uneasiness also caught my interest because I wanted to know more about how this dysfunction could develop. I read more about BPD ... and spoke to a few RNs...”*

This student identifies a feeling of uneasiness which fed her curiosity to learn more about BPD in order to try to understand why this person engaged in self-harm behaviour. It is should be noted that although the student felt uncomfortable it was this discomfort that drove her desire to learn more. Therefore instead of focusing on eliminating all sources of distress students may experience during clinical it may more appropriate to focus on how these experiences encourage student learning. This reflection also acknowledges the vital teaching role that registered nurses have in assisting students to increase their understanding about mental illness.

Student 3 also wrote about her experiences of working with a young woman with a history of self-harm:

“*Patient D is a young adolescent who has a history of self-harm...Upon commencement of shift I was asked to see if D would like some breakfast, and to get her to choose two activities from her care plan. Her response was a disinterested “no”... According to Geanellos, (2002, pp.178-180), adolescents repeatedly act out their distress and nurses must persevere and accept challenging, rejecting, disturbed and destructive behaviour while continuing to support and encourage adolescents. If this situation arose again, I would be*
aware that adolescents do challenge authority and studies have shown that adolescents are likely to conform when they are in control of making decisions and under no pressure."

This student sought out literature specific to adolescents to help her understand how she could work more effectively with this young woman. She describes how this reading raised her awareness of some of the behaviours that adolescents may present with and strategies nurses can use when working with adolescents.

Another student discusses how she did some further reading so that she could improve her skills in using non-verbal communication:

Student 8 – “I realised that non-verbal communication is a very important tool for a nurse. A reassuring and calm presence and touch is sometimes all that a patient needs. I would like to improve my skills in this area, as I tend to fill any silences with small talk… I have read a chapter in Stein-Parbury (2009) called Intervening: comforting, supporting and enabling, which discusses useful ways of responding within the therapeutic relationship.”

It is obvious from these reflections that students are exposed to a diverse range of learning experiences during their mental health placement which assist them in understanding mental illness and the impact this have on people experiencing it. These reflections also offer some insight into some of the strategies students use to assist their learning during clinical practice. Having this awareness will assist clinical and academic staff to better support student learning during the clinical placement.

Included in this theme is the category Understanding Mental Health Nursing. This is characterised by the many reflections written by students which included their observations of the mental health nursing role and their attempt to understand this. In some of these reflections the mental health nursing role was described by the tasks the student observed the nurse doing:

Student 4 – “Basic structure of the day for nurses involved checking patients at start of shift, dispensing medications, reporting back to other staff about progress
and attending case meetings. Other nursing tasks involved offering classes for education, writing progress notes and checking patient vital signs.

Many students were also able to recognise the communication skills used by the nurses they were working with:

Student 8 – “...In recovery the nurse held her hand and reassured her in a gentle and quiet voice. The patient was anxious but she soon settled with the reassuring touch and talk from the nurse. I was impressed by the nurse’s use of therapeutic touch and reassuring presence with the patient. Although there was little we could physically do for the patient the nurse’s presence seemed to reassure and comfort her. The calmness of the nurse and her reassuring touch illustrated how well non-verbal forms of communication work.”

This student is able to identify the effectiveness of the non-verbal communication skills the nurse used. She acknowledges how the nurse’s presence was reassuring and comforting for the patient.

Another student describes strategies she observed being used by nurses to manage conflict

Student 9 – “The mental health nurses use several negotiating strategies in order to resolve conflict. First of all, listen actively maintaining eye contact and avoid interrupting of the upset client providing opportunity to express themselves. Secondly, try positive reframing of the outcome for the client if they accept terms of negotiating. Thirdly, look for practical compromises that have benefits for both parties involved.”

This student names several communication skills that she observes the nurses using, such as active listening, maintaining eye contact, reframing and looking for compromises all of which assist in de-escalating the patient.

A third student speaks about how the experienced nurses have developed their skills through years of practice and even though the nurses may appear “laid back” they are very aware of what is going on.
Student 1 – “The experienced nurses seem so calm and almost laid back but they have practiced their skills to a point they are very aware of what is going on, are able to read people and act appropriately. Experience and learning go on way beyond achieving your registration. As a student you don’t have the responsibility which is quite different than actually working in this area as a nurse.”

It is important that these students are able to recognise some of the less visible but core components of the mental health nursing role, such as the verbal and non-verbal communication techniques described by Students 8 and 9. It is interesting that these reflections were written in weeks 4 and 5 of the clinical placement whereas the reflection in which the student only described the tasks associated with the role was written in her first week of placement. This may indicate that it takes time for students to see the less visible aspects of the mental health nursing role.

Student 9 provides a comprehensive description of her perception of the mental health nursing role:

“Mental health nursing requires not only clinical skills but also interpersonal and social knowledge. From the mental health perspective effective nursing involves certain qualities from nurses such as responsiveness, self-awareness and insight. There is also a need for understanding of the professional boundaries and concepts of spirituality and hope. Vulnerability of the client requires from nurses a comprehensive knowledge of the clients social background including health issues for developing effective care plan and supporting the client through recovery process.”

It is difficult to ascertain from the data why the nursing role is described so differently by Student 4 however it would be reasonable to assume that the ward culture, nursing styles and individual student factors all contributed to this.

It is evident in this theme that the participants really strove to understand more about mental illness and how this impacted on the people they were working with. The reflections offered some insight into some of the ways students increase this understanding, including trying to understand mental illness from the perspective of the patient, talking to registered nurses and
doing further reading. Another important component evident in this theme was the students attempts to understand the mental health nursing role. The descriptions of the nursing role were varied and it is difficult to ascertain why there is such variation but the data does indicate that it takes time for students to recognise some of the less visible aspects of the mental health nursing role.

4.6 Vulnerability

Vulnerability is defined as the feelings expressed by nursing students when they or their patients are exposed to challenging situations during their mental health placements. Vulnerability encompasses the three categories: Major Incidents, Keeping Self-Safe and Ethical Dilemmas. During their clinical placement several of the students witnessed or were involved in major incidents, such as restraints, seclusion and assaults. In the reflections written about these incidents, students describe feeling overwhelmed, scared and vulnerable.

Student 5 – “I was put in the role of deterring the other patients on the ward as to give the staff a clear pathway to bring through the soon to be secluded patient, as they were bringing him through I saw six male nurses restraining the patient, I found it very hard to ask the other patients to move away to their rooms or to the lounge as I felt overwhelmed and could not help but stand and stare at the restraint taking place, due to feeling stressed and conflicted.

In this reflection Student 5 describes the impact witnessing this incident had on her. She describes feeling stressed and conflicted and overwhelmed by the whole situation and this rendered her incapable of assisting in any way. Student 2 also describes a major incident that she witnessed during her placement.

Student 2 – “On the afternoon shift ....the ward was full and very busy. To begin with I really had no idea that was dangerous situation was evolving just a lot of staff running to the clinic. At first I thought a patient had locked himself in the clinical and was standing against the door while staff were trying to push the door open. In the mean time we students were instructed to keep the patients away from the situation and security staff were called. Keeping the other patients calm
and distracted was not as easy as it sounds as they were all frightened and wanted to know what was going on.”

She begins by reporting that she had no idea what was happening, the first clue she had that anything was wrong was when she observed several staff running to the clinic. It is evident from her reflection that not knowing or understanding what is happening can be frightening for nursing students. She was asked, along with the other students to assist by keeping other patients away from the situation. While she was able to do this, she does report that this was not easy as the patients were also feeling frightened and wanted to know what was happening. Further in her reflection she talks about being involved in a debriefing of this incident and identifies the importance of being familiar with ward protocols so she would know what to do if a situation like this was to arise again.

Other students reflected on incidents in which they had witnessed or been the recipients of aggressive behaviour.

Student 5 – “As the patient punched the wall I felt scared and a little vulnerable, I started to think he may punch me as he was extremely frustrated, I backed away and took a deep breath before I approached him again.”

This student is obviously quite frightened by witnessing this behaviour and scared for her own safety. It is interesting to note that even though she initially describes that she backs away from the situation she then decided to approach the patient again. This is highlights the vulnerable positions that nursing students may put themselves into due to lack of knowledge and experience.

Student 10 also expresses feeling scared by the behaviour that she experienced:

Student 10 – “On an afternoon shift, one of my patients was knocking at the door of the office, I went to the office door and opened it and asked if everything was ok. She began talking about police in the back and then said to me “look over there”. I was reluctant to turn my head, as I up (sic) my head down she lunged forward with her hand spread and attempted to remove my glasses. At the time I was feeling scared and worried about what she had done and wondered why she had
Some of the concern expressed by this student appears to have been driven by the fact that she was not sure why the patient had behaved in this way. This reinforces how lack of knowledge and experience can increase student’s feelings of vulnerability in an acute mental health environment. She also acknowledges how glad she was that other nurses were there to take control of this situation. This highlights once again how reliant nursing students are on nurses for support especially in challenging situations. Further in her reflection she reports:

“I was wary of being around her for the rest of the shift…next time I know to put firm boundaries around the patients and not appear vulnerable”

It appears from this comment that she sees the vulnerability she felt as a weakness and she does not want to appear vulnerable again. Clinical and academic staff should recognise how frightening some of these incidents may be for students and work with students to help them process these emotions and understand why patients may have behaved like this. It is also essential to support students to identify strategies to deal with similar situations that may arise during the course of their clinical placement.

Much of the vulnerability described by students appeared to stem from their lack of experience and confidence in dealing with challenging situations as has been described above. For other students this appeared to more closely related to their inexperience with some of the new skills they were learning:

**Student 8** – “I had my first opportunity to administer an IMI…I had never given an injection before so I felt a little nervous. I made a conscious effort to appear confident though, as I did not want to make the patient anxious....”

**Student 10** – “I was unable to answer, I felt embarrassed and felt like I should have known to read that part of the notes...”

These reflections offer some insight into the expectations that nursing students hold of themselves during their clinical placement and the desire they have to be seen to be confident and knowledgeable. When they are unable to meet these expectations they may feel
embarrassed, as Student 10 identifies. This could impact on a student’s confidence making them reluctant to engage in learning opportunities, something clinical and academic staff need to be mindful of.

Many students also reflected on the vulnerability of the patients they were working with. Some of these reflections were related to practices such as seclusion as can be seen in the following reflection

*Student 9 – “Seclusion as the restrictive practice used for managing of the client’s problematic behaviour raises ethical and legal issues of the nurse’s power regarding to client’s vulnerability related to their compromised mental state. Therefore, the utilisation of seclusion must be managed in the way that preserves client’s dignity and used as a last resort....”*

It can be seen from this reflection that this student is able to recognise how vulnerable the patient is and the power the nurse holds in this situation. She identifies that there are legal and ethical issues that need to be considered when using restrictive practices such as seclusion and also notes that seclusion should only be used as a last resort.

Another student writes about how she spoke out on behalf of a patient as she recognised that he was not in a position to speak out for himself.

*Student 1 – “I felt good that I had spoken out, and felt that if I hadn’t been there PC may have been reprimanded for something he didn’t do. PC would not have objected to this because he is not in a position to verbalise his objection....”*

She describes that she felt good about speaking out on behalf of this patient. She also acknowledges that if she had not been there to advocate for him, he may have been reprimanded for something that he did not do.

Other students identified the impact that major incidents had on other patients:

*Student 6 – “While in the clinic doing the morning medications, we heard a commotion outside and came out to find the patient smashing the TV with a chair. At this moment I thought as a student nurse my best thing is to stay away from the*
patient, and I could see the other patients were distressed so I directed them to the dining area.... This situation made me realise how much impact it had on the other patients and it isn’t ‘normal’ for them to see as much as it wasn’t for me either.”

Student 2 – “...Keeping the other patients calm and distracted was not as easy as it sounds as they were all frightened and wanted to know what was going on.”

It can be seen that Student 6 recognises that what she is witnessing is not “normal” and this has just as great an impact on the other patients as it does on her. Being aware of the feelings and responses of people they are working with is an important part of the nursing role in the mental health environment and it is evident from the reflections written by the participants in this study that they are that able to do this.

The reflections written by the participants in this theme have given some insight into some of the situations that nursing students are exposed to during their mental health placement which can make them feel overwhelmed, scared and vulnerable. Much of the vulnerability described by students appeared to stem from their lack of experience and confidence in dealing with these challenging situations. Several participants also highlighted the vulnerability of the patients they were working with. The students related this vulnerability to some of the restrictive practices used in the acute mental health environment, the patients’ inability to speak out for themselves due to their compromised mental state and as a result of some of the situations that occurred on the ward.

4.7 Summary

The results of this study have provided a rich insight into the experience of the participants during their clinical placement. The Unknown demonstrates how the unfamiliar elements of the mental health placement can cause nursing students to feel anxious and frightened and may have an impact on their ability to actively participate in patient and ward activities. The second theme, Connecting, is defined by the desire the participants had to connect with patients. The results show that these connections are often complex and can evoke a range of different emotions for students. The results from the third theme, Relationships with Staff, highlight the significant impact these relationships have on student learning and their
perception of their mental health placement. Positive relationships were described as supporting their learning, whereas negative experiences with staff were reported to impede learning. The reflections in the fourth theme, Questioning, revealed how students begin to question their own attitudes to mental illness as well as some of the nursing practice they had observed. The fifth theme, Understanding, is defined by the experiences that the participants had during their clinical placement which contributed to their understanding of mental health nursing. The results offer some insight into some of the ways students increased this understanding. The final theme, Vulnerability, captures the vulnerability experienced by nursing students during their mental health placement. This resulted from some of the situations they experienced either directly or observed. Participants also acknowledged the vulnerability of the patients they were working with.

The results of this study confirm the complexity of the clinical experience in mental health and the range of different learning experiences that students are exposed to during this time. This analysis has uncovered some of the factors which positively and negatively impacted on the clinical experience as well as identifying what the participants perceived to be important during their clinical experience. The results also reveal the myriad of emotions that these students experienced during their clinical placement. The students’ reflections also offered an insight into the context of the clinical environments and a ‘peek’ into the mental health nursing role from the perspective of the nursing student.

The following chapter will discuss these findings in relation to relevant literature. The discussion will address the research aims in relation to the findings from this study and the literature reviewed.
CHAPTER FIVE:
DISCUSSION

This chapter will discuss the findings of this study. It will address the research aims in relation to the findings from this study and relevant literature. This study sought to explore undergraduate nursing students’ experiences of their first clinical placement in an acute mental health ward. The results of this study have offered an excellent insight into the experiences of the participants during their mental health placement. It is evident from the results that the mental health placement offers a diverse range of learning opportunities for nursing students. The participants in this study described some of the skills and knowledge they learnt during this placement and strategies they used to do this. Many of the participants in this study also identified how they uncovered some of the attitudes they held about mental illness and the results indicate that the mental health placement can either assist students to adopt more positive attitudes or reinforce some of the negative stereotypes. It is also apparent from the results of this study that nursing students experience a myriad of emotions during their mental health placement. The participants described being frightened, conflicted and overwhelmed by some of the experiences they were exposed to but they also described feeling good about the relationships they had built with patients and a sense of belonging to the nursing team.

The second aim of this study was to identify some of the influences on student learning in the acute mental health environment. The results of this study indicate that the biggest influence on student learning during the mental health placement was the relationships that students had with staff. Feeling supported by staff was reported as being necessary for building confidence, skills and knowledge and made students feel like they were part of the nursing team. Whereas negative experiences with staff impeded learning and made the students feel awkward and frustrated. Another significant influence on student learning was the time that they spent interacting with patients on the ward and it is evident from the results that these interactions increased their understanding of mental illness and the impact this has on people experiencing it. The results also demonstrate that when students are feeling frightened and vulnerable this impacts on their ability to fully participate in the learning opportunities available to them during their mental health placement.
The findings of this study are congruent with those documented in the literature reviewed which suggest that the first clinical placement in a mental health setting is often a frightening and anxiety-provoking experience for students (Ewashen & Lane, 2007, p. 255; Landeen et al., 1995, p. 878; Penn, 2008, p. 53). These feelings appear to be linked to being in an unfamiliar environment and a desire to be seen to be doing the “right” thing. This apprehension is well documented in literature (Fisher, 2002, p. 128; Koskinen et al., 2011, p. 626; Mun, 2010, p. 77; Waldo & Hermanns, 2009, p. 29). Koskinen et al. (2011) found that the nursing students in their study felt unprepared, anxious, and stressed before the start of their clinical placement (p.626). This initial anxiety and stress appeared to be related to the fact that the mental health world was “nebulous” in the initial stage, but began to become clearer as the placement progressed (627). This finding fits with the results of this study which showed that it can take time for students to begin to understand the mental health environment and mental health nursing role. The well-defined physical skills that are expected in other clinical areas are often not as prominent in mental health settings which can leave students feeling confused about their role (Landeen et al., 1995, p. 878). Grav, Juul, and Hellzen (2010) back this assertion that the lack of structure and routine that is associated with other clinical placements such as medical or surgical placements can have a negative influence on nursing students’ role identity (p.4).

This highlights the importance of preparing students prior to their clinical placement as the preparation students receive prior to clinical can influence the overall experience. A well-prepared student will be able to adapt quicker to the clinical environment and be able to engage in the learning opportunities available there, whereas the poorly prepared student will need more time to adapt and therefore may miss a number of valuable learning experiences (Mullen & Murray, 2002, p. 65). The responsibility for this preparation sits with both the academic provider and clinical areas. Academic providers need to ensure that myths surrounding mental illness and addictions are dispelled and the context of clinical practice is explored in the theory course prior to the clinical placement. Clinical providers need to ensure that orientation to the clinical areas acknowledges students anxiety and offers strategies to address this.

These feelings of fear and anxiety can not only block effective student learning but also the development of rapport, empathy and a therapeutic relationship with clients (Waldo & Hermanns, 2009, p. 128). While most students are able to identify the importance of communication skills and developing therapeutic relationships, they initially acknowledge
feeling very inexperienced and nervous and often express concern about meeting the expectations of the placement (Landeen et al., 1995, p. 881). This apprehension was expressed by the participants in this study and their reflections revealed how their anxiety and lack of confidence stopped them from initiating conversations with clients.

Preparing students for the likelihood that they may experience these feelings and creating a safe environment in which they feel they can express how they are feeling are important strategies that educators in both academic and clinical realms can use to reduce these negative emotions. Fisher (2002, p. 133) suggests that clinical staff and educators need to assist students to become aware of, process and resolve anxieties and personal conflict arising from the clinical setting. According to Burnstein as cited in Penn (2008, p. 54) student confidence can be increased through offering positive feedback and building trusting relationships so that students feel comfortable asking questions, and also through making teaching and learning the focus of the clinical experience.

Mental health is an area of nursing where many students report feeling uncomfortable. This discomfort appears to be related to the unpredictable dynamics among the patient population (Waldo & Hermanns, 2009, p. 29). Nursing students’ attitudes towards people with mental illness generally reflect those held by the general public, that people with mental illness are dangerous, prone to violence, unpredictable, and to some degree responsible for their illnesses (Emrich et al., 2003, p. 19). This fear of people with mental illness is reported in numerous studies (Chan & Cheng, 2001; Granskaor et al., 2001; Grav et al., 2010; Happell, 1999, 2001; Hung et al., 2009; Penn, 2008). This anxiety is typical of feelings expressed by students in Waldo’s (2009) study. These feelings were also expressed by the participants of this study and added to their anxiety. Waldo (2009) suggests that reflective journaling is one medium that academic staff can use to allay some of the students’ anxiety (p. 29). This suggestion is supported by Mun (2010), Fisher (2002), and Koskinen, Mikkonen and Jokinen (2011) all of whom promote the use of reflective practice as a way of assisting students to identify, process and resolve anxieties arising from the clinical environment.

Whilst fear of people with mental illness may drive some of the anxiety expressed by students, Muns’ (2010) study revealed that much of the anxiety students expressed was related to being concerned that they might do the wrong thing and that this could be harmful to the client they were working with (p. 77). This concern was echoed by students in this study. Student nurses in Hungs’ (2009) study expressed feelings of inadequacy; fear of saying the wrong thing and
of invading the patient’s privacy and hurting their feelings. These fears were identified as barriers to establishing therapeutic relationships, but encouraging students to examine their feelings, actions and reactions enabled them to understand these feelings better and develop relationships with patients (p.3131). Students in Melrose and Shapiro’s (1999) study also described feeling anxious about their own ability to help people with mental illness, and many of these students left the clinical placement still feeling anxious about this (p.1454). They found that the source of this persistent anxiety was related to learning new skills in an environment where the learning resources were ambiguous. They suggest that the clinical teaching needs to be focused on assisting students to acquire helping skills rather than learning about mental illness (p.1455). Therefore, it is important to ensure that clinical teaching activities meet student learning needs and assist students to become confident and competent in the skills required to work with people with mental illness.

It is evident that the unknown elements of clinical practice can be an anxiety provoking and potentially frightening for students; however there are many strategies that can be adopted by educators and clinical staff to address these feelings. Adequately preparing students prior to clinical placement by ensuring that the theoretical course not only gives students knowledge about the various mental illnesses they may encounter but also challenges the stigma and discrimination associated with these. Exploring the role of the nurse in mental health and the context of practice are also important components of the theory course. Using clinical staff as part of the teaching has been proven to improve the preparedness of students prior to clinical and has the added advantage of improving the relationship between education providers and clinicians (Curtis, 2007, p. 291). It is important to prepare students for the likelihood that they may feel uncomfortable and anxious during their clinical placement. Creating a safe environment in which students feel able to express these feelings is an important consideration for nurse educators. This can be achieved through building trusting relationships with students so that students feel comfortable asking questions and sharing their feelings. These relationships will assist students in building confidence and reducing anxiety which will enable their learning to be maximised. The focus of the clinical teaching should be on assisting students to acquire helping skills and building therapeutic relationships with people with mental illness.

Mental health placements provide nursing students with the opportunity to interact and connect with people with an experience of mental illness. Whilst the students in this study all identified a desire to do this, it needs to be recognised that these connections can be complex
and can evoke a range of emotions for students. Encouraging students to spend time talking to patients helps to reduce student discomfort (O’Brien et al., 2008, p. 517) and is something that should be encouraged by both educators and clinical staff. Educators and clinical staff need to be mindful of the complex nature of student-patient relationships and ensure that students are mentored and supported in this role (Lauder, Reynolds, Smith, & Sharkey, 2002, p. 488). Educators also need to help students to understand both the patients’ needs and their own needs and feelings as this may help reduce the task orientation and increase their relationship orientation (Grankaor et al., 2001). Grankaor et al. (2001) found that students who focused on their own needs were preoccupied with satisfying personal expectations and attitudes, whereas students who focused on patients’ needs were interested in the patient’s expectations and wanted to help the patient or get to know the patient as a person (p. 251).

Getting to know patients as people requires students to actively seek out opportunities to spend time with patients on the ward. Active involvement with patients results in attitude changes as students find that the people they worked with are not dangerous or different from normal people (Chan & Cheng, 2001, p. 440). Exposure to the theory and practice of mental health nursing has been shown to improve attitudes of nursing students towards people with an experience of mental illness (Emrich et al., 2003, p. 22; Madianos, Priami, Alevisopoulos, Koukia, & Rogakou, 2005, p. 175; Rushworth & Happell, 2000, p. 134). Whilst clinical experiences appear to positively influence students’ attitudes towards people with mental illness, this must not be assumed as there is evidence that clinical experiences can also reinforce stereotypical views held by nursing students (Fisher, 2002, p. 133; Keane, 1991, p. 16). There is some evidence in this study that the negative attitudes held by some of the nursing staff towards people with mental illness may have reinforced some of these stereotypical views. An important component in changing negative attitudes is helping students to gain an understanding of the assumptions that they hold about people, using a reflective process can assist students to do this (Webster, 2009, p. 40).

During mental health placements nursing students are often immersed in difficult and emotionally charged situations. The descriptions given by participants in this study indicated the strong emotional responses they had to different situations they experienced during their clinical placement because of the connections they had formed with patients. Feelings of fear, shock, anger and embarrassment were described by the students in Fisher’s (2002) study (p.132). These emotional responses give some indication of the level of personal confrontation that students can experience during mental health placements. Working with
students to process these feelings and responses is an essential component of the mentoring role for both academic and clinical staff. It should also be recognised that these feelings and emotions are necessary elements in the learning process of becoming a nurse (Koskinen, Jokinen & Mikkonen (2007), as cited in Koskinen et al. (2011), p.627) so helping students to process these will enhance their learning. Warne and McAndrew (2008) describe emotion and learning as interrelated, interactive and interdependent aspects of both individual functioning and professional practice. They emphasise that in preparing students for practice it is important that educators recognise the relationship between the technical and theoretical knowledge required for practice and the attitudes and emotions that influence the individual in practice (p. 108). The results of this study confirm the interrelatedness of emotion and learning and demonstrate the influence that emotions have on the student learning.

The nursing students in this study identified a desire to make connections and build therapeutic relationships with patients. This desire to connect with patients is congruent with descriptions given in other similar studies (Hung et al., 2009; Granskaor et al., 2001). As students begin to build therapeutic relationships they feel like they have achieved something important (Hung et al., 2009, p. 3131). When patients try to establish relationships with them they report feeling proud (Granskaor et al., 2001). However, educators and clinical staff need to be aware of the complex nature of these relationships and ensure that students are mentored and supported in this role (Lauder et al., 2002, p. 488). Connecting with people can be an emotionally charged process and students require the support of academic and clinical staff to process these feelings and responses.

It is evident from the results that another significant factor which influences how students perceive their clinical placement is the relationships they have with staff during this time. When nurses welcome them and are perceived to have a friendly and approachable manner students feel they are able to build positive working relationships (Stockhausen & Sturt, 2005, p. 11). Providing a welcoming and relaxed atmosphere in which the professional attributes of nurses are demonstrated has been identified as an important component of creating a positive clinical experience (Mullen & Murray, 2002, p. 65). A student’s first impression, which is formed on their first day of placement, may colour their whole clinical experience (Levett-Jones et al., 2006, p. 319), something that clinical placements and staff need to be mindful of.

Positive relationships with clinical staff build student confidence and increase satisfaction with the clinical experience. A placement where students feel that clinicians are supportive
and show a commitment to student learning is highly valued by students (Perese, 1996, p. 282; Slimmer et al., 1990, p. 132). Nursing students attach great importance to the willingness of the nursing staff to engage in a teaching relationship and to accept students as a learner with a legitimate role in the team (Dunn & Hansford, 1997, p. 1301). Being acknowledged as a learner held particular importance to the students in Stockhausen’s (2004) study. When students feel that the staff they are working with are supportive of their learning and committed to their professional development they can focus on learning rather than being preoccupied with interpersonal relationships and trying to fit in (Levett-Jones, Lathlean, McMillan, & Higgins, 2007, pp. 166-167).

There are a number of different ways in which nursing staff can support student learning. Students in Stockhausens’s (2004) study indicated that nurses who were able to explain the rationale for their clinical actions and discuss with students how they made clinical decisions assisted them to understand the complexities of clinical situations (p. 11). This is especially important in an acute mental health ward where students are working with people with complex needs. Being a good role model is another way in which nurses can influence and teach students (Levett-Jones, Lathlean, Higgins, & McMillan, 2009, p. 319; O'Brien et al., 2008, p. 518). It was evident in this study that students rely heavily on observing nursing practice and they learn a lot from this. This reinforces the importance of identifying good role models for students to work with.

Nurse preceptors need to be able to connect existing student knowledge with the realities of the clinical setting, as this enables students to reframe mental illness and mental health nursing (Charleston & Happell, 2006, p. 40). Clinical learning activities need to build on this knowledge and promote the development of knowledge, skills and values essential for mental health nursing (Oermann & Sperling, 1999, p. 78). Providing access to resources, explaining things, encouraging questions and involving students are other ways in which nurses can support student learning. When learning is embedded in context it then becomes more apparent to students (Stockhausen & Sturt, 2005, p. 12), therefore registered nurses need to have the skills necessary to develop student knowledge. It appears from the literature reviewed and the results of this study that registered nurses students encounter during their clinical placements vary in skills and desire to work with students and this does have an impact on student learning.
Staff-student relationships not only have an impact on how the student learns but also on their sense of belonging (Levett-Jones et al., 2006, p. 322). Creating clinical environments in which students are an inherent part of the ward culture and all nurses support student learning helps students to feel a sense of belonging (Levett-Jones et al., 2009, p. 319). The nurses in Cleary et al.’s (2006) study all indicated their willingness to work with students and saw this as a ‘natural extension’ of their other educational responsibilities (p. 143), however they did note that the continuous placement of multiple students in quick succession is a big responsibility (p. 144). This is something that academic institutions need to be mindful of. This contrasts with the findings of O’Brien et al.’s (2008) study in which some nurses felt that the clinical education of student nurses was not their responsibility, this led to the nurses who did work with students feeling overburdened (p. 518). Therefore academic staff need to have an awareness of the ward culture and the willingness of nurses to support student learning, and support nurses to support students to ensure the clinical placement is a positive experience.

Negative relationships with staff can make students feel awkward and hinder their learning. Two of the participants in this study reported feeling that some nurses were reluctant to work with them. This reluctance by nurses to engage with students is described by a number of researchers (Levett-Jones et al., 2009; Levett-Jones et al., 2007; Melrose & Shapiro, 1999; O’Brien et al., 2008). When nurses are reluctant to engage with students then students feel excluded from patient care (Levett-Jones et al., 2009, p. 320) and this not only significantly impacts on their learning but also their overall impression of the clinical placement (Papp, Markkanen, & von Bonsdorff, 2003, p. 265). These findings are reinforced in Charleston and Happell’s (2006) study where students reported that negative attitudes of preceptors inhibited their learning and made them feel isolated, despondent and devalued and were very clear these negative experiences significantly influenced their opinion of the clinical setting.

There are several explanations for the reluctance of nurses to work with students. Firstly, the presence of students with their need for teaching and support can be seen as an added burden by an already stressed workforce (Levett-Jones et al., 2007, p. 167). Clinical environments are often unpredictable and difficult to control (Papp et al., 2003) and need to be carefully assessed by educators to ensure that they are suitable clinical placements for nursing students (Hartigan-Rogers et al., 2007, p. 7). However, excluding placements which are deemed to be unsuitable environments for students can be very difficult given the increasing numbers of nursing students and the pressure to find clinical placements for these students. But it could
be argued that placing a student in an environment in which nurses are stressed and unable to support student learning is counterproductive as a negative clinical experience only reinforces negative attitudes towards mental illness and mental health nursing (Fisher, 2002, p. 132).

Another significant factor which may contribute to nurses’ reluctance to work with students is a lack of support and preparation for nurses in how to work with students. Nurses in O’Brien et al.’s (2008) study reported that the role of nurses in relation to the clinical education of undergraduate nursing students was confused (p. 518). Closer working relationships between academic institutions and clinical providers can assist in clarifying this role (Henderson et al., 2007b, p. 170). Mentors require access to adequate training to assist them to feel prepared for this role (Levett-Jones et al., 2006, p. 63). These training opportunities will enable nurses to develop the skills necessary to work with students and understand the responsibilities and limitations of this role (Cleary et al., 2006, p. 143).

The contribution of clinical staff to the overall impression that students form of the clinical placement cannot be underestimated. Relationships with staff have a significant impact on students’ perception of the clinical environment and their ability to learn whilst there. Clinical learning is to a large extent dependent on whether nursing staff are receptive and accepting of students. The degree of belonging experienced determines how much students learn, how motivated they are, how well they participate and how much satisfaction they get from their placement. This in turn influences their future career choices (Levett-Jones et al., 2007, p. 172). Supporting nurses to work with students and ensuring that they are clear about this role and have the knowledge and skills necessary to carry it out is essential to ensuring that students have positive role models who are able to support their learning. Creating collaborative working relationships between academic institutions and clinical can also assist nurses to have a better understanding of student learning needs and thus be better equipped to support them.

As the clinical placement progressed and students were exposed to more experiences, the content of their reflections began to change and students begin to uncover and question their own attitudes towards mental illness. One participant expressed her surprise at discovering the patient she was working with was also a nurse. This assumption that people admitted to mental health hospitals are incapable of leading normal lives is widely reported in literature (Hoekstra et al., 2009; Romem, Anson, Kanat-Maymon, & Moisa, 2008; Webster, 2009). But this assumption and other negative beliefs about people with mental illness were generally
found to change as students built relationships with patients over the course of their clinical placement.

A positive and well supported clinical experience has consistently been identified as being a significant factor in changing nursing student’s attitudes towards people with mental illness (Chan & Cheng, 2001; Henderson et al., 2007b; Hung et al., 2009) and whilst most of the evidence demonstrates that this change is positive there is evidence that clinical experience can reinforce negative attitudes (Fisher, 2002). Several participants in this study identified some of the negative attitudes towards patients held by nursing staff that they had worked with. Nursing staff have been identified as perpetuating some of this negativity through their use of black humour which may be misinterpreted by students as indicative of negative attitudes towards patients (Fisher, 2002, p. 132). There is also anecdotal evidence that nursing staff feel responsible for the safety of nursing students and in order to manage their anxiety about ensuring student safety they instruct students not to interact with certain patients as they are too unpredictable or to stay in the office as it is too dangerous for the student to be on the ward which just serves to reinforce the negative stereotypes of people with mental illness. These behaviours need to be raised with staff so that they are aware of the impact this may have on reinforcing negative attitudes towards people with mental illness in nursing students.

The responsibility for addressing nursing students’ stigmatising beliefs towards people with mental illness does not only sit with clinical staff but is an essential part of the academic educators’ role. As Happell (2009a) highlights, clinical experience is only one way to address students’ attitudes. She suggests that is time to take more notice of theory and its potential to influence attitudes (p. 167). There is evidence that students from academic institutions with a larger theoretical component tend to have more positive attitudes towards people with mental illness even before they commenced their clinical placement (Henderson, Happell, & Martin, 2007a, p. 123). Mullen and Murray’s (2009) study found that students who receive more theoretical preparation are more likely to adapt to the clinical environment which means they are better able to take advantage of the learning opportunities available there (p.65).

During the clinical placement students not only uncovered and began to question their own attitudes to mental illness they also began to question nursing practice that they had observed. Participants described feeling ‘shocked’ and ‘surprised’ by some of the attitudes and nursing responses they observed. Experiences like these during clinical placement are not unique to
students in this study, observing unprofessional behaviour by staff was also described by students in Fishers’ (2002) study (p. 130). Observing this behaviour evoked a number of feelings for these students including feeling scared, uncomfortable, shocked and confused (p.131). Students in Muns’ (2010) study also questioned practices that they observed which caused them emotional discomfort (p. 78). Aside from the emotional distress this behaviour causes students, of even greater concern is the potential for students to see this behaviour as acceptable, as a considerable component of student learning is through observing nursing practice (Higgins & McCarthy, 2005, p. 221).

Students often come face to face with ethical dilemmas during their clinical experience and facing these issues causes students to think about their own beliefs about nursing practice (Cooper et al., 2005, p. 298). This was evident in several of the reflections written by students in this study. Educators need to be aware of potential dilemmas students may encounter during their clinical placement and be available to discuss these with students. Mun (2010) suggests that these feelings related to clinical practice need to be identified and shared with the instructor as this not only provides some relief for the student through being able to share these feelings but also provides opportunities for the instructor to help the students to think critically, and assists them to try to find other solutions or see the situation from different perspectives (p.79). Fisher (2002) concurs with this and promotes the use of reflective practice as this allows students to process and resolve anxieties and personal conflicts arising from the clinical setting (p. 133). The findings of both of these studies reinforce the need for clinical staff and educators to support students in questioning practices they are observing and process these situations in order to reduce the emotional toll on students and help them to learn from these experiences.

While theoretical courses strive to give students an understanding of the major mental disorders and how they may present, it is clinical experiences which enable students to gain an understanding of the illness from the patient perspective (Waite, 2006, p. 133). It is important that students are able to understand the perceptions and needs of the other person as this is one of the core aims of the therapeutic relationship (Forchuk & Reynolds, 2001, p. 45), enabling students to see the patient as a person and adopt a person-centred approach to the care they are providing (Suikkala, Leino-Kilpi, & Katajisto, 2008, p. 540).

To be able to understand the perceptions and needs of the other person requires students to be able to empathise with the person, as an empathic stance enables people to talk about their
perceptions of need (Reynolds & Scott, 1999, p. 364). Unfortunately, many recipients of care do not believe that professionals understand their feelings and perspectives (Forchuk & Reynolds, 2001, p. 46; Lauder et al., 2002, p. 483). Lauder (2002) believes this is because many health professionals are unable to demonstrate empathy at a level necessary to understand the concerns of the client (p. 484). As empathy is an interpersonal skill which is dependent on the attitudes and behaviours of the health professional (Reynolds & Scott, 1999, p. 368), nursing students should be supported to develop an awareness of their attitudes and behaviours and recognise the impact that these may have on the people they are caring for in order to empathise with people.

There are concerns about the effectiveness of empathy education in nurse education, and even when this has found to be effective this may not be transferred to the clinical setting (Lauder et al., 2002, p. 485). The challenge for nurse educators is to develop teaching methods that are effective in teaching empathy. Binding et al. (2010) advocate the use of reflective writing as means of assisting students in the acknowledgment of self and of the otherness of patients (p. 2). Small group discussion and group supervision are other teaching methods that have been identified to aid in developing interpersonal skills and emotional understanding (Suikkala & Leino-Kilpi, 2001, p. 47). Whilst classroom theory and simulated teaching activities may go some way to teaching empathy, the clinical environment and contact with patients are pivotal to students developing empathy and interpersonal skills.

Learning how to develop interpersonal skills and caring relationships with patients requires support and guidance from clinical staff (Suikkala & Leino-Kilpi, 2001, p. 47). However, it seems that nurses are more likely to help students with clinical skills than communication skills (Suikkala et al., 2008, p. 547). Suikkala et al. (2008) suggest educators and clinical staff can change this focus through the adoption of a patient-centred approach to clinical learning (p. 547). It needs to be acknowledged that although students learn much about interpersonal relationships from observing nurses’ interactions with patients, it is through their own interactions with patients that students learn the most about interpersonal relationships (Suikkala et al., 2008, p. 540). To maximise this learning students need uninterrupted time in order to listen to the people they are working with and hear their needs (Lauder et al., 2002, p. 485). This is something that clinical staff and educators need to be mindful of and ensure that there are opportunities for students to interact with patients and that this is encouraged and supported. Educators and clinical staff also need to be aware that
students with greater insight and empathy into patients’ situations may experience more distress (Tully, 2004, p. 46) and this is something that needs to be monitored.

It is evident that during the mental health placement students not only seek to understand mental illness, how it presents and the impact that this has on those experiencing it; their reflections also indicated their attempts to understand the mental health nursing role. These observations of the nursing role were quite diverse and it would be difficult to ascertain why the nursing role is described so differently by these students; however it would be reasonable to assume that the ward culture, nursing styles and individual student factors all contributed to this. The student who only described the tasks associated with the role wrote this reflection in her first week of clinical practice and may have done so as nursing work is traditionally organised around tasks (Lauder et al., 2002, p. 485), so this may have been what she was looking for and perhaps the tasks she describes were the most obvious component of the mental health nursing role. Warne and McAndrew (2008, p. 110) suggest that it is easier for the unprepared mental health nurse (or student in this case) to see mental health nursing as being characterised by routines, tasks and procedures rather than by attitudes, feelings, relationships, and understandings as this protects the nurse/student from the emotional burden of caring. This not only serves as a reminder that nurses and nurse educators need to recognise the emotional stressors students are exposed to during the clinical placement it also highlights the need make visible the less obvious aspects of the mental health nurses role such as communication skills and skills required to develop therapeutic relationships as these are core skills for mental health nurses.

In this study most of the students understood the importance of communication skills in the mental health nursing role; this is evident from the students’ descriptions of the communication skills they observed nurses using. It is also pleasing that students were able to recognise the effectiveness of these. Students are interested in learning how to interact with people during their mental health placements (Kragelund, 2011, p. 261) and in order to do so they need nurses to be positive role models (Munnukka, Pukuri, Linnainmaa, & Kilkku, 2002, p. 10). That these reflections on the importance of communication skills were written later in the clinical placement suggests that it takes students time to begin to understand the complexities of the mental health nursing role, which reinforces the benefits of longer clinical placements something that is widely recognised in the literature reviewed (Cleary et al., 2006; Happell, 2008b; Henderson et al., 2007b; Mullen & Murray, 2002).
It is clear that during clinical placements students are really seeking to gain a better understanding of mental illness and how this impacts on people experiencing it. Being able to understand the perceptions and needs of another person is essential to developing therapeutic relationships (Forchuk & Reynolds, 2001, p. 45) but this can only be achieved if nurses are able to demonstrate empathy. Therefore teaching methods in both the theoretical and clinical components of nursing programmes need to be effective in helping students develop empathy. But it is through interactions with patients that students learn the most about interpersonal relationships, so these need to be encouraged and supported by clinical staff and educators. It is also apparent from these reflections that students are trying to understand the mental health nursing role therefore nurses and educators need to make visible the less obvious elements of this, particularly helping students to identify the communication skills nurses are using which are the core of the nurse’s role. However it needs to be recognised that it can take time for students to begin to understand the complexities of this role and clinical placements need to be long enough to ensure students can grasp this.

Several participants in this study wrote about situations they had encountered during their clinical placement which made them feel vulnerable. The literature reviewed indicates that it is highly likely during their clinical experience in a mental health facility that students will witness incidents that may leave them feeling vulnerable. In Fisher’s (2002) study 27%, of the students witnessed incidents involving both actual and threatened violence which left the students feeling scared, anxious and upset (p. 132). For many students this may be the first time that they have witnessed actual or threatened violence and may cause students significant emotional distress (Fisher, 2002, p. 132). Koskinen et al. (2011) found that whilst exposure to challenging experiences evoked both negative and positive emotions in students, students also expressed how having coped with these challenges helped them to build self-awareness and build confidence (p. 625). Taking this into account, nurse educators need to be effective in anticipating and alleviating clinical stress for students (Ewashen & Lane, 2007, p. 256) and design and implement strategies that foster student well-being (Tully, 2004, p. 47).

For other participants this vulnerability appears to be related to the student’s lack of experience and confidence. Staff need to have realistic expectations of students when they are on placement, as putting students in situations where they cannot meet the expectations of staff can make students feel intimidated and uncomfortable (James & Chapman, 2009, p. 42). Whilst it is important that staff challenge students so that they are able to extend their learning and fulfil their potential, too high expectations in the absence of appropriate support may
overwhelm students (Levett-Jones et al., 2009, p. 321). However, it can be difficult for clinical staff to determine what are realistic expectations for each student as different students are able to cope with differing levels of expectations. Therefore it is important that students are encouraged to speak out when the expectations of the staff exceed their abilities. This needs to be a component of their clinical preparation prior to commencing their clinical placement.

Staff should also be aware of the anxiety students may experience when attempting a task for the first time. Students are often preoccupied with learning technical skills, but becoming proficient in these skills requires constructive feedback and access to learning experiences (Brammer, 2008, p. 1869). Nurses who guide students through these learning experiences are identified as assisting student learning (Nolan, 1998, p. 627). But it needs to be acknowledged that it takes skill on behalf of the nurse to provide this constructive feedback and to be able to guide students through new learning experiences and nurses need support and education to do this. Therefore, it is of concern that many nurses report feeling unprepared for this teaching role (Levett-Jones et al., 2006; Nolan, 1998; O'Brien et al., 2008) and this is an issue that needs to be addressed.

Several students in this study recognised the vulnerability of the people they were working with. They identified a range of ethical issues arising from the situations they reported. Whilst it is encouraging that these students were able to recognise these issues, they need to have an avenue for exploring these complex situations, especially the feelings and emotions they have related to these (Mun, 2010, p. 79). Koskinen et al. (2011) suggest that it is highly likely that during their clinical experience students will witness or become involved in incidents that challenge their professional ethics and arouse strong emotions (p. 623). They suggest that while this may cause students some emotional discomfort, this exposure forces students to continually reflect on their own attitudes and values and can help increase self-awareness and build confidence (Koskinen et al., 2011, p. 625). This is congruent with the findings in this study as most of the participants were able to acknowledge what they had learnt from the situations they had encountered and how this would influence their practice in the future.

When students feel more confident they may be more able to speak out and be advocates for the people they are working with. The results of this study demonstrate that it is not easy for students to speak out and challenge practice that they observe. It is important that educators
encourage students to advocate for the people they are working with, but to do this students need to be supported. Emotional support is identified as being an important component of the role of both the clinical mentor/preceptor (Higgins & McCarthy, 2005, p. 222; Koskinen et al., 2011, p. 626; Levett-Jones et al., 2009, p. 321) and the academic lecturer/instructor (Morrissette & Doty-Sweetnam, 2010, p. 521; Mun, 2010, p. 79; Price, Hastie, Duffy, Ness, & McCallum, 2011, p. 783). These authors emphasise that with appropriate support nursing students will grow in skills, knowledge and confidence throughout their clinical placement.

5.1 Summary

It is evident from the findings of this study and the literature reviewed that the clinical placement in mental health can be an anxiety provoking and potentially frightening time for nursing students. Some of this anxiety appears to be linked to being in an unfamiliar environment and desire to be seen to be doing the ‘right’ thing. It is important to acknowledge and address this anxiety as these feelings of fear and anxiety can not only block effective student learning but also the development of rapport, empathy and therapeutic relationships with patients. This anxiety is also linked to the misconception nursing students have that people with mental illness are dangerous and unpredictable. Theoretical courses need to include information on stigma associated with mental illness and help students recognise the attitudes they hold towards people with mental illness. Educators need to prepare students for the likelihood that they may feel uncomfortable and anxious during their clinical placement and create safe environments in which students feel able to express these feelings.

Based on the findings of this study it is obvious that students desire to make connections and build therapeutic relationships with patients. These findings are congruent with other similar studies reviewed. It is evident that connecting with people can be an emotionally charged process. It needs to be acknowledged that emotion and learning are interrelated, interactive and interdependent aspects of both individual functioning and professional practice. Therefore educators and clinical staff need to be aware of the complex nature of these relationships and ensure that students are mentored and supported in this role.

The results have also highlighted the contribution clinical staff make to the overall impression that students form of the clinical placement. Relationships with staff have a significant impact on both the students’ perception of the clinical environment and their ability to learn.
whilst there. Clinical learning appears to be very dependent on whether nursing staff are receptive and accepting of students. Supporting nurses to work with students and have the knowledge and skills necessary to do this is essential to ensuring that students have positive role models who are able to support their learning. It is important that academic institutions and clinical services work collaboratively so that clinical nurses develop better understandings of student learning needs and how best to support these.

Students learn much during their clinical experience through reflection on their own practice and the practice of other nurses. This is evident in the reflections in which students begin to question their own attitudes to mental illness and also some of the nursing practice they observed. A positive and well supported clinical experience has consistently been identified as being a significant factor in changing nursing students’ attitudes towards people with mental illness and whilst most of the evidence demonstrates that this change is positive there is evidence that clinical experience can reinforce negative attitudes. When questioning practice students need clinical staff and educators to support them in this process in order to reduce the emotional toll on students and assist them to learn from these experiences.

It is clear that during clinical placements students are really seeking to gain a better understanding of mental illness and how this impacts on people experiencing it. It is through interactions with patients that students learn the most about the impact of mental illness, therefore these need to be encouraged and supported by clinical staff and educators. The ability to empathise with people is essential to developing therapeutic relationships. Teaching methods in both the theoretical and clinical components of nursing programmes need to be effective in helping students develop empathy. It is also apparent from these reflections that students are trying to understand the mental health nursing role therefore nurses and educators need to make visible the less obvious elements of this. But it should be recognised that it can take time for students to begin to understand the complexities of this role, so clinical placements need to be long enough to ensure students can grasp this.

Finally, this study has shown that nursing students are exposed to situations during the mental health placement which leave them feeling vulnerable. This vulnerability appears to be related to exposure to incidents in clinical that are frightening and also the student’s lack of experience and confidence. Students also recognised the vulnerability of patients they were working with and these situations challenged their professional ethics and induced strong emotions. Whilst exposure to challenging experiences can help students build self-awareness
and confidence, students find these experiences stressful therefore clinical staff and nurse educators need to be effective in anticipating and alleviating clinical stress for students. Staff also need to have realistic expectations of students when they are on placement, as putting students in situations where they cannot meet the expectations of staff can make students feel intimidated and uncomfortable. It must be acknowledged that it takes skill to guide students through new learning experiences and clinical and academic nurses need support and education to do this. With appropriate support students will grow in skills, knowledge and confidence throughout their clinical placement and will develop into caring, empathetic health professionals who are able to meet the needs of people with experience of mental illness.

The following and concluding chapter will provide a summary of this study. It will outline the strengths and limitations of the study. Next recommendations based on the findings of the study will be discussed. Finally implications for further research are identified.
CHAPTER SIX:
CONCLUSION

In conclusion, this study provides some insight into the experience of nursing students during their first mental health placement. It also highlights some of the influences on student learning in an acute adult mental health inpatient service. It is evident from the reflections written by students in this study and from the literature reviewed that mental health clinical experiences can be an anxiety provoking and potentially frightening time for students. However there are many strategies that can be adopted by educators and clinical staff to address these feelings, including adequately preparing students prior to clinical placement, building trusting relationships with students so they feel able to express these feelings, and focusing on assisting students to acquire helping skills which will increase their confidence in relating to people with experience of mental illness. The students in this study and other studies reviewed identified a desire to make connections and build therapeutic relationships with patients. When students build these relationships they report a sense of accomplishment and feeling proud. But it must be recognised by academic and clinical staff that connecting with people is an emotionally charged process and although feelings and emotions are necessary elements in the learning process of becoming a nurse it is important that students are supported to process these.

It is apparent that the relationships that students have with clinical staff have a significant impact on the students’ perception of the clinical placement and their ability to learn whilst there. Supporting nurses to work with students and ensuring that they are clear about this role and have the knowledge and skills necessary to carry it out is essential to ensuring that students have positive role models who are able to support their learning.

During the clinical placement students began to uncover and question their own attitudes towards mental illness. A positive and well supported clinical experience is identified as a significant factor in changing nursing students’ attitudes to people with mental illness. While most of the evidence demonstrates that this change is positive there is evidence that clinical experiences can also reinforce negative attitudes. Students in this study also questioned some of the nursing practice that they observed. Being exposed to unprofessional practice can
cause students to feel scared, uncomfortable, shocked and confused. Educators and clinical staff need to be mindful of the potential emotional distress students can experience when exposed to unprofessional practice and be available to talk through these situations with students.

The students in this study really sought to understand mental illness, how it presents and the impact that this has on those experiencing it. Clinical experiences enable students to gain an understanding of the illness from the patient perspective. To be able to understand the perceptions and needs of the other person requires students to be able to empathise with the person. Whilst classroom theory and simulated teaching activities may go some way to teaching empathy, the clinical environment and contact with patients are pivotal to students developing empathy and interpersonal skills.

Students were also trying to understand the mental health nursing role. This role was described very differently by different students in this study. Some students only described the tasks associated with the nursing role, perhaps because these are the most obvious components of the role. However it is evident from the students’ descriptions that most students understood the importance of communication skills in the mental health nursing role. It needs to be recognised that it can take time for students to begin to understand the complexities of this role therefore clinical placements need to be long enough to ensure students can grasp this. Nurses and nurse educators also need to make visible the less obvious aspects of the mental health nursing role, such as communication and interpersonal skills as these are core skills for mental health nurses.

Many students in this study witnessed or were involved in incidents that left them feeling vulnerable. Some of this vulnerability appeared to be related to the students’ lack of experience and confidence. Nurse educators need to be effective in anticipating and alleviating emotional distress that students may experience whilst on clinical placement and design and implement strategies that foster student well-being. Students also identified the vulnerability of people experiencing mental illness. This can also be a source of stress for students which educators need to be mindful of. With appropriate support during their clinical placements students will grow in skills, knowledge and confidence and will develop into caring, empathetic health professionals who are able to meet the needs of people with experience of mental illness.
6.1 Limitations

This study was limited by the small sample size of students from a single academic institution who attended a single mental health clinical setting. Future studies should include a larger sample with students attending a variety of mental health clinical settings.

Another limitation is that the data, which comprised of the participants reflections on practice, was written by the participants to fulfil the requirements of their clinical course. Therefore it could be argued that these reflections may not accurately reflect the students’ experience as the participants may have written what they felt their clinical lecturer wanted to read or they only chose aspects of their clinical experience that they felt comfortable sharing. The fact that the students were instructed to use the reflection guide (appendix 8) to assist them to write their reflections may have also influenced the content of their reflections.

6.2 Strengths

The strength of this study is that the data is rich in context as the reflections were written by the participants during their mental health clinical placement. This richness may have been lost if the data had been collected after the clinical experience as the students perceptions may have been quite different once they stepped out of the clinical environment.

6.3 Recommendations

6.3.1 Preparation Prior to Clinical

Theory courses should provide students with more than knowledge about mental illness and addiction. Addressing preconceived ideas about mental illness and addiction needs to be an essential component of theoretical courses. In the New Zealand context challenging stigma and discrimination is one of the seven Real Skills outlined in the Ministry of Health (2008) Let’s Get Real framework which requires every person working in a mental health and addiction treatment service to use strategies to challenge stigma and discrimination, and provide and promote a valued place for service users (Ministry of Health, 2008, p. 4). Therefore education about stigma and discrimination and strategies to challenge this must be included in theoretical courses. Having consumers involved in the teaching is one strategy which has proven effective in addressing students preconceived ideas about mental illness and
addiction (Hoekstra et al., 2009, p. 7). Theory courses should equip students with the ability to understand illness and addiction from the patient’s perspective. Nurse educators need to develop teaching methods that are effective in teaching empathy. Simulated teaching activities, reflective writing, small group discussion and group supervision are some of the teaching methods that have been identified to aid in developing interpersonal skills and emotional understanding. Students must be prepared for the likelihood that they may feel uncomfortable and anxious during their clinical placement. Creating safe teaching environments and designing teaching methods in which students can explore how they might manage these feelings is another important consideration for nurse educators. Finally, the context of clinical practice needs to be explored prior to students commencing clinical practice. Having clinical staff involved in the teaching of the theoretical course has been proven to improve the preparedness of students prior to clinical placement and has the added advantage of improving the relationship between education providers and clinicians (Curtis, 2007, p. 291).

6.3.2 Orientation to Clinical Environment

Orientation to the clinical placement can have a huge impact on a student’s impression of their placement and may colour their whole clinical experience (Levett-Jones et al., 2006, p. 319). Providing a welcoming and relaxed atmosphere has been identified as an important component of creating a positive clinical experience (Mullen & Murray, 2002, p. 65). Orientation to the clinical areas should not only orientate students to the physical environment and policies and procedures relevant to the clinical setting, but must also acknowledge students’ anxiety and offer students strategies to address this. Academic and clinical staff need to work collaboratively to develop effective orientation packages.

6.3.3 Structured Learning Activities During Clinical Placement

Students need structured learning activities during their mental health clinical placements as the lack of structure and routine that is associated with other clinical placements, such as medical or surgical placements, can leave students feeling confused about their role. Clinical learning activities need to build on students’ knowledge and promote the development of knowledge, skills and values essential for mental health nursing (Oermann & Sperling, 1999, p. 78). These clinical teaching activities need to be focused on assisting students to acquire
helping skills rather than just learning about mental illness. Providing access to resources, explaining things, encouraging questions and involving the student are ways in which nurses can support student learning. Workbooks, portfolios and other similar tools can assist students to structure their learning and should be designed to enable students to demonstrate their developing knowledge and understanding of working with people with experience of mental illness and/or addiction.

6.3.4 Education and Support for Clinical Staff Working with Students

The contribution of clinical staff to the overall impression that students form of the clinical placement cannot be underestimated. The relationships students form with staff have a significant impact on students’ perception of the clinical environment and their ability to learn whilst there. Supporting nurses to work with students and ensuring that they are clear about this role and have the knowledge and skills necessary to carry it out is essential to ensuring that students have positive role models who are able to support their learning. Nurses need to have access to training opportunities which will enable them to develop the skills necessary to work with students and understand the responsibilities and limitations of this role (Cleary et al., 2006, p. 143). Closer collaboration between academic staff and clinical staff will also assist in clarifying this role. Academic educators who work clinically should liaise regularly with clinical staff and be available to answer any questions they may have related to working with students.

6.3.5 Education and Support for Academic Staff Working with Students

The role of academic staff has been consistently highlighted in the literature reviewed as being vitally important to student learning (Melrose & Shapiro, 1999; Mun, 2010; Munnukka et al., 2002; Price et al., 2011). The academic staff role includes assisting students to integrate theory and practice, assessment, facilitating nurse-student relationships and emotional support. Academic staff require support and training to achieve these varied roles. In order to be able to safely support students in clinical practice academic staff need to reflect on their teaching practice and the values and attitudes which underpin this and the potential impact these may have on students they are working with. Having access to supervision would give academic staff/clinical lecturers a forum in which they can explore and develop their teaching practice and is something which should be made available. It is also important that academic staff
maintain clinical currency so that they are able to assist in reducing the theory-practice gap. Encouraging staff to use their professional development time to maintain clinical currency is one way in which this can be achieved. Dual appointments are another way in which to ensure that academic staff are clinically current. Both of these recommendations will also assist in developing and maintaining relationships between the academic institution and clinical providers.

6.4 Implications for Further Research

This study has highlighted the need for further research examining the impact of theory on student attitudes towards people with mental illness and/or addictions. This research is required to understand which aspects of theoretical education are particularly influential on nursing students’ attitudes. Having a better understanding of the role theory plays in addressing attitudes will assist educators in preparing students better for their clinical placements.

There is currently very little research on the effectiveness of different teaching methods employed to teach theory related to mental health and addiction. It is important to identify teaching methods which not only stimulate students’ interest in mental health nursing but also to challenge some of the negative beliefs they may hold related to mental illness and addiction. This study has specifically identified the need for research examining the effectiveness of teaching methods in addressing stigma and discrimination and for teaching empathy.

Whilst this study has provided some insight into the clinical experience of students in an acute mental health placement, further research exploring the experiences of students in diverse clinical areas would assist in gaining a greater understanding of undergraduate student nurses experience of their clinical placement. This is particularly important given the current pressures of finding clinical placements for increasing numbers of undergraduate nursing students.

It is clear that academic staff have a significant role in supporting student learning during their clinical placements. There is currently little research exploring this role. It would be valuable to explore the experience of academic staff working with students in order to gain a better understanding of their perception of this role and what support and education is required to enable them to fulfil this role.
It is clear from the research reviewed and the findings of this study that clinical staff play a significant role in the impression that nursing students form of their mental health placement. Whilst there is some research identifying some of the roles nurses hold when working with nursing students and the importance of the nurse-student relationship no research was found which explored the nurse’s experience of working with students in a mental health setting. This is an area which requires further investigation in order to gain a better understanding of the nurses’ perception of this role and what support and education is required to enable them to fulfil this role.

6.5 Summary

This small study has offered an insight into the experience of the participants during their first mental health placement in an acute mental health facility. It identified several factors which influence this experience all of which are congruent with experiences reported by nursing students in other similar studies. This study adds to the existing knowledge pool and confirms that the mental health clinical placement provides rich learning opportunities for nursing students both professionally and personally. It has highlighted the important role that clinical and academic staff have in supporting nursing students learning and identifying and alleviating stress students experience during their clinical environment. It needs to be recognised that clinical and academic staff require support and education in order to fulfil this role. A positive clinical experience has a significant influence in shaping nursing students’ attitudes towards people with mental illness and mental health nursing. This can be seen in the descriptions provided by the participants in this study. Therefore education providers need to work collaboratively with clinical providers to develop positive clinical experiences with the ultimate aim being to develop caring, empathetic nurses who are able to meet the needs of people with experience of mental illness and promote mental health nursing as a dynamic and rewarding career choice.
REFERENCES


Rushworth, L., & Happell, B. (2000). 'Psychiatric nursing was great, but I want to be a "real" nurse': Is psychiatric nursing a realistic choice for nursing students? *Australian & New Zealand Journal of Mental Health Nursing, 9*(3), 128-137.


APPENDICES
APPENDIX 1

Ethics Approval from CPIT
17 February 2011

Professor Roger Mulher
Department of Psychological Medicine
University of Otago
Christchurch
PO Box 4346
Christchurch 8140

Dear Professor Mulher,

RE: Ethics approval: ‘Exploring undergraduate nursing students experiences of their first clinical placement in an acute adult mental health inpatient unit: Learning from reflection’

This is to confirm that Mellieert Brown has received Christchurch Polytechnic Institute of Technology Ethics Committee approval for the above research study on January 11, 2017.

Yours sincerely,

[Signature]

Rea Daellenbach
Chair
Christchurch Polytechnic Institute of Technology Ethics Committee.
APPENDIX 2

Ethics Approval from University of Otago,

Department of Psychological Medicine
ETHICAL APPROVAL AT DEPARTMENTAL LEVEL OF A PROPOSAL INVOLVING HUMAN PARTICIPANTS (CATEGORY B)

PLEASE read the important notes appended to this form before completing the sections below

NAME OF DEPARTMENT: Psychological Medicine

TITLE OF PROJECT: Exploring undergraduate nursing students experiences of their first clinical placement in an acute adult mental health inpatient service: Learning from reflection

PROJECTED START DATE OF PROJECT: March 2011

STAFF MEMBER RESPONSIBLE FOR PROJECT: Dave Carlyle (academic supervisor)

NAMES OF OTHER INVESTIGATORS OR INSTRUCTORS: Melanie Lienert-Brown, student, Masters HealthSci (endorsed mental health), Marie Crowe, associate academic supervisor

BRIEF DESCRIPTION OF THE AIMS:

Insights into what influences students learning and how they interpret these experiences provides educators with valuable information which can be used to develop clinical placements that provide positive learning experiences for students. As a clinical lecturer working with students during their clinical experience in an acute inpatient setting the researcher has some understanding of what the student experience is from discussions with students and marking their reflections, this has made her aware that there is a need to
formally explore and analysis these experiences. The researcher is choosing to focus the study on the adult acute inpatient area as this is her clinical background and is an area of particular interest. The purpose of this study is to explore the undergraduate nursing student’s experience of their first clinical placement in an acute adult mental health inpatient service.

BRIEF DESCRIPTION OF THE METHOD:

Method
A qualitative method of thematic design informed by the writings of Boyatzis (1998) will be used, with the students’ written reflections from their mental health placement providing the data. Students who have completed their mental health and addictions clinical course (BNNP601) in an acute inpatient ward within the previous two years are eligible to participate.

Sample
Using convenience sampling, students who completed their BNNP601 course in 2009 and 2010 will be given the opportunity to participate in this research project. A sample of between 12 (minimum) and 20 (maximum) students will be sought. The eligible cohorts of students from years two and three of the Bachelor of Nursing programme will be approached by the researcher at a time negotiated with their course leaders. At that time the project will be explained, and the information sheets and consent forms distributed. The information sheet will include the researcher’s phone number and email to enable contact by students interested in participating.

DETAILS OF ETHICAL ISSUES INVOLVED:
As this research project seeks participation from students in the Bachelor of Nursing programme this research proposal has been reviewed and approved by the CPIT Academic Research Committee and CPIT Ethics committee.
Reporting Sheet for use ONLY for proposals considered at departmental level

The researcher is no longer involved in the teaching of the students who will be approached and asked to participate in the research project.

To ensure confidentiality, the participants will be asked to remove any identifying features from their reflections. No data that may identify the participant, third person or service will be reported.

Participation in this study is entirely voluntary. Participants have the right to withdraw from the study at any time until data is analysed.

☐ Approved by Head of Department ☐ Approved by Departmental Committee

☐ Referred to University of Otago Human Ethics Committee ☐ Referred to another Ethics Committee
Please specify:

DATE OF CONSIDERATION: 19/8/11
Signed (Head of Department): [Signature]

Please attach copies of any Information Sheet, Consent Form, and advertisement for participants

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APPENDIX 3

Board of Studies Approval
11 February 2011

Melanie Lienert-Brown
38 O'Briens Rd
Sockburn
CHRISTCHURCH 8042

Dear Melanie,

Admission/ Research Proposal: Master of Health Sciences (Mental Health)

Thank you for submitting your research proposal. The Board of Graduate Studies in Health Sciences is pleased to approve your research proposal and supervisory arrangements as follows:

Title: "Exploring Undergraduate Nursing Students' Experiences of their first Clinical Placement in an Acute Adult Mental Health Inpatient Service"

Supervisors: Dr Dave Carlyle
Associate Professor Marie Crowe

While approving your revised proposal, we have the following comments and suggestions:

- The idea/background/rationale for the study is well expressed.

- The research questions are clear. However, there is no indication about the outcomes of the core research activity within those questions. Discussion about the significance of the study findings for other contexts and situations is, I am sure, an assumed part of the work. However, the questions that appear in the proposal do not indicate that the study will consider the significance of the outcomes on a broader level - for other similar contexts outside the research "site", and indeed for nursing education in general.

- The researcher is clear that she has clinical experience, and clinical teaching experience in the environment. This will be a strength of the research. The researcher might find it useful to be 'interviewed' by her supervisors about her prior experiences and beliefs, or to write a pre-data collection reflective journal, as a aid to later writing about her own positioning in the research and the influences this has had on the data coding, analysis and interpretation.

- The timeline seems workable, although no detail of what will happen during 2012 is indicated.

- Because the researcher will be reading material that describes actual clinical
cases (even though the research participants have been asked to anonymise this) it is possible that this research should be approved by the Upper South Regional Ethics Committee. It would be worth having a conversation with the chair of the committee to check this. If not, then I think the student will require University of Otago Ethics Committee approval (in addition to that from CPIT) by virtue of being an Otago master's student. Again, this would be worth checking with the chair of the University Ethics Committee as they might accept CPIT approval as a substitute.

- When submitting the ethics application the researcher will need to make clear how a participant can remove all identifying features from the material submitted and then still be identifiable in order for the original to be returned to the participant. And I am puzzled by the use of the word 'original' in the information sheet as it appears participants are asked to submit copies of the original clinical reflections.

**Ethical approval**
You are reminded that your research cannot begin until ethical approval, where appropriate, has been granted. Once granted, a copy of the ethics approval must be sent to the Postgraduate Programmes Administrator, Health Sciences Divisional Office, to be filed along with your research proposal.

**Taking a break from study**
Please complete an application for a period of temporary withdrawal if you need to take a break from your studies. This will help to protect the length of time you are allowed to complete your programme. A copy of the guidelines for temporary withdrawal (also called deferral) are attached.

I wish you all the best with your research.

Yours sincerely

[Signature]

Dr. Jean Hay-Smith
on behalf of The Board of Graduate Studies in Health Sciences

cc: Associate Professor Marie Crowe, Dave Carlyle, Linda Manro-Innes
APPENDIX 4

Participant Information Sheet
Information Sheet

Exploring undergraduate nursing students' experience of their first clinical placement in an acute adult mental health inpatient service

This research is part of a Masters study being undertaken by Mel Lienert-Brown. The aim of the study is to gain a better understanding of undergraduate nursing students' experience of their first clinical placement in an acute adult mental health inpatient service. This will help nurse educators at CPTT and clinical staff to develop clinical placements that provide positive learning experiences for nursing students.

Participation
Participation in this study is entirely your choice. If you choose not to take part this will not affect your academic progress or future clinical placements. You have the right to withdraw from the study at any time until data is analysed, including withdrawal of all your information.

What does it involve?
If you choose to participate, you will be asked to provide copies of the clinical reflections you completed as part of your BNNP601 clinical portfolio. These can be submitted with the consent form to the researcher directly or placed in a sealed box which will be located at the Health, Humanities and Science Reception (N118). Prior to submitting your reflections you will be asked to ensure that any identifying features, such as your student number, your name and the names of any third party or service are removed. Your reflections will be photocopied by the researcher and the originals will be returned to you.

Confidentiality
To ensure your confidentiality, you will be asked to remove any identifying features from your reflections prior to submitting them to the researcher. No information that could identify you or a third person or service will be used in any report, publication or presentation.

Storage and disposal of data
The data will be stored in a secure place and only the researcher will have access to this. The data will be kept for a period of five years and will then be destroyed.

What will happen to the results of the study?
The results of the study will be published in a thesis, in academic or professional journals, a research report for CPTT, and may be presented at conferences. If you would like a summary of the results, please contact the researcher, Mel Lienert-Brown.

Who has approved this study?
This study has been reviewed and approved by the Christchurch Polytechnic Institute of Technology’s Academic Research and Ethics Committees, and the University of Otago Academic Board.

If you would like to know more about the research or discuss any concerns you have about participation in this study, please contact the researcher: Mel Lienert-Brown 9408768, lienertbrownm@cpit.ac.nz
APPENDIX 5

Consent Form
Exploring undergraduate nursing students' experiences of their first clinical placement in an acute adult mental health inpatient service:

Learning from reflection

CONSENT FORM FOR PARTICIPANTS

I have read and understood the information sheet for this research study and the details have been explained to me. I have had the opportunity to discuss this study and any questions I have, have been answered. I understand that I have the right to ask further questions at any time.

I agree to participate under the following conditions:

- I am free to withdraw at any time until the data analysis begins without giving any reason and without any disadvantage to my academic progress.
- My participation in this study is confidential and no material which could identify me will be used in any reports, publications or presentations originating from this study.
- The data and this consent form will be stored securely at CPIT for five years after which time it will be destroyed.

I understand that taking part in this project is entirely voluntary. My academic progress or future clinical placements will not be affected in any way whether I choose to participate or not.

Full name of participant: _____________________________

Signature of participant: ___________________________ Date: ________

Signature of researcher: ___________________________ Date: ________
APPENDIX 6

Poster Advertising Research
Exploring undergraduate nursing students experiences of their first clinical placement in an acute adult mental health inpatient service:

Learning from reflection

Aim of the project:

This project is part of a Masters of Health Sciences thesis being undertaken by Mel Lienert-Brown. The aim of the study is to gain a better understanding of undergraduate nursing students’ experience of their first clinical placement in an acute adult mental health inpatient service. This will help nurse educators at CPIT and clinical staff to develop clinical placements that provide positive learning experiences for nursing students.

Participation is sought from:

Students who completed their BNNP601 course in 2009 and 2010.

What does it involve?

If you choose to participate, you will be asked to provide copies of the clinical reflections you completed as part of your BNNP601 clinical portfolio to the researcher.

If you would like to know more about this project or are interested in being a participant then please contact the researcher.

Mel Lienert-Brown:

phone: 9408708

e-mail: lienert-brownm@cpit.ac.nz
APPENDIX 7

Portfolio Learning Activity
NURSING THE PERSON WITH ALTERED MENTAL HEALTH – BNNP601

Portfolio: Learning Activity 2

**Aim:** To begin to critically reflect on and analyse your nursing practice.

**Steps:**

Utilising the reflection guide provided in your course information booklet, each week provide a written reflection of your nursing practice. Reflections are to be practice based and must demonstrate critical reflective thinking.

Discuss your reflection each week with your clinical lecturer/ALN and have them sign your reflection as verification that this has been done.

**Outcome/evidence to be included in your portfolio**

- Six written reflections on practice, verified by clinical lecturer/ALN as having been discussed with them

**Recommendation**

Start a reflective journal and reflect on each shift as a way of developing your critical reflective skills and gaining a greater understanding of your own values, assumptions and beliefs and the impact these have on your practice.
APPENDIX 8

Reflection Guide
Assessment Criteria

1. Description focuses on events and tasks and includes context
   - A full clear description which includes relevant material about:
     - Who was involved
     - The context in which it occurred

2. Reflection comments on own:
   - Behaviour
   - Reaction/feelings
   - Values/assumptions/beliefs
   - The student’s own behaviours, feelings, values/assumptions/beliefs are discussed and possibly questioned. Demonstrates a willingness to be critical of own actions when relevant. Implications with reference to others are explored.

3. Reflection comments on others e.g. patient etc:
   - Behaviour
   - Reaction/feelings
   - Values/beliefs/assumptions
   - Suggestions
   - The patient’s and/or other’s behaviour, reactions and possible viewpoints are discussed. The context influencing others’ position is explored.

4. Explores/links to other knowledge or previous experience. Links to formal theory
   - Makes links and connections to previous experience and/or theory. Formal theory quoted and referenced.

5. States what has been learned or solved.
   - Discusses strengths and weaknesses of any planned alternative actions.
   - Changes or alternatives in own and others suggested. Suggests ideas for future action. What is it about these actions that only a nurse can do?

6. Identifies new information, issue or question
   - Discussion of new issue/s and/or question/s. Discussion of future actions linked to experience and/or theory.

What? - Description
- What happened?
- What were you thinking and feeling?
- Who was involved?
- What was their involvement?
- When did it happen?
- How did it happen – contextual information?

So what? – what was learned and implications
- What sense can you make of the situation?
- Why do you think it happened this way?
- What else could you have done?
- How could it be improved?
- What effects are these improvements/changes likely to have?
- What values/beliefs, assumptions would explain this behaviour/incident/occurrence?
- Have you experienced something similar before?
- What theory explains/comments on your experience?

Now what? – Analysing future actions
- If it arose again what would you do? What changes would you make?
- Why would you make these changes?
- How could experience/theory contribute to your actions?