

Nursing Student Experiences Of Psychiatric Clinical Practice: A Qualitative Study

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Abstract: Background: Clinical experience is identified as a vital part of nursing education. It allows students to merge knowledge with practice. Understanding the contextual factors that may interfere with or enrich the psychiatric mental health nursing experience is very important. Aim: To explore the experiences of nursing students who completed their psychiatric clinical practice at a Saudi Arabian University. Method: Data were collected through the use of focus group discussions. A total of 20 third-year female nursing students who completed the Psychiatric and Mental Health Nursing course agreed to participate and were divided into 4 focus groups. Data were transcribed and thematic analysis was done through the use of Nvivo 9. Result: Three main themes were identified, and under each theme a number of subthemes were merged. The main three themes are: factors related to the student, factors related to the clinical supervisor, and factors related to the clinical environment. Conclusion: The results of this study indicated that nursing students face many obstacles during their clinical experience. A number of recommendations were proposed in order to support the psychiatric nursing clinical practice .

Keywords: Clinical practice , Nursing student, Psychiatry, Qualitative study, Saudi Arabia

I. Introduction

Psychiatric mental health nursing is a specialized area of nursing practice, education, and research that draws on unique knowledge from nursing and related health and social sciences to update the practice and to establish its disciplinary boundaries. The focus of psychiatric mental health nursing is not on the origins of the diagnostic categories of disorders, but on people's relationships with their illness or with their health (Stuart, 2013).⁽¹⁾ In addition, it concentrates on the unique lived human responses to distress such as grief, anxiety, loneliness, and other psychosocial, behavioral issues (Al-Zayyat & Al-Gama 2014; Chan, So, & Fong, 2009).^(2,3) Understanding the background factors that may restrict or improve the enrichment of psychiatric mental health nursing experiences is very vital. Therefore, clinical learning can be effectively managed to enhance valuable and meaningful experiences for student nurses (Happell 2008).⁽⁴⁾ Clinical education is a dynamic and vigorous constituent in the curricula of pre-registration nursing courses and offers student nurses with the chance to relate cognitive, psychomotor, and affective skills to each other (Henderson et al., 2006 Midgley, 2006).^(5,6) Clinical practice helps in developing students' competencies in applying their gained knowledge, skills, and attitudes to different clinical environmental circumstances. Consequently, it is very important to utilize clinical time effectively and productively (Chan, 2001; Chan, 2002)^(6,8) An extensive literature review reveals that no qualitative published research has been done in order to investigate this Area in KSA. Therefore, this study provides a basis for further studies in KSA.

II. Review of literature

Several studies have been undertaken in order to explore, measure, or compare nursing students' psychiatric nursing clinical experiences. For instance, in Australia, a study was undertaken by Happell (2008)⁽⁴⁾ to examine nursing students' attitude toward mental illness before and after their clinical practice. The results showed that after practicing as mental health nurses, students held positive attitudes about the experience and intended to work as mental health nurses in the future. In addition, students who were exposed to preclinical theoretical preparation reported being satisfied with their clinical experiences. The result of this study was supported by Henderson et al. (2008).⁽⁹⁾

In addition, Mabuda (2008)⁽¹⁰⁾ conducted a qualitative, exploratory, descriptive, and contextual study to explore student nurses' experiences during clinical practice at a nursing college in the Limpopo Province. Phenomenological interviews were held with 11 student nurses who were in their final year of the basic nursing program. The findings indicate that there are aspects that negatively impact student nurses' clinical learning experiences, such as lack of teaching and learning support, lack of opportunities for learning, poor theory-practice integration, and poor interpersonal relationships between the students, college tutors, and ward staff. Recommendations to enhance the clinical learning experiences of student nurses were outlined.

Stressors in the clinical environment that may negatively affect nursing students' experience were studied by Watson et al. (2008)⁽¹¹⁾ in the United Kingdom. The study reveals that there are many factors related to the clinical environment that may lead to stress and anxiety among nursing students. Those factors were identified as lack of knowledge, students perceive themselves as incompetent, and poor relationships with nursing staff members. Moreover, some studies revealed that nursing students had struggled to cope with uncooperative nursing staff members and feeling ignored by them frequently (Melincavage, 2008).⁽¹²⁾

Preparation for preclinical training was found to be a great help in building confident among psychiatrists, mental health nurses, and other coworkers. For example, in Australian and New Zealand, Fletcher et al. (2014)⁽¹³⁾ conducted a study to assess the effectiveness of training programs in producing psychiatrists who feel prepared for their roles and to determine fellowship applicants' perceptions of the training program. The trainees who had successfully completed training were invited to complete an anonymous online survey that assessed their preparedness for practice and their impressions of the training program, supervision, training specialties, and course content. Fellowship applicants largely felt confident in their ability to deliver psychiatric services and that the training program was meeting their needs.

Therefore, understanding the students' experiences of their clinical practice provides greater insight to develop an effective clinical teaching strategy in nursing education. An extensive literature review reveals that no published research has been done in order to investigate the clinical experience of nursing students. Therefore, this study will be a basis for further studies in future.

Aim of the Study

The purpose of this study was to explore the experiences of nursing students who completed their psychiatric clinical practice at a Saudi Arabian University.

III. Method Design

A qualitative, exploratory, and descriptive method was used. Data were collected through the use of the focus group discussions and analyzed by thematic analysis.

Participants and Data Collection

A purposive sample of third-year female nursing student who had completed their Psychiatric and Mental Health Nursing course were recruited for this study. Study participants were recruited based on their experiences and understanding of the phenomenon (Carpenter, Streubert, & Speziale, 2011).⁽¹⁴⁾ The focus group interview data were collected by the study researchers. Collecting data thorough focus group interviews has been identified as the most suitable method to explore, experience, perception, and attitudes in regard to phenomena that are shared by a group of people (Holloway & Wheeler, 2010; Polit & Beck, 2010).^(15,16) The study's purpose and voluntary participation were explained to all third-year students who had completed their Psychiatric and Mental Health Nursing course and were invited to participate in the study.

After obtaining ethical approval from the University of Dammam and the consent form from participating students, students were divided into focus groups. The focus group discussions were guided with a semistructured interview questionnaire which was developed by the researchers based on the literature review. The semistructured questionnaire is composed of seven questions that focused on the students' beliefs and thoughts about people with mental illnesses, their concerns, and their feelings at the beginning of their clinical exposure. In addition, students were asked about the obstacles and facilitators during their training. Furthermore, questions based on their viewpoint toward their clinical supervisors and factors related to the training environment were discussed. Each focus group discussion took about an hour and half, and data saturation was reached by repeating the same themes.

Data Analysis

Thematic analysis was used for exploring the experiences of nursing students who had completed their psychiatric clinical practice at a Saudi Arabian University. Thematic analysis has been identified as an important method for identifying and analyzing qualitative data. It is characterized by its flexibility and applicability do different methods of data collection, such as media, focus group or interview. In addition, thematic analysis, facilitating data analysis because it helps in organizing and describing the obtained data, then make it easy to formulating study themes (Clarke & Braun 2013).⁽¹⁷⁾ In this study after data were transcribed, it was entered in the Nvivo software, version 9 (Nvivo 2010).⁽¹⁸⁾ Six main phases of thematic analysis were achieved; firstly, being familiar with obtaining research data, secondly, coding similar data, thirdly, searching for general theme, fourthly, matching each code with formulating them; fifthly, finding meaning for each theme in relation to study data and finally; writing manuscript which involves main themes and narrative analysis (Braun & Clarke 2006).⁽¹⁷⁾

Ethical Consideration

Ethical approval was granted from the Human Research Ethics Committee of the University of Dammam, Saudi Arabia. All the study participants were notified with the ethical consideration of the study and were signed an informed consent. The ethical consideration includes purpose of this study, voluntary participation, confidentiality, storage of data and the right of the student to withdraw from the focus group.

IV. Results

All students were females, the majority were single (80%), and the mean age was 22. Three main themes were identified, and under each theme a number of subthemes were merged. The main three themes are factors related to the student, factors related to the clinical supervisor, and factors related to the clinical environment. The results of the thematic analysis are presented in Table 1.

Table 1: Result of Thematic Analysis of the Qualitative Data

Codes	Subthemes	Themes
Student	Lack of knowledge and experience	Students' initial fear and anxiety
	Negative view of mental illness	
Clinical supervisor	Preclinical preparation (theory and lab)	Clinical supervisor facilitating experience
	Helping role	
Clinical environment	Being welcomed in the ward	Clinical environment motives

Lack of knowledge and experience.

This theme emerged from all group discussions in which students described the difficulties they experienced at the beginning of their clinical experience. Almost all of the students had identified feeling being anxious and fearful about dealing with the patients due to their lack of experience and skills. Worrying about how to deal with patient with mental illnesses was a main cause for students' initial fear and anxiety. For example: On the first day I was so afraid about miscommunication to the patient. I remember one of the patients asked me do you think I am a God messenger. I said, "I do not think that"; the patient said, "You do not know anything? You are a spy," and seemed angry.

Another student emphasized that during her first exposure to people with mental illnesses, she felt a lack of basic skill of psychiatric nurse which was hard for the students to perform their requirement and deal with patient randomly.

We don't have enough psychiatric nursing skill to accomplish the task during the first week, and do our nursing duties. We previously found ourselves facing a lot of patients and act in A haphazard way

Almost all of the third year nursing students reported that they felt that their anxiety reduced as their training and experience progress. They become more familiar with the skills and duties of the psychiatric nurse. Students stated that they more they expose and deal with patients with mental illness, they were more able to understand their patient, and able to build a therapeutic relationship. For instance:

... After I spent more weeks on the ward with patient[s] and gaining more clear insight about the skills of psychiatric nursing, I do really enjoy my rotation.... I knew my patient very well and a built a therapeutic relationship with her

In addition, some participants stated that after working with people with mental illnesses and gaining experience in dealing with mental illness, they became confident and competent in dealing with people with mental illnesses compared to how they felt at initial exposure to the patients:

Frankly, at the end of my clinical rotation at the psychiatric ward I found myself very [much able] to deal [with] and help a person with mental illness. At the beginning (the first days) I felt that I [was] empty and helpless, but now I have enough confidence to help a psychiatric person.

Negative view of mental illness.

The negative view of people with mental illnesses as being dangerous and harmful was another issue that students brought up during focus group discussion. Some of the students reported that they were terrified of being physically abused by the patients. For example:

... I was afraid of dealing with them (patient[s] with mental illness[es]) because I heard a lot that so many people were smash[ed], kick[ed], and killed by psychiatric [patients].

Another student stated, My big concern was I don't want to be harmed by a patient, I don't want to lose my self-confidence and build a negative feeling toward my clinical training because that will affect my life career ...

In addition, students were concerned about their families' and other people's view of them as practicing nursing for people with mental illnesses. They were concerned about the negative view of their families and anxious about being contaminated with psychotic thoughts. For instance, one student claimed the following:

It was hard for me to tell my family and outside friend that I [was] having a training with psychiatric patient at the beginning, because I knew they [would] get afraid about me, or think that I if I will stay [with] them (people with mental illness) I will have the same of their suicidal thought[s].

However, the majority of the students reported that their fears of being harmed by the patients were reducing as their clinical training continued. Students stated that after starting their clinical training, patients were cooperative and were seeking help for their problems:

... day by day I realized that the patients were very cooperative, they just want to talk about their life and problems, I really notice they are weak and fragile and need a lot of support.

Another student stated,

All my expectation that I or one of my colleague[s] [would] be hit, kicked, or bitten...just fade[d], I never saw a patient[s] do [that]... I noticed that all patient[s] were under control and staff nurse[s] [had] a good relationship with patients.

Another student stated,

At the end of my clinical experience, I understood that they (patients) are normal people like us, but they had so many stresses in their life which ruined their life, and everybody has stressors too and could be in their position.

Clinical Supervisor Facilitating Experience **Helping role.**

The helping role of the clinical supervisor emerged as a major theme. All the third-year nursing students reported that the presence of a clinical supervisor facilitated their experience. Students identified the role of the supervisor as a helper, supporter, protector, and guide, describing the supervisors as knowledgeable and competent. For example, one student stated the following:

Our instructor was helpful to us in many ways, such as responding to our questions, act [ing] as [a] role model, [being] friendly with us, giving us information

[On] the first day of [my] clinical experience one patient was assigned to me. He refused to talk to me anymore. When I introduced myself to him, I noticed he covered himself with [a] blanket [.] I was really frustrated and I did not know what to do and I called my instructor. She discusses [Ed] with me my feeling, why patient behaves in this manner and directing me to plan care for this patient.

Another student stated, [On] the first day of my experience I was so anxious and my teacher noticed this, [so] she ask [Ed] me to [sit] with her and observe only the first contact (how to establish rapport, what is orientation,... etc..) After half an hour I begin to feel more secure and ask her about my assigned patient.

In addition, students recognized clinical supervision as an important and powerful factor that enabling them to realize desirable clinical practice, reached self-awareness, and obtain competent skills.

I can relate my successful experience in dealing with psychiatric patient to the supervision that I had; I [feat] safe [and] secure, and I am following the principle of psychiatric [nursing], my supervisor was professional, she [had] enough confidence that I learned from her.

Another student stated, I think the learning process in the psychiatric ward [would] fail without supervision..... Clinical supervision [gave] me insight into [to] the main purpose of my training and directed me to ... understand the total psychiatric and mental health nursing course in such [an] easy an...short time.

Preclinical exposure preparation.

Most of the students appreciated being prepared through theoretical lectures and simulating labs before having direct contact with people with mental illnesses. The integration of theory and practice enabled the students to have a clear picture of their role, responsibilities, duties, and expectations as psychiatric nurses. Students stressed the importance of first taking the theoretical part of each disease and applying it in the lab on a simulated patient. This method of teaching helps students to build their self-confidence in working with mental illness. In addition, it stimulated students to use critical thinking while assessing and applying nursing care to patients with different diagnoses. For example:

I have learned so many things in the class, and there is [a] chance to do them in actual settings.

Another student reported the following:

When I just learned theory, for example, about a disorder such as schizophrenia, and then I go [into] the lab and see the simulated patient with hallucination, I relate it back to what I learned in lecture and that way it will remain in my mind .Another student stated,When we encounter different vignettes or scenario[s] in the lab, this helps us to be more critical thinker[s] and relate it back to what I learned in lecture and that way it will remain in my mind and [I] can apply [it] later in [a] clinical setting.

In addition, the majority of the students stressed the importance of linking the theoretical lecture topic with a simulating lab:

When I had a lecture about schizophrenia, it was hard for me to imagine a patient with hallucination[s], I was afraid [of] what [would] happen if I [was] expose[d] to a patient with hallucination[s], how can I assess and manage him....But during the lab we had a saturated 4-hour session about [how] to assess and manage a patient with hallucination [s], [which] made me well prepare[d] and ready to deal with a patient with such [a] condition.

Clinical Environment

Being welcomed on the ward.

The participants in the study reported being grateful for the warm reception by the nursing staff, their orientation to the ward, and being helpful and cooperative. All students believed that being welcomed by the nursing staff made them feel comfortable and encouraged them to learn quickly and achieve the expected role: I am so happy with reception and orientation about the ward and psychiatric patient [that] we [received from] the head nurse; she was cheerful, cooperative, and aware with all the patient[s].

Another student reported the following:

As I am a nursing student, I was [worried] about the view of specialized psychiatric nurse toward me as unskillful; however, I found them (nurses) very welcoming, interest[ed] in teaching us, and try[ing] to help us in starting our therapeutic relationship with patient[s]...

V. Discussion

The main purpose of the study was to explore third-year nursing students' attitudes toward their clinical experience after completing their Psychiatric and Mental Health Nursing course through the use of qualitative methods. Three main themes emerged from the study: students' initial fear and anxiety, clinical supervisors facilitating the experience, and clinical environment motives.

Students' Initial Fear and Anxiety

The nursing students clearly identified that the initial clinical experience was fearful and anxiety producing for them. Two reasons were identified for their initial fear and anxiety: 1) fear due to lack of knowledge and experience and 2) fear due to initial negative view of mental illness. This was analogous to the results of Bell (1984) and Ruth (2002)^(19,20) who found that nursing students have a higher level of anxiety in the second year. Identified sources of anxiety included fear of being harmed, a fear of the unknown, fear of being sexually assaulted, and fear of harming the patient; this aligned, to some degree, with Jinks and Patmon (1998),⁽²¹⁾ who found that students felt they had an insufficiency in clinical skills upon completion of a pre-registration program. This finding is supported by Hart and Rotem (1994),⁽²²⁾ who reported that budding confidence is an important component of clinical nursing practice.

Speaking about fear and anxiety, these emotions may be related to prejudicial attitudes involved in the evaluation of mentally ill people. Prejudicial attitudes can be inborn emotional responses (i.e., anger or fear) toward psychotic patients or stigmatized groups. For instance, Foltz & Logsdon (2009)⁽²³⁾ reported that over the last 10 years, the stigma toward mental disorders has been acknowledged as a barrier to mental health treatment and recovery. Overall, the psychology and psychiatry literature (a) tests innovative approaches (e.g., web-based program, personal contact, video presentations) to reduce stigma, (b) provides information (from pretest measures) about populations that are potentially most affected by various stigma interventions, (c) describes characteristics of individuals who are stigmatized, and (d) describes how individuals stigmatize conditions and illnesses differently.

This may provide some interpretation of this study's findings, which may be consistent in an indirect way with the finding reported by Morrison (2011),⁽²⁴⁾ who examined the effect of psychiatric courses in decreasing stigma toward people with mental illnesses. The results of the study support that there was a decrease in authoritarian and socially restrictive attitudes toward people with mental illnesses after the completion of the course, with the results being close to signing.

It is obvious that fear and anxiety at the beginning of studying the course related to lack of knowledge. A qualitative descriptive study was used to investigate nurses' attitudes toward caring for people with mental illnesses; among the findings, it was noticed that the lack of skill, knowledge, and mental health services reduced safety and effective care, and that positive experiences were promoted through education and support. Particularly, cooperation with mental health nurses was identified as helping nurses overcome fear and increase competence in caring for people with mental illnesses (Reed, 2005).⁽²⁵⁾

Clinical Supervisor Facilitating Experience

Clinical supervision was one of the main helping factors mentioned in this study. According to participants, instructors' role in helping student nurses to reach professional excellence is very important.

Students identified the importance of clinical supervisors in: 1) pre-preparation of them with theory and simulating lab, and 2) helping role. Clinical instructors or mentors can play an important role in student nurses' self-confidence, promote role socialization, and encourage independence, which leads to clinical competency. The results of the present study are consistent with a study conducted by Song (2015),⁽²⁶⁾ who reported that after practicing, nursing students developed positive attitudes regarding psychiatry. Educators will have to focus more on education and support in order for students to maintain positive attitudes throughout their experience. The research herein shows that the role of educators and psychiatric nurses is extremely important for nursing students in the elimination of a negative attitude toward psychiatry.

O'Donovan (2006)⁽²⁷⁾ reported that pre-registration psychiatric nursing students principally perceived the lecturers' role as that of the disseminator of theory about the reflection in the classroom. The findings indicated that participants perceived mentors as playing a more active role in helping them to use reflection during their clinical placements. This is consistent with the present study's findings.

Furthermore, Happell (2008)⁽⁴⁾ conducted a survey of 703 undergraduate nursing students designed to measure satisfaction and identify factors influencing satisfaction (length and type of placement, time spent with a preceptor). A questionnaire was administered to undergraduate nursing students in Victoria, Australia, at the conclusion of their clinical experience in mental health. The findings demonstrate a high level of satisfaction, particularly in feeling welcomed, well oriented, and supported, and opportunities for patient care. Students' views were influenced by the duration and type of placement and time spent with a preceptor. These findings provide valuable information about the characteristics of a positive clinical experience that should be considered in structuring clinical placements in the mental health field.

In addition, the existence of preclinical students' preparation with theoretical lectures and practicing at simulating lab was found very helpful and important in facilitating students' clinical learning and exposure. In nursing, it has been shown that lack of theory–practice integration delays student learning. All the students in this study clearly demonstrated that there is no gap between theory and practice. This finding is contradicted by other studies, such as Ferguson and Jinks (1998)⁽²⁸⁾ and Hewison (1996)⁽²⁹⁾ and Bjork (1995).⁽³⁰⁾ Factors helping to decrease the gap between theory and practice may be related to the incorporation of simulation either in the form of role play or through vignettes, discussion, and feedback. This means that the educator must provide students with an opportunity to cover the gaps between theoretical and clinical aspects in their training period. This agrees with a study conducted by Hermanns et al. (2011),⁽³¹⁾ who found that this simulation provided students an opportunity to learn crisis management and psychiatric interventions in a caring, calm, and a positive learning environment.

Clinical Environment Motive

The results of this study showed that having a positive start when students start their clinical experience had a very encouraging impact on them. Students reported that being welcomed in the new ward gave them motivation, self-confidence, and the ability to gain new psychiatric nursing skills. This result is supported by Dale, Leland, and Dale (2013)⁽³²⁾ in Norway, Courtney-Pratt et al. (2012), and Levett-Jones (2008)⁽³³⁾ in Australia. In addition, the welcoming and accepting of students among nursing staff helps to build a strong relationship with staff, and this has been identified as a very effective learning process. According to Papp, Markkanen, and Von Bonsdorff (2003), nursing students need to be considered young contemporaries to staff nurses in order to produce an effective learning atmosphere. Nursing students who built a strong relationship with staff nurses reported high levels of self-confidence and provided effective nursing care. Moreover, students reported high degrees of satisfaction when they were welcomed and dealt with as a part of the team (Ip & Chan, 2005). According to Bradbury-Jones, Sambrook, and Irvine (2007),⁽³⁴⁾ when students are accepted among nursing staff this empowers them, gives them authority, and helps the students in making decisions in regard to patient care.⁽³⁵⁾

VI. Conclusion

Psychiatric nursing is considered one of the most stressful clinical areas encountered by nursing students. Preclinical exposure preparation is one of the most important ways to lessen students' stress; this may be done through different scenarios that simulate real situations, linking theoretical lecture topics with simulating lab. Furthermore, staff educators can help students reach self-awareness and guide them toward competent skills.

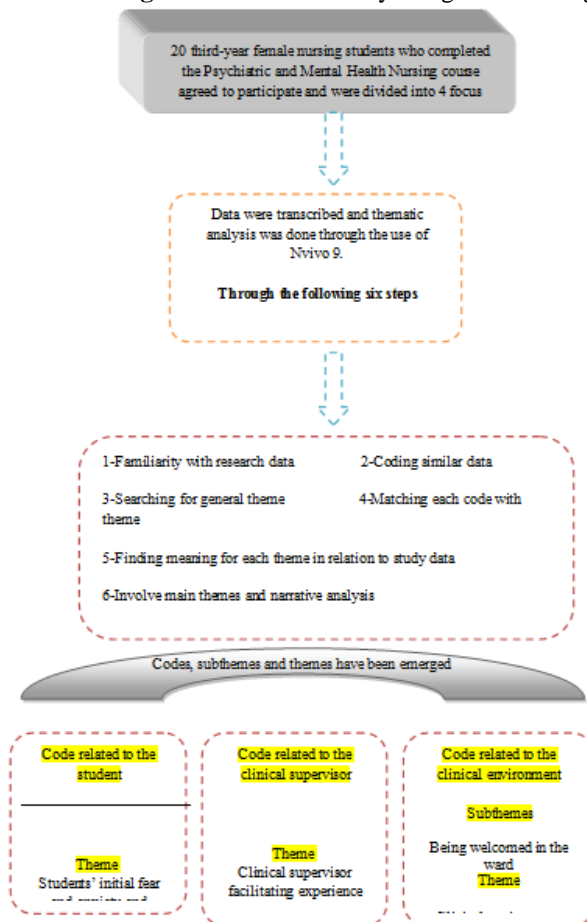
What this paper adds

- Students revealed that preclinical preparation is one of the most important ways to lessen their stress
- The most effective ways in reducing students stress and anxiety, linking theory with practice in this course educator was using different scenarios that simulate real situations and this helping them by providing a safe educational environment.

Furthermore, staff educators helped them to be more self-awareness and guide them toward competent skills.

- Obstacles facing nursing students during their clinical were related to Lack of knowledge and experience, Negative view of mental illness, Preclinical preparation (theory and lab), Being welcomed in the ward
- Three themes emerged from this study, which including Students' initial fear and anxiety, Clinical supervisor facilitating experience, Clinical environment motives. The manuscript contains main emerged themes and narrative analysis

Fig summarizes the study design and finding



Authors' Contributions

Both authors participated in the initiation and design of the research, focus groups, data collection, analysis, and writing the paper.

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Conflict of Interest

There are no conflicts of interest regarding this manuscript.

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