

**EXPERIENCES OF FINAL-YEAR STUDENT NURSES OF A HIGHER
EDUCATION INSTITUTION IN THE WESTERN CAPE REGARDING
THEIR THE PREPAREDNESS FOR
PSYCHIATRIC CLINICAL PLACEMENT**

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the degree of Magister Curationis in the School of Nursing,

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ABSTRACT

In South Africa, mental health nursing forms part of the basic (pre-registration) education of Professional Nurses, in order to equip them for employment as general nurses in the comprehensive health services of the country. Mental health nursing is an interpersonal process, in which counselling is aimed at supporting and facilitating healthy lifestyle functioning. At the higher education institution of interest, psychiatry nursing is incorporated at the final year level of nursing. The student nurses are prepared with the theory of psychiatric nursing, two weeks before their clinical placement in hospitals and clinics. At the end of the year, they are expected to pass both the theory and practical component.

The aim of the study was to explore the experiences of final year student nurses, regarding their preparedness for psychiatric clinical placement. The objective of the study was to describe the experiences of the students, regarding their preparedness for psychiatric clinical placement. A descriptive design, with a qualitative approach, was used to explore and describe the phenomenon under investigation.

The researcher used purposive sampling to select participants for the study from a population of final year student nurses of a higher education institution in the Western Cape. They met the sampling criteria because they knew a great deal about the phenomenon of interest, had completed the two-week orientation programme and worked in a clinical placement for at least three months. Their participation in the study was on a voluntary basis. The researcher used unstructured interviews to collect data from the participants.

The data analysis was done following Colaizzi's seven steps. The findings indicated that the students were not prepared for their psychiatric placements, even though they attended a two-week orientation programme, prior to their placements. It was revealed that anxiety played a huge role in the unpreparedness of students. The participants, therefore, suggest that the orientation period be extended. The researcher, however, applauds the staff members in the clinical placements and urges them to maintain their positive attitude towards the students, as the participants acknowledged and appreciated their support.

KEY WORDS

Experiences

Student Nurses

Preparedness

Psychiatry

Clinical placement



LIST OF ABBREVIATIONS

SANC - South African Nursing Council

CLE - Clinical Learning Environment

ELT - Experiential Learning Theory

USA - United States of America



DECLARATION

I declare that *“The experiences of final year student nurses of a higher education institution in the Western Cape regarding their preparedness for psychiatric clinical placement”* is my own work, that it has not been submitted for any degree or examination at any other university, and that all the sources, I have used or quoted, have been indicated and acknowledged by complete references.

Name: Nomandla Abegail Mrwetyana

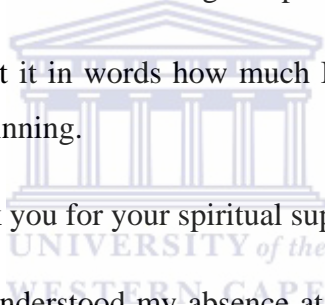
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Signed:

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DEDICATIONS

- ❖ To my mother, Thoko Mrwetyana
- ❖ To my only son, whom I love so much, Neo
- ❖ To my grandfather, Mhlambiso Mrwetyana



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CHAPTER ONE

ORIENTATION TO THE STUDY

1.1. Introduction

In this chapter, the researcher presents the focus of the research, the background and rationale, the purpose of the study, the problem statement and the objectives are discussed. The methodology employed to answer the research question was also explored and, throughout this chapter, the concept of preparedness will be introduced.

1.2. Background

Psychiatric nursing is a specialty nursing practice focusing on the identification of mental health illnesses, prevention of mental health problems, as well as the care treatment and rehabilitation of persons with psychiatric disorders. Psychiatric nursing teaches students how to engage and communicate with patients who have severe emotional distress. Nurses need this knowledge as the majority of patients encountered in hospitals are distressed. The clinical experience exposes students to people so different from their previous experience with patients that it requires them to focus on how to relate to people different from themselves. The course is an opportunity for students to learn how to talk about sensitive subjects, issues of abuse and trauma, life and death, with people who are essentially strangers to them (Ketola & Stein, 2013, p. 23).

A basic nursing programme at a higher education institution in the Western Cape extends over a 4-year study period. The programme is comprehensive and allows students to gain clinical competence, by working in different health care settings, of which some are psychiatric settings, such as psychiatric hospitals and clinics. Students study the theory of mental health in conjunction with the clinical component. In cases of programme modules with practical components, the theory and practical components are examined separately in terms of the requirements of the nursing school concerned (SANC, Government Notice, 2012). The higher education institution prepares students for community mental health, hospital mental health or intellectual disability, two weeks prior to their placement, in order

to reduce the fear and anxiety that students may have about mental health patients, who portray unusual behaviours, due to them being out of touch with reality. The aim of this exercise is to instil positive attitudes in students, the assumption being that positive attitudes may produce positive mental health care nursing.

Evidence shows an improvement in the perceived preparedness for practice in the mental health field (Happell, 2008, p.852). The findings of Happell's (2008, p. 190) study, conducted in Australia, reveal that a number of significant positive changes in attitudes towards people with mental illnesses, as well as a sense of preparedness to work in the mental health field have occurred, following the completion of clinical experience in mental health.

1.3. Rationale

The researcher decided to conduct this study because the experiences of final year student nurses regarding their preparedness for psychiatric clinical placement, could determine whether the students are prepared enough to work in a psychiatric clinical placement. This is important, as it could also evaluate the effectiveness of the two-week orientation programme provided to the students at the beginning of the year. The researcher was unsuccessful in tracing any similar research study that was conducted at the higher education institution of interest in this current study. The results of this study could identify disparities, if any, that may, or may not, exist in the teaching and learning of psychiatric nursing, at the institution of interest, and assist in restructuring the curriculum, if deemed necessary. By improving the teaching and learning at the institution of interest, the nursing care rendered by the students could be improved, thereby improving the nursing profession in mental health. The researcher believed that the results of this study would reveal whether students were prepared or not, for their psychiatric clinical placement. The researcher was also of the opinion that, by having students fully prepared for their clinical placements, would increase their confidence towards clinical learning, thereby changing their attitude about psychiatric nursing.

1.4. Problem statement

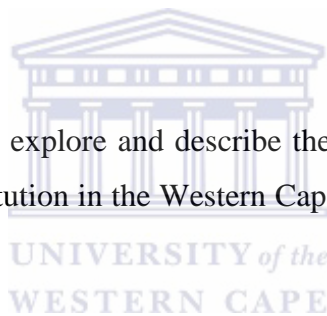
A research problem is a concern that there is a gap in the knowledge base needed for nursing practice (Burns & Grove, 2013, p. 73). The preparedness of student nurses for their psychiatric clinical placement was the problem, as very little was known about the final-year student nurses' experiences of their preparedness.

Orientation Programme

The orientation programme, which entailed the management of stress, management of aggressive patients, psychotropic medication, the multi-disciplinary team, introduction to intellectual disability and the mental status examination, was done to prepare the students, but there was no evidence of its effectiveness. Clinical exposure to the mental health environment has been identified as a major factor in promoting a more favourable attitude towards mental health nursing (Happell, 2008, p. 852). This current study also suggests that there is, at present, a substantial volume of research knowledge to support the view that only a small portion of undergraduate student nurses commences their educational programme, with an intention to engage in mental health nursing, as a career after graduation (Happell, 2008, p. 849). It was therefore, important for this study to be conducted at the higher education institution under study, in order to reveal the final-year student nurses' experiences of preparedness for their psychiatric clinical placement.

1.5. Purpose of the study

The purpose of this study was to explore and describe the experiences of final-year student nurses of a higher education institution in the Western Cape, regarding their preparedness for psychiatric clinical placement.



1.6. Objective

To reveal the experiences of final-year student nurses of a higher education institution in the Western Cape, regarding their preparedness for psychiatric clinical placement.

1.7. Research question

What are the experiences of final-year student nurses of a higher education institution in the Western Cape, regarding their preparedness for psychiatric clinical placement?

1.8. Definition of key concepts

In this study **Experience** refers to a particular instance of personally encountering or undergoing something (APA, n.d.).

In this study **Student Nurse** refers to a person undergoing training or education in basic nursing (Collins, 2012).

In this study **Preparedness** refers to a state of being prepared for a particular situation (Cambridge Advanced Learner's Dictionary, 2013).

In this study **Psychiatry** refers to the branch of medical science that deals with the causes, treatment and prevention of mental, emotional and behavioural disorders (Mosby's medical dictionary, 2013).

In this study **Clinical placement** represents an experiential, educational opportunity required, as part of a health professional's course of study (Hamilton Health Sciences, n.d.)

1.9. Overview of research method

A descriptive design was adopted in this study to explore and describe the experiences of final-year student nurses of a higher education institution in the Western Cape, regarding their psychiatric clinical placement. A Qualitative approach was used to explore and describe the phenomena under investigation.

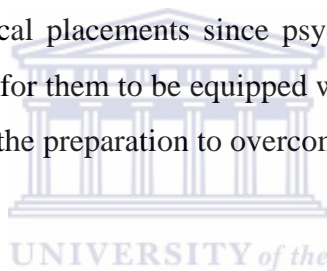
1.9.1. Qualitative research

Creswell (2013, p. 300) defines qualitative research as an inquiry process of understanding based on a distinct methodological approach to the inquiry that explores a social or a human problem. Brink, Van der Walt and Van Rensburg (2006, p. 10), however, describes qualitative research as being committed to the participants' viewpoints and being committed to identifying an approach to understanding that supports the phenomenon studied. The primary focus of qualitative research is an examination and inquiry into meaning (De Vos, Strydom, Fouche & Delpont, 2011, p. 299). In this study, the participants were requested to describe their experiences, regarding their preparedness for psychiatric clinical placements. According to Burns and Grove (2013, p. 57), qualitative research is a scholarly approach to describe life experiences from the perspective of the person involved. In addition, the authors describe qualitative research as a way to give significance to the subjective human experience, as well as gain insights into the guidance of nursing practice. The researcher found a qualitative approach appropriate for this current study.

Descriptive designs are used in studies where more information is required in a particular field, through the provision of a picture of the phenomenon, as it occurs naturally (Brink *et al.*, 2006, p. 102). In this study, the researcher used descriptive design to obtain more information from the participants on the phenomenon of interest, using their daily natural setting. According to Burns and Grove (2013, p. 215), descriptive designs are crafted to gain more information about the characteristics of phenomena within a particular field of study. The researcher used descriptive design to gain more information from the participants about their experiences regarding their preparedness for psychiatric clinical placement.

1.10. Conclusion

The preparedness of student nurses for psychiatric placement is important, since psychiatric nursing is a new discipline to the student nurses in nursing. The students will spend one year with psychiatric patients in clinical placements since psychiatric nursing module is a year module; therefore, it is important for them to be equipped with the necessary skills to manage these patients. The students need the preparation to overcome whatever fear they may have of managing psychiatric patients.



In this chapter, the subject of the study was discussed in the background and rationale. The problem statement, purpose and objective of the study, as well as the research question were presented with brief details. The key concepts of this study were defined and references provided. The methodology that addresses the experiences regarding the student nurses' preparedness was explored by reviewing the relevant literature.

The following chapter will address the literature review related to the topic of interest in the current study.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

Brink *et al.* (2006, p. 67) defines literature as all the written sources relevant to the topic of interest. They further state that a literature review involves finding, reading, understanding and forming conclusions about the published research and theory, as well as presenting it in an organized manner. According to De Vos, Strydom, Fouche & Delport (2011, p. 134), a literature review serves to place the researcher's efforts into perspective, situating the topic in a larger knowledge pool. De Vos *et al.* (2011, p.301) further suggest that a literature review is an excellent source for selecting or focusing on a topic, and refining the research question. In addition, it reduces the chances of selecting an irrelevant or outdated topic of focus, by investigating what has already been studied about a particular problem. According to De Vos *et al.* (2011, p. 302), the literature review serves four broad functions in qualitative studies:

- It demonstrates the underlying assumptions behind the general research questions;
- It demonstrates that the researcher is thoroughly knowledgeable about related research, and the intellectual traditions that surround and support the study;
- It demonstrates that the researcher has identified some gaps in previous research, and that the proposed study will fill a demonstrated need; and
- The review refines and identifies the research question by embedding those questions in larger empirical traditions.

In this chapter, the researcher reviews the empirical and theoretical literature related to the preparedness of nursing students for psychiatric clinical placement.

2.1.1. Theoretical literature

According to Burns and Grove (2013, p. 100), theoretical literature consists of concept analyses, models, theories, and conceptual frameworks that support a selected research problem and purpose, whereas De Vos *et al.* (2011, p. 303) state that theoretical literature about the topic under study uses insights and information from existing literature as contextual knowledge. The researcher reviewed theoretical literature on

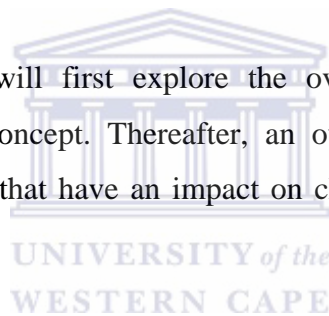
preparedness of student nurses for psychiatry in order to gain knowledge of and insight into the phenomenon.

2.1.2. Empirical literature

Empirical literature comprises knowledge derived from research. Research problems that have been frequently studied or are currently being investigated have more extensive empirical literature, than new or unique problems (Burns & Grove, 2013, p. 100). De Vos *et al.* (2011, p. 303) describes empirical literature as the literature about the research in the same field of study, or similar fields, and uses information on how other researchers in this field conduct their research, as well as on which level the existing research concentrates to inform new studies. Theoretical and empirical literature is combined to contextualise, compare and generalise findings.

2.2. Overview of literature

The presentation of literature will first explore the overview of the preparedness for psychiatric clinical placement concept. Thereafter, an overview of clinical teaching and learning, as well as the theories that have an impact on clinical teaching and learning, will also be discussed.



2.3. Overview of preparedness for psychiatric clinical placements

2.3.1. Psychiatric Nursing

Psychiatric mental health nursing is a specialized area of nursing practice that uses theories of human behaviour as a scientific framework and requires the purposeful use of self as its art of expression (Darweesh, Mahomed, El-Magd & Omar, 2014, p. 160). According to Hunter, Weber, Shattell and Harris (2014, p. 5), mental illness exists in all domains of nursing, and it is 'our' hope that it is appreciated, understood and responded to effectively and compassionately by new nursing graduates. Darweesh *et al.* (2014, p. 164), state that people with mental illnesses are often wrongly accused of being violent, unpredictable, helpless, less competent and less trustworthy, and are, therefore, confronted with misrecognition, prejudice, confusion and fear. Psychiatric nursing and working with mentally ill patients represent unpopular career preferences, compared to other areas of nursing (Darweesh *et al.*, 2014, p. 161). According to Herman, Letlape, Koen and Coetzee (2014, p.65), psychiatric nursing is continuously changing, much

like the other nursing fraternities. The changes are brought about by new research findings, for example, the formulation of atypical anti-psychotic drugs, which are producing less severe side effects, compared with the typical antipsychotic drugs, used before the manufacture of these new drugs.

2.3.2. Preparedness for clinical placement in psychiatric nursing

Happell (2008, p. 849) clearly states that clinical experience is an important component of nursing education. The students come to this field with a degree of fear and apprehension about interacting with people suffering from mental illnesses. A study conducted in Australia, by Happell and Hayman-White (2008, p. 850) shows that the students were ambivalent about their anxiety levels of their imminent mental health placement, as well as the consumers of mental health services. Also, higher levels of anxiety were associated with a reduced desire to pursue a career in the field. Therefore, the co-relational analyses suggest that providing students with accurate information to counteract negative stereotypes about the consumers of mental health services may help to alleviate their anxieties. The researcher also deemed it important to evaluate the preparedness of student nurses for their psychiatric placement, after the orientation programme. There was also a possibility that this educational strategy would improve recruitment to the mental health workforce. This study also asserts that adequate educational preparation has the potential to affect students' beliefs, anxieties, preparedness, and choice to work in the mental health field (Happell & Hayman-White, 2008, p. 185).

Literature further reveals that student nurses have rather stereotyped and unrealistic notions of mental health care, as well as the patients in mental health care (Hoekstra, Van Meijel & Van der Hooft-Leemans, 2010, p. 7). When student nurses do not address the prevailing perceptions among students, there is a good chance that the stereotype and unrealistic opinions remain unchanged. This study has two recommendations targeting the need to change the prevailing perceptions about mental health care and setting the focus on counselling students into making an informed choice. It is also important that nursing schools actively raise the awareness among students about their unrealistic ideas and stereotyped opinions regarding mental health care and psychiatric patients (Hoekstra, Van Meijel & Van der Hooft-Leemans, 2010, p. 7). Hunter, Weber, Shattell and Harris (2014, p. 3) explain that clinical experience provide valuable skills

for nursing practice, however, fewer students think that these experiences prepare them to succeed as psychiatric mental health nurses, therefore, none or very few plan to pursue careers as psychiatric mental health nurses. The findings of this study support the conclusions of other studies that, increasing the amount of time in the clinical settings, and adding specific content to the curriculum, may assist the professions' efforts to recruit and retain psychiatric mental health nurses (Hunter *et al.*, 2014, p. 6). The specific content referred to, relates to the importance of psychiatric mental health nursing, as well as the effects of the stigma attached to working with psychiatric patients.

In a study conducted in Egypt by Darweesh *et al.* (2014, p. 162), the findings indicated that students, who studied the psychiatric nursing course, reported a significantly more positive attitude towards preparedness for the mental health field and the anxiety surrounding mental illnesses. Providing more information and clinical training in the field of psychiatric nursing, as well as a variety of community mental health services, are essential to alter negative attitudes about a psychiatric nursing career and psychiatric patients. According to Hunter *et al.* (2014, p. 5), the psychiatric mental health area of nursing practice is one of the least preferred and students' attitudes towards persons with mental illness are not consistently positive. Darweesh *et al.* (2014, p. 160) mentions that two studies examined student nurses' career preferences, at various stages, during their undergraduate studies. In both studies, at each round of data collection, psychiatric and community mental health nursing, proved extremely unpopular career destinations. Another reason cited for the unpopularity of mental health nursing, is student nurses' negative attitudes towards consumers of mental health services. These negative attitudes include fear or discomfort with those, who are mentally ill (Darweesh *et al.*, 2014, p. 161).

Hunter *et al.* (2014, p. 5) further indicate that specific curricular strategies to increase students' readiness and desire to work with persons suffering from mental illness should be explored. Inadequate course content relevant to mental health nursing and unconstructive clinical placement experiences are thought to contribute to students ambivalent and/or negative attitudes towards both mental health nursing and the consumers of mental health services (Darweesh *et al.*, 2014, p. 160). Research reveals that health care providers initially felt unprepared to meet the mental health needs of

patients. However, there was an improvement in their attitudes with respect to preparedness for the mental health field, knowledge of mental illness and anxiety surrounding mental illness after they had studied the psychiatric nursing course (Darweesh *et al.*, 2014, p162-163). Darweesh *et al.* (2014, p. 160), also mentions that greater familiarity with and understanding of people with mental illnesses, through early education and training, have been associated with attitudes and behaviours of health care professionals and student nurses.

2.4. Overview of clinical teaching and learning

2.4.1. Clinical teaching practice

According to Tiwaken, Caranto & David (2015, p. 66), clinical teaching facilitates the integration of theoretical knowledge and practical skills in the clinical setting, which becomes the art and science of nursing. This implies, therefore that clinical teaching is the means through which student nurses learn to apply the theory of nursing.

2.4.2. Clinical learning process

Clinical learning in a clinical practice provides up to half the educational experience for students who are studying towards the Bachelor of Science degree in Nursing. One of the most valuable components of a nursing programme is the clinical learning environment (CLE). This setting provides students with unique learning opportunities, in which classroom theory and skills are put to the test with real life situations. Clinical learning environments include, hospitals, school clinics, health departments, hospice units and other health care settings, utilised for student learning (Tiwaken, Caranto & David, 2015, p. 66).

2.5. Theories that impact on clinical teaching and learning

2.5.1. Social learning theory

Learning is the process, whereby knowledge is created, through the transformation of experience. Knowledge results from the combination of grasping experience and transforming it (Kolb & Kolb, 2011, p. 42). Social learning theory began as an attempt by Rob, Sears and others to meld psychoanalytic and stimulus-response-learning

theories into a comprehensive explanation of human behaviour, drawing on the clinical richness of the former and rigor of the latter (Crusec, 1992, p. 776).

2.5.2. Experiential learning theories

In South Africa, nursing schools offer an integrated Regulation four-year programme for undergraduate students. They receive qualifications in general nursing, midwifery, community health nursing and psychiatric nursing. This integrated programme consists of a theoretical and practical component. Student nurses undergo clinical experiential learning, as part of the required practical module outcomes (Jansen & Venter, 2013, p. 142). Experiential learning theory (ELT) has been widely used in management learning research and practice for over 35 years. Building on the foundational works of Kurt Lewin, John Dewey and others, experiential learning theory offers a dynamic theory, based on a learning cycle, driven by the resolution of a dual dialectics of action/reflection and experience/abstraction (Kolb& Kolb, 2011, p. 43).

2.6. Significance of preparedness

Preparedness of student nurses for psychiatric placement is important since psychiatric nursing is a new discipline to the student nurses in nursing. The students will spend one year with psychiatric patients in clinical placements, therefore, it is important for them to be equipped with the necessary skills to manage and treat patients. The students need to prepare themselves, in order to overcome the fear that they may have towards psychiatric patients, due to the stigma attached to mental illness.

2.7. Conclusion

In this chapter, the preparedness of student nurses in the psychiatric clinical placement was explored. The methodology followed for this study is discussed in the following chapter.

CHAPTER THREE

RESEARCH METHODOLOGY AND DESIGN

3.1. Introduction

In this chapter, the researcher describes the research methodology. The following topics are the focus of this chapter: the purpose of the research; the methodology; the inquiry process in qualitative research; research design; population and sampling; data collection methods; tools and procedures; ethical considerations and data analysis steps.

3.2. The purpose of the study

The purpose was to explore and describe the experiences of final year student nurses at a higher education institution, regarding their preparedness for psychiatric clinical placement.

3.3. The methodology

Phenomenology was the research method of choice selected for this study. According to Burns and Grove (2013, p. 60), the purpose of phenomenological research is to describe experiences, as they are lived in phenomenological terms, in order to capture the lived experiences of the study participants. Carpenter, Streubert and Speziale, (2011, p.78) define phenomenology as a research method, which is a rigorous, critical, systematic investigation of phenomena. The researcher found this method appropriate for this study, as it would explore the student nurses' lived experiences of their preparedness for psychiatry. Polit and Beck (2012, p. 56) describe phenomenology as an approach to explore the life experiences of people, as well as the meaning of these experiences. Brink *et al.* (2012: p. 113) defines phenomenological studies as, the studies that examine human experiences, through the descriptions that are provided by the people involved. Whereas, a narrative study reports the stories of the experiences of a single individual or several individuals, a phenomenological study describes the common meaning for several individuals' lived experiences of a concept or phenomenon (Creswell, 2013, p. 76). He further explains that the basic purpose of phenomenology is to reduce individual experiences of a phenomenon to a description of a universal essence (Creswell, 2013, p. 76). A research design is a blueprint for maximising

control over factors that could interfere with a study's desired outcome (Burns & Grove, 2013, p. 43).

A descriptive design was used by the researcher to describe the phenomenon. The participants were asked to describe their experiences, regarding their preparedness for psychiatric clinical placement.

3.4. The enquiry process in qualitative research

Four basic actions that the researcher follows during the inquiry process in qualitative methodology, as described by Brink *et al.* (2012, p. 122), are as follows: bracketing; intuiting; analysing and describing.

3.4.1. Bracketing meaning

In this process, the researcher identifies and sets aside any preconceived beliefs and opinions that he/she might have about the phenomenon under investigation, implying that the researcher identifies what he/she expects to discover, and deliberately sets aside this idea (Brink *et al.*, 2006, p. 113). The researcher is a clinical supervisor of the participants; therefore she avoided bias by bracketing all the per-conceived ideas she had about the phenomenon under investigation. The researcher only used the information gathered from the participants.

3.4.2. Intuiting

According to Collins (2012), Intuiting is to perceive directly without reasoning. This happens when the researcher tries to develop an understanding of the participants' lived experiences, which requires the researcher to be immersed in the data provided through descriptions by the participants. In this study, the participants were willing and eager to share their experiences, while the researcher allowed them as much time as they needed to describe their experiences.

3.4.3. Analysing

Data analysis entails categorising, ordering, manipulating and summarising of the data, as well as describing the analysis in meaningful terms (Brink *et al.*, 2006, p. 170)

3.4.4. Describing

This suggests that a researcher provides a description of the findings. The researcher describes the findings after observing the process of how data was collected, captured and analysed.

3.5. Research design

3.5.1. Descriptive design

The researcher conducted this study to explore the experiences of final year student nurses on their preparedness for psychiatric clinical placement. Descriptive design was used primarily, with the intention of describing, in detail, the actions of the research participants, and attempting to understand these actions in terms of the participants' own beliefs (Babbie, 2007).

3.5.2. Exploratory design

Exploratory designs are utilised when there is very little known about the phenomenon under investigation (Brink *et al.*, 2006, p. 114). Exploratory design was used in this study to explore the phenomenon and achieve the aim of the study.

3.6. Population and sampling

3.6.1. Population and sampling methods

The target population is the entire set of individuals or elements, who meet the sampling criteria (Burns & Grove, 2013, p. 351). In this study, the population consisted of final-year student nurses at a higher education institution in the Western Cape doing Bachelor of Nursing. A sample means a part, or a fraction, of a whole, or a subset of a larger set; therefore, the sample selected by the researcher to participate in this research study, was a part or fraction of the target population (Brink *et al.*, 2006, p. 124)

The final-year Bachelor of Nursing student nurses at the higher education institution in the Western Cape engage in the psychiatry module and work in a clinical placement for at least three months, which made eligible for the study, as they met the sampling criteria. According to Polit & Beck (2012, p. 523), phenomenologists tend to rely on very small samples – typically 10, or fewer, participants. There is one guiding principle in selecting the sample for a phenomenological study; all participants should have experienced the phenomenon and should be able to articulate the lived experience. The

method used by the researcher was purposive sampling, as it allowed the researcher to select participants that possessed knowledge of the research topic. The class register of the final year student nurses was used to select the participants. Every second student from the register was selected and probed until data saturation was achieved.

3.6.2. Sampling

In purposive sampling, one of the methods used in qualitative research, the researcher intentionally selects individuals and sites for the study that can purposefully inform an understanding of the research problem and the central phenomenon in the study (Creswell, 2013, p. 156). The researcher employed purposive sampling because the participants know a great deal about the phenomenon, which was their own experience of preparedness for psychiatric clinical placements. According to Creswell (2013, p. 154-155), three considerations are enlisted in the purposeful sampling approach and may vary, depending on the specific approach. They are as follows: the decision as to whom to select as the participants for the study; the specific type of sampling strategy; and the size of the sample to be studied. Eleven (11) participants, from different clinical placements, were selected to participate in the study. In a total population of 175 with no repeaters of final year, the target population was 11 participants.

3.6.3. Inclusion and Exclusion

The population selected by the researcher was guided by the inclusion and exclusion criteria of the sampling process. According to Burns and Grove (2013, p. 353), sampling inclusion criteria are characteristics that a subject or element must possess to be part of the target population, whereas sampling exclusion criteria are characteristics that can exclude a person or element from the target population.

The inclusion criteria were as follows:

- The participants had to be final-year undergraduate student nurses, who were engaged in their psychiatric nursing module in Bachelor of Nursing
- The participants had to be registered as student nurses at the higher education institution, under study, in the Western Cape during the study period of one year
- The participants had to have worked at least three months in a psychiatric clinical placement; and

- The participants had to have attended the two weeks psychiatric nursing orientation programme.

The exclusion criterion was as follows:

- All final-year student nurses, registered at the higher education institution, under study, in the Western Cape, who had not completely attended the two weeks orientation programme.

3.7. Data collection

3.7.1. Data collection process

Data collection was done by the researcher. Data collection is the precise, systematic gathering of information relevant to the research purpose. The researcher is actively involved in this process, either collecting data, or supervising data collectors. During this process, the researcher performs the following tasks: selecting subjects, collecting data in a consistent way, maintaining research controls and solving problems that threaten to disrupt the study (Burns & Grove, 2013, p.418).

Permission to conduct the study was requested from the Higher Degrees Committee of the higher education institution, under study. The attendance register for the final-year student nurses of the Bachelor programme was requested from the school of nursing at the higher education institution, under study. The student nurses were contacted and asked to participate in the study after which the interviews were scheduled. Information sheets and Consent forms were distributed to the participants, prior to the interviews. The initial number of students sampled was 10. An interview schedule was prepared to guide the researcher on which questions to ask during the interview. See Appendix A.

The unstructured interviews were conducted in a private and noise-free boardroom at the school of nursing. A tape recorder allows a much fuller record than notes taken during the interview (De Vos *et al.*, 2011, p. 359); therefore, the interviews were audio-recorded, after permission was obtained from the participants, and the recordings were assigned different codes to maintain anonymity. The audio recordings were locked up in a safe place at the researcher's home. The interviews were then transcribed verbatim. In qualitative research, the data collection process continues until data saturation is

reached. Therefore, data was collected until there was no new information forthcoming from the participants.

3.7.2. Data collection method

Data collection is a series of interrelated activities aimed at gathering good information to answer emerging research questions (Creswell, 2013, p. 146). One-on-one unstructured interviews were used as a method of collecting data. According to Burns and Grove (2013, p. 422), interviews involve verbal communication, during which the participant provides information to the researcher. According to De Vos *et al.* (2011, p. 342), interviewing is the predominant mode of data, or information, collection in qualitative research. The authors add that an interview is a social relationship, designed to exchange information between the participant and the researcher. In addition, an interview has particular strengths; it is a way of obtaining large amounts of data quickly and is an especially effective way of obtaining depth in data (De Vos *et al.*, 2011, p. 360). Bracketing was used to minimize bias. Polit and Beck (2012, p. 495) define bracketing as a process of identifying, and holding in abeyance, preconceived beliefs and opinions about the phenomenon under the study. The researcher therefore, ensured that she disregarded all her experiences and preconceived ideas about the phenomenon, since she is the supervisor of the nursing students. Self-awareness promotes a researcher's honesty in finding the truth, and decreases the influence of bias on data interpretation.

The researcher, therefore, chose unstructured interviews as a method of collecting data, because it was the best way of obtaining large amounts of data quickly. The researcher used unstructured interviews as a method of choice for data collection. According to Carpenter, Streubert and Speziale (2007, p.37), unstructured interviews provide an opportunity for greater latitude in the answers provided. They add that unstructured interviews are the preferred technique in qualitative studies, with the researcher asking open-ended questions. The duration of each interview was approximately, 30 minutes.

3.7.3. Data analysis

Qualitative data analysis is a process of examining and interpreting data, in order to elicit meaning, gain understanding, and develop empirical knowledge. Data analysis is creative, challenging, time consuming, and consequently expensive (Burns & Grove,

2013, p. 279). The objective of the study was to explore and describe the experiences of final-year student nurses, regarding their preparedness for psychiatric clinical placement. This was achieved by using a descriptive design. Where there were challenges, the researcher consulted the experts of analysis in qualitative research. Data analysis in qualitative research starts during data collection (Burns & Grove, 2013, p. 268), which means that, while the researcher is collecting data, she observes the facial expressions and body language of the participants and formulates an initial analysis of the data.

The researcher used the procedural steps in phenomenological data analysis of Colaizzi (1978, cited in Polit & Beck, 2012, p. 566) as follows:

- The researcher read all the interviews (collected data) to acquire an appreciation of them and listened to the recorded tapes.
- The researcher reviewed each protocol and extracted significant statements, by transcribing the data word-for-word after each interview, to prevent the loss and confusion of data.
- The researcher removed identifiers, such as the names of the participants or hospitals and replaced them with symbols, or pseudo-names, to maintain anonymity.
- The researcher then read, and reread, to interpret the meaning of each significant statement (formulate meaning).
- The researcher organized the formulated meanings into clusters of themes, by referring these clusters back to the original protocols, to validate them, noted discrepancies among the various clusters and avoided the temptation of ignoring data or themes that did not fit.
- The researcher integrated the results into an exhaustive description of the phenomenon under study.

- The researcher formulated an exhaustive description of the phenomenon under study in as unequivocal a statement of identification, as possible. The researcher referred back to the participants regarding the findings as a final validating step.

3.8. Ethical consideration

According to (Carpenter, Streubert & Speziale, 2011, p. 56), ethical issues and standards must be critically considered in qualitative research. Nurse researchers have a responsibility to design research that upholds sound ethical principles and protects human rights. Burns and Grove (2013, p. 159) state that the ethical conduct of research has been a focus since 1940, because of the mistreatment of human subjects in selected studies. Despite having to find the truth about the study, ethical principles should be taken into consideration. Brink *et al.* (2006, p. 30) assert that a researcher is responsible for conducting a research in an ethical manner and failure to do so, undermines the scientific process, and may have negative consequences.

- **Ethics committee approval:** The researcher submitted the research proposal to the Senate Research Committee of a Higher education institution, under study, in the Western Cape for their approval.
- **Confidentiality and anonymity:** A breach of confidentiality can occur when a researcher, by accident or direct action, allows an unauthorized person to gain access to the study raw data (Burns& Grove, 2013, p. 172). The researcher ensured that all the information, shared by the participants, remained confidential. The information was not disclosed to anyone, other than the supervisor. The identifiable details of the participants were removed and codes were used instead to maintain anonymity. Burns and Grove (2013, p. 172) state that, anonymity exists, if the subject's identity cannot be linked to his or her individual responses, even by the researcher.
- **Informed consent:** Informed consent means that the participants have adequate information regarding the research; are capable of comprehending the information; and have the power of free choice, enabling them to consent voluntarily to participate in the research, or decline participation. The researcher is obligated to provide the participant with relevant and adequate information, when obtaining informed consent (Carpenter, Streubert & Speziale, 2011, p. 61). The participants and the researcher formed an agreement, in writing to participate in the research. The researcher advised

the participants that they could withdraw from the research at any time, without prejudice, because it was their right. Brink *et al.* (2006, p. 35) posit that in order to obtain the participants' consent, the researcher must provide him/ her with comprehensive and clear information regarding his/ her participation in the study.

- **Principle of justice:** Brink *et al.* (2006, p. 33) state that this principle includes the participants' right to fair selection and treatment. The participants were selected because they met the requirements for the study, not simply because they were available
- **Right to privacy:** According to Polit and Beck (2012, p. 156), most research with humans involves intrusions into their personal lives; therefore, researchers should ensure that their research is no more intrusive than it needs to be, and that the participants' privacy is maintained continuously. The researcher, therefore, ensured that the information shared was kept private, with no one else having access to it. The researcher also ensured that there was no one else in the interview room, during the interviews.

3.9. Rigor in qualitative research

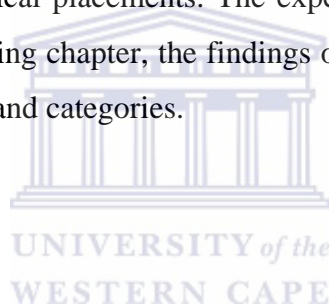
According to Brink *et al.* (2012, p. 129), rigor is the principle of truth-value of the research outcome. The researcher adhered to credibility, dependability, conformability and transferability to ensure the trustworthiness of the qualitative research study.

- **Credibility** refers to confidence in the truth of the data and the interpretations thereof (Polit & Beck, 2012, p. 585). The findings were only interpreted from the data collected by the researcher. The researcher, therefore, explained each step used in the process of data collection and data analysis. The researcher ensured credibility by returning to the participants for validation of the descriptions. However, credibility cannot be attained in the absence of dependability (Polit & Beck, 2012, p. 585).
- **Dependability** mainly assists with the establishment of trustworthiness. This requires the involvement of peers, as enquiry auditors, to follow the process and procedures used by the researcher in the study and determine whether they are acceptable (Brink *et al.*, 2012, p.129).

- **Conformability**, according to Polit & Beck (2012, p. 585), is the potential for congruence between two or more independent people about the data's accuracy, relevance or meaning. The researcher, therefore, ensured that bias was avoided, by 'bracketing' personal experiences and beliefs. Frequent consultations with the supervisor ensured its correctness.
- **Transferability** refers to whether the conclusions have any further import or generalizability to other contexts or groups (Carpenter, Streubert & Speziale, 2011, p. 406). The researcher ensured that the findings were correctly explained and that they suited the context.

3.10. Conclusion

This chapter unpacked the experiences of final-year student nurses, regarding their preparedness for psychiatric clinical placements. The experiences were described through a descriptive design. In the following chapter, the findings of this study will be presented as a discussion, including the themes and categories.



CHAPTER FOUR

FINDINGS OF THE STUDY

4.1. Introduction

In the previous chapter, data collection was discussed in detail, therefore, only a brief discussion is provided in this chapter. This chapter presents the findings of the study that aimed to explore and describe the experiences of final-year student nurses, on their preparedness for psychiatric clinical placement. The main outcomes from the analysis are presented below as the main themes:

- Inadequate information/theory;
- Fear-related anxieties;
- Correlation between orientation and actual work place;
- Interpersonal relationship between students and staff members; and
- Challenges.



4.2. Data analysis using Colaizzi's steps

The researcher used the seven steps of Colaizzi (1978, cited in Polit & Beck, 2012, p. 566) to analyse the data. Data analysis is a process of examining and interpreting data, in order to elicit meaning, gain understanding and develop empirical knowledge (Burns & Grove, 2013, p. 279). Data collection was done, using one-on-one unstructured interviews and the research design was exploratory and descriptive. The data was collected after permission was obtained from the Ethics and Higher Degrees Research Committees of the higher education institution under study. The researcher arranged interview appointments with individual participants to collect data. The interviews were audiotaped after permission to do so, was obtained from the participants. During the interviews, anonymity was maintained by assigning each participant an identifying code, to avoid mixing up the interviews, and to ensure that even by reading the responses, no participant would be identifiable. The duration of the interviews ranged from 25 to 30 minutes. All the data was collected by the researcher. After the interviews, the

audiotapes were stored in a safe place at the researcher's home. After the interviews were transcribed, the transcripts were returned to the participants, for them to confirm that the transcripts were a true reflection of what they implied and experienced. Data saturation was confirmed by an expert supervisor in qualitative research.

Step 1: After transcription, the researcher read, and reread, the transcripts to acquire a sense of and be familiar with the data. The researcher used the technique of bracketing put aside all preconceived ideas, thoughts and feelings from personal experience by recording them in a bracketing diary. This made it easier for the researcher to explore the phenomena, as experienced by the participants.

Step 2: The selection of significant statements from each transcript, relating to the experiences of final-year nursing students, transpired in this step. These significant statements were recorded in writing on a separate page. Each line was read, and reread, in an effort to extract meaning. The study supervisor played an important role of assisting the researcher as an independent coder, during this step of the process. Ultimately, an agreement was reached on the extracted significant statements from the transcripts.

Step 3: Meaning was formulated from the significant statements. Each formulated meaning was coded into categories, as they reflected an exhaustive description. The discretion consistency was conducted by means of continuously comparing the formulated meanings with the original meanings. The study supervisor, an expert in qualitative research, rechecked these significant statements, as well as their meanings and confirmed the statements as correct, with their meanings consistent.

Step 4: An umbrella of themes was formulated with the categories that emerged from all the transcripts. The study supervisor verified their accuracy.

Step 5: The themes were defined into an exhaustive description. The researcher recorded, in writing, the detailed experiences of the final-year nursing students, as they described them.

Step 6 and 7: The researcher returned the descriptions to the participants, for them to confirm that the interpreted descriptions were a true reflection of what they (the participants) had implied and experienced. The final step was presenting the descriptions on the experiences of final-year nursing students' preparedness for psychiatric clinical placement. In this chapter, the application of these steps will also be discussed.

4.3. Demographic data

The demographic data of the participants are presented in Table 1, was described in order to gain more knowledge of and to be better acquainted with them. The demographic data included age, gender and race. The different codes were used for each participant.

Table 1: Demographic data

Item		Number	%
Age	19-23	11	100
Race	Black	2	18,18
	Coloured	5	45,45
	White	4	36,36
Gender	Female	9	18,18
	Male	2	81,81

The sampling method used was purposive. The participants targeted were 12 but data saturation was reached by the eight (8) participants. Another three (3) participants were interviewed to confirm data saturation. The participants in the study were final-year student nurses engaged in the psychiatric nursing module who were placed at psychiatric hospitals in the Western Cape. The ages of the participants ranged between 19 and 23 years. They had all completed the two-week orientation programme, and had before been placed at a psychiatric facility for at least 3 months. They were, therefore, the best candidates for the study, as they had experience of preparedness for psychiatric clinical placement.

4.4. Themes and categories

The research question was: What are the experiences of final-year student nurses of a higher education institution in the Western Cape, regarding their preparedness for psychiatric clinical placement?

Table 2: Themes and categories that emerged from data analysis

Themes	Categories
1. Inadequate information/theory	<ul style="list-style-type: none"> • Unpreparedness • Suggestion to more theory presentation • Duration of orientation
2. Fear related anxieties	<ul style="list-style-type: none"> • Scared of aggressive patients • Anxious and reluctant to interact with the patients • Anxious due to uncertainties
3. Correlation between orientation and actual clinical placement	<ul style="list-style-type: none"> • Preparedness after the orientation • Integration of theory and practice
4. Interpersonal relationship between students and staff	<ul style="list-style-type: none"> • Communication problems • Attitude of ward staff
5. Challenges	<ul style="list-style-type: none"> • Difficulty in setting boundaries with the patients • Interaction with the patients

4.4.1. Theme 1: Inadequate information/theory

During the interviews, most of the participants stated that the information they received before their clinical placement was inadequate. They were also concerned about the duration of the orientation that they attended before their clinical placement. Some participants stated that the information, or the theory, they received, did not cover all the clinical aspects of their practice, therefore, when they arrived at their clinical placements, they were not prepared enough.

4.4.1.1. Unpreparedness

One participant shared her experience of being nervous about psychiatry, because she had no idea of what to expect.

Part. 1: "Before we actually started the year, I was very nervous of psychiatry, because I had no idea what it was really about."

Another participant shared her uncertainties on what to do or what was expected of her, when she arrived at the clinical placement.

Part. 6: “Firstly, I didn’t know what to expect, I really didn’t know what to expect, like coming into the hospital.”

Yet another participant confirmed the uncertainty of not knowing what to expect from the patients.

Part. 11: “So we didn’t, like, know what to expect, will it happen with us, how patients will treat us or will they beat us, like they say, sometimes they beat staff members and so on, but that didn’t happen.”

The following participants expressed their feelings about how they were prepared to protect themselves from the patients, although their patients were co-operative. They felt that they should have been more prepared on how to write psychiatric reports.

Part. 9: “We were, we were prepared to defend ourselves and stay safe from patients, but actually they, most of them, are quite calm and co-operative and I think we should have been prepared on things, like how to write a psychiatric report, and things that we weren’t really prepared on before we came up.....”

Part. 2: “Like I wasn’t ready, I was really not ready, but it is not to say that it was maybe the supervisors’ fault, because you guys did your best in preparing us for theory and basic, you know, basic knowledge or what we can expect when we come, but I think there is inner em..... Conflicts that I had was not resolved and em..... I just felt like ag. .it’s gonna be okay. Em..... but I didn’t take it like too, too, too seriously, so I don’t know if is my fault, maybe I should have spoken more, but even at home also, when I was speaking to my family, they were like, no, you just making it a big issue, its gonna be okay and stuff.”

Due to the following participant’s own anxieties, it was difficult for her to prepare herself for psychiatric clinical placement.

Part. 6: “Em..... firstly I was very em....., like I don’t have like a big passion for psychiatry, so it was hard for me to prepare myself, even because I struggle myself with anxiety.”

4.4.1.2. Suggestion to more theory presentation

One participant suggested more theory presentation on mental disorders, since they did not have a background of mental illnesses.

Part. 1: “The information em....., there was , I don’t know, I feel maybe we could have had a bit more theory, or background, even if it was a reading knowledge, or basic general knowledge, on especially, schizophrenic disorders.”

The same participant added that they had received background knowledge on medication and suggested that all the other aspects of psychiatry, had to be part of theory presentation, before they were placed at the clinical placement.

Part. 1: “So, like, especially with the medication, like we got a bit of background on the medication, so that was alright, but those all the other small things that happened in the ward, that we need to get signed off, that I don’t know, was not always fully covered in class em.....”

4.4.1.3. Duration of orientation

One of the participants implied that the students from the other institutions were more prepared, in terms of medication, as they had previously received a complete class/lecture on medication and its side effects, whereas her institution only briefly addressed medication and its side effects, during the two weeks of orientation.

Part. 2: “I feel they were more prepared in the sense that they knew exactly about the medication and side effects, they actually had class, we just had orientation and the next week we were in placement.”

Another participant confirmed the previous participant’s concern about the duration of the orientation. She added that the orientation should be extended, since two weeks was insufficient time to take in all the information.

Part. 11: “The two weeks orientation did not really prepare me, because I feel, em, the amount of information we receive in those two weeks, is too much to process at once. Like, maybe, if they made it, like in, more a bit longer, maybe three weeks, then, I think, em, oh I don’t know, that’s my feeling, I would have settled in better.”

4.4.2. Theme 2: Fear-related anxieties

4.4.2.1. Scared of aggressive patients

Due to the aggressiveness of patients, a participant raised concern about safety and protection from the patients. The following quotation refers:

Part. 2: “I was just like thinking, you know, is if am I gonna be protected enough, em..... How are psychiatric patients, cause I basically worked in trauma second year, and when they came in, they were totally aggressive and hysterical, you know, and inappropriate and stuff, and how the sisters handled them. It was just like the whole, the whole set up, became just tense you know, so I was very, very scared.”

Another participant recalled an incident, when a patient tried to attack her. The following quotation refers:

Part. 8: “Like when that patient tried to attack me on that day, I ran away, as I was told I shouldn’t stay, because I don’t know what the patient is going to do to me.”

4.4.2.2. Anxious and reluctant to interact with patients

One of the participants describes how her anxiety affected her participation and interaction in the ward. She states that eventually she became accustomed to the patients and was able to communicate with them. The following quotation refers:

Part. 3: “... I will be honest with you, when I first went into the hospital, I was a bit anxious, so it made me not want to participate with the patients on the first two days, but once I, once we were used to them, once we got to, because eventually we had to interact with the patients in any case. So once we had to do that, I think it became a lot easier for us to sit and

actually have a proper conversation with them and to find out how they think and how they function.”

4.4.2.3. Anxious due to uncertainties

One participant disclosed that she was nervous around the patients because of their unpredictability. The following quotation refers:

Part. 4: “Like, I was nervous, when the patient is behind me, because I do not know what was gonna happen.”

Another participant confirmed feeling very scared about the psychiatric clinical placement. The following quotation refers:

Part. 5: “..... for me personally during that orientation, although they tried. You guys prepared us or explained to us what we were going to do. I was actually very scared, because you do not know, because when something is said to you in words, and you go there and see something else, then it is like totally different.”

Often nurses, who experience traumatic incidents, retell their experiences as traumatizing stories, to which the following participant was privy. This led to her being scared of psychiatry, as described in the following quotation:

Part. 11: “Some of the stories they gave us were like very traumatizing, because we heard like quite a few incidents, but I felt that I was scared.”

The same participant further described that she was anxious, even though the patients were not violent, as confirmed in the following quotation:

Part. 11: “You were scared and the anxiousness was there, but the patients were not violent that moment and/or they were not violent towards us.”

4.4.3. Theme 3: Correlation between orientation and actual clinical placement

The participants disclosed different views on their experiences of the orientation and the actual workplace. Some of them were of the opinion that the duration of the orientation was not sufficient, while others felt that the information they received during orientation, was too much for two weeks. The participant disclosed that her

anxiety was generated during orientation, by what she had been told about psychiatry – how bad psychiatric nursing could be. The following quotation refers:

Part. 9: “I was very anxious, because like I said, when we were prepared for psychiatry, we were told how bad it can be in psychiatry, what things could go wrong, and most of it we don’t even see, we don’t even know about it.”

Another participant confirms that her anxiety was raised by not knowing what to expect in psychiatry, as she had all sorts of unanswered questions about psychiatric nursing. She also mentioned that having to watch her back around patients, made her very anxious, as described in the following quotation:

Part. 10: “I was really like anxious about it because I didn’t know what to expect I was wondering em .We had em orientation for two weeks and it was really, you were anxious before already, so you didn’t know what would you expect in the ward, especially when you go to a female ward, what would they be like, or I was anxious, and sometimes even some of the patients, they will like walk pass you, and you will be like, you will move away, you will watch every move of them. Maybe they can do here behind your back also, I was very anxious yes.”

4.4.3.1. Preparedness after the orientation

One participant shared her experience of not being sure about the correlation of orientation and the actual workplace, as follows:

Part. 1: “Em..... so with that regard I was not very prepared before we started , but after orientation, after doing, getting a little bit of information about the work that we were supposed to be doing.....”

The same participant felt that the orientation did not really help prepare her for the placement since it took her another week or two to settle.

Part 1: “..... I feel that we had, took us one or two weeks to first get into the flow of things in the, in the placement before I felt like I could actually start em.....participating in doing the actual things that we had to achieve.”

4.4.3.2. *Integration of theory and practice*

While one participant still needed time to settle in at the clinical placement, another participant acknowledged that the orientation gave her an understanding of what to expect, when she arrived at the placement, even though she was very scared. The following quotation refers:

Part. 2: "Orientation gave me a better, like, an understanding of what I can expect when I come to the clinical placement, but still, like, I was very, very scared on my first day. I was in a state, I was crying em..."

A third participant confirmed that the orientation helped her to prepare for psychiatric clinical placement and she experienced it as valuable.

Part. 5: "Yha, I think orientation week or that preparedness thing, it kind of helped. It gave us insight of what to do, so it was worth it. I was ready for psychiatry."

Participant number three (3) disclosed that her experience of the actual clinical placement was very different to what was imparted during orientation. The following quotation refers:

Part. 3: "I think that during the orientation period they have tried to prepare us as best as they could, but I think it's a whole different thing once you are actually in the ward."

This participant shared different experiences of how the orientation helped her to perform the mental status examination; however, she was not prepared for the patients' behavior. The following quotation refers:

Part. 6: ".....but I think it was okay because they explained the mental health examination quite well in the orientation week. So, I knew what to ask the patients, and I did and it was also explained how the patients might just get up and leave or they don't want to talk or anything, so I was not prepared for that at all."

Conversely, this participant added that one could never be fully prepared, even after the orientation, as per the following quotation:

Part. 7: “They spoke about how patients are but, and I don’t think you can explain to us how patients are, and how to deal with certain situations, but we can never be fully prepared.”

Additionally, participant number nine (9) described the orientation, as being inadequate, as the actual experience at the clinical placement was very different.

Part. 9: “It prepared us on what we can expect from the patients, like what illnesses we are going to get, like what type of patients we are going to get. But I think, specifically to what we are doing here, we, we The orientation programme wasn’t that enough, because em everybody experiences something different, so what they’ve told us, what did happen to them previously, hasn’t happened to us or it will be different.”

This participant confirmed what the previous participant described. She experienced the orientation as not being enough to prepare her for the clinical placement.

Part. 10: “The orientation programme wasn’t that enough because em everybody experiences something different, so what they’ve told us what did happen to them previously, hasn’t happened to us or it will be different.”

Because of the amount of information provided during orientation, this participant deemed the two weeks as insufficient to process it all and felt that she would have settled in better, if the orientation programme was extended.

Part. 11: “The two weeks orientation did not really prepare me because I feel em the amount of information we got in that two weeks is too much to process at once. Like maybe if they made it like in more a bit longer, maybe three weeks then I think, em, oh I don’t know, that’s my feeling, I would have settled in better.”

4.4.4. Theme 4: Interpersonal relationship between staff and students

Most of the participants described the staff members as being very helpful, during their clinical placements. The staff members made the participants feel welcome, regardless of how scared they were about psychiatric clinical placement.

4.4.4.1. Communication problems

One participant expressed how scared she was about psychiatric clinical placement, but the staff members were there to speak to her. The following quotation refers:

Part. 2: “..... I was just like anxious and went to speak to Sr. L and I spoke to my, the Sr. in the ward. I started in ward 4 and I was really, really scared and I told them but I can’t do this cause I don’t know how.”

Another participant highlighted the fact that she had the freedom to ask the staff members anything she wanted to, and they would help her as best they could. The following quotation refers:

Part. 3: “It is taking a bit of time to get used to, but the staff as far as I’ve been working, the staff is very helpful. They are there for you, they explain things and they tell you, but if you need anything just ask, and me, I have that freedom to ask them anything and they would answer me as best as they can.”

According to two (2) participants, the staff members were so helpful; they would warn the participants of which patients to be wary. The following quotations refer:

Part. 10: “At the placements that I worked, they were very helpful and they were always like they, em they prepared us of which patients we must look out for.”

Part. 11: “But when we came to the facility, the manager also gave us, like, a brief orientation and that made even scared, because she said she gave a list of the students and where they were gonna work, and she said that what ward is, em, what and then she said I was gonna work in the acute female ward, and the patients are aggressive, and I was even more anxious

because I didn't know what to expect, but then again, when we came in the ward it was like in a different feeling."

4.4.4.2. Attitude of ward staff

Participant number two (2) expressed that learning opportunities were available to them, because the sisters were quite willing to help. She also added that the staff members would even remind them of their learning outcomes. The following quotation refers:

Part. 2: "There were enough learning opportunities and it helped to be in a group. Say, if I did not prompt the Sr., and other students were like helpful we were going to do maybe admissions, you know and they also helped us. They asked us isn't there anything that we can sign for you em..... You remember you must sign for this and this and this, so we got a lot of help from the sisters.

In addition, participant number nine (9) acknowledged the help that the staff members offered them in order to achieve their clinical learning outcomes. The following quotation refers:

Part. 9: ".....when we came here we were made comfortable and we asked the nursing staff questions and the sisters' questions and that way we achieved our clinical learning outcomes we had to do."

Participant number eleven (11) confirmed the help that the staff members offered them, as well as their student friendliness.

Part. 11: "In all the wards that I've worked in so far the staff members are helpful. If you need to learn something they would teach you and if you do not know something you can ask them."

4.4.5. Theme 5: Challenges

Some of the participants experienced challenges, while a few explained that they did not encounter any challenges in their psychiatric clinical placements. Some of the

challenges mentioned were, difficulties in setting boundaries with the patients, and relating to patients' issues. According to another participant, her challenge was to fulfill the placements' requirements, since she was nervous about psychiatric nursing. The following quotation refers:

Part. 1: "my first section that I was most nervous about was psychiatry, and actually knowing that I had to fulfill this placement, was that I could struggle in the beginning of the year, and then my idea was that male acute was gonna be very difficult, and it was first placement ,it's not what I wanted at all."

Taking responsibility and preparing to take over the ward as a professional was one of this participant's challenges. The following quotation refers:

Part. 3: "For me, one of the challenges is that they give you a bit more responsibility. I can understand that, that is what they do on a fourth year level, because it is their way of preparing us for once we actually have to start running a ward of our own, when we are fully qualified."

4.4.5.1. Difficulty in setting boundaries

One of the challenges that participant two (2) faced was to be a sterner person; since she was a friendly person, it was difficult for her to set boundaries with the patients. The following quotation refers:

Part. 2: "Ahhhh, I don't know, okay em..... like in psychiatry, I just feel like I need to be like this very different person, when I come to work, cause I am a very over familiar, friendly, open type of person, and warm and loving and caring and soft hearted, and I feel like in this environment, I need to be like tough and, and have this distance with the patients, and I don't really like all the time."

The same participant highlighted the inappropriateness of the patients as challenging to her, finding it difficult to be a different person because of this. The following quotation refers:

Part. 2: "but yha, just the inappropriateness of the patients. I find it very challenging, whereas in midwifery it was easy, cause it was just babies and

females, and it was, like, you can relate to them and there was a lot of more intervention you can do, but here I just feel like I need to be very distant, and its not like me, so I need to be a different person per say, yhaaa.”

In addition, participant eleven (11) confirms the inappropriateness of the patients as a challenging for her, since they would try to take advantage of her friendliness. The following quotation refers:

Part. 11: “The only challenge that I have is that sometimes the male patients, they are, I think they are inappropriate because, em... you will talk to them and then they will feel that you are too friendly, and they want to have a relationship with you and so on.”

Participant seven (7) described her experience with difficulty in setting boundaries to the psychotic patient, since she could relate to their illness. The following quotation refers:

Part. 7: “Currently in this ward it’s hard for me to, and ok, in this ward it’s hard for me to set boundaries, because the patients are not psychotic, they are more neurotic like and they, they know that they are depressed or whatever the case is, so me, I’ve experienced those feelings before, so I can relate.”

Participant four (4) described her challenge of personal space between the patients and herself; she believes that the patients did not understand the space issue. The following quotation refers:

Part. 4: “.Some patients, they did not understand the space issue and that was challenging for me, because I had to back off, often from the patient’s and that was, and then it was an open ward.”

4.4.5.2. Interaction with the patients

One participant disclosed that communicating with the staff was a challenge for her. She described herself as always finding it difficult to interact with others, since her first year; however, coming to psychiatry, with lots of interaction among

the multidisciplinary team members, she has developed better communication skills. The following quotation refers:

Part. 6: “Personal communication and relationships just because I am not a people’s person, so em....but it has always been like that since first year, like talking to the staff, like getting information from them. But I see myself I have grown, so it is becoming easier for me, so I think it has been that but also it’s a lot of people orientated work, especially in psychiatry. So I come home and I am very tired from all the interaction, but it is fine.”

Participant five (5) described engaging with the patients as her challenge, since they stick to their own daily routine. The following quotation refers:

Part. 5: Now you try to engage with the patients, but there is no em.....willingness from their side. They just prefer to stick to what they are used to, the routine they are used to. So, that is for me, one of the toughest things.”

Participant nine (9) found the number of patients a challenging issue, since she could not remember all the patients’ names and was yet expected to write reports about them.

Part. 9: “Maybe a challenge is a lot of patients and because we are interacting with the patients so much, we, you can’t remember all the names, you try to remember faces and, like on our first day, we had to write assessments, but we didn’t know any patients and we didn’t have a feel for the patients, and we were just thrown out there, “go to the patients”, so I think that is a challenge, cause every time we are in a new placement, we are frightened of the patients, we are scared of what we are going to get and then we don’t want to go outside, but as soon as we talk to the patients, it gets a bit better.”

Another participant highlighted the adjustment of working with physical illness to mental illnesses as a challenge; she found it difficult to deal with psychiatric patients. The following quotation refers:

Part. 3: “Because for the past three years, we were so used to deal with patients that don’t have mental issues, so it was a bit of an adjustment for me, walking into the ward on our first day of working, in the hospitals.”

Participant five (5) found it difficult to interact with intellectually disabled patients, since there was little interaction from their side, due to their short attention span. The following quotation refers:

Part. 5: “For me, because I was working in IDS, for me it was challenging because the patients are not very interactive and the few that were interactive like, you can only get their attention for like short amount of time.”

4.5. Conclusion

The findings of final-year student nurses’ experiences, on their preparedness for psychiatric clinical placement were presented in this chapter. The application of the adopted Colaizzi’s steps for data analysis was also described in this chapter. The findings reflected the positive, as well as negative, experiences of final-year student nurses regarding their preparedness for psychiatric clinical placement. Their main concern was the orientation programme. The selected sample used in this study was also described by means of demographic data in this chapter.

In Chapter Five, the researcher discusses the Findings, expresses the Limitations, suggests Recommendations, presents the Summary and provides the Conclusion of the study.

CHAPTER FIVE

DISCUSSION OF FINDINGS, LIMITATIONS, SUMMARY RECOMMENDATIONS AND CONCLUSION

5.1. Introduction

The themes, presented in the previous chapter, represent the experiences of final-year student nurses regarding their preparedness for psychiatric clinical placement. These themes are discussed further, in correlation with the available literature. In addition, the limitations, summary, recommendations and conclusion are also conveyed in this chapter

5.2. Discussion of demographic data

From the demographic data, in this current study, it was revealed that the final-year student nurses possessed considerable experiences regarding their preparedness for psychiatric clinical placement.

5.3. Theme 1: Inadequate information/theory

Some of the participants felt that the information or theory they received during the two weeks orientation was inadequate, as it did not cover some of the challenges they had to face in their clinical placement. International research suggests nursing students view people with mental illness negatively (Madianos *et al.*, 2005; Surgenor *et al.*, 2005; Happell *et al.*, 2008; all cited in Happell & Platania-Phung, 2011, p. 238). These negative attitudes are attributed, at least in part, to student nurses' perceptions of being inadequately equipped to practice as registered nurses in mental health, particularly in comparison with other specialties, such as medical-surgical nursing and aged care (Wynaden *et al.*, 2000; Curtis, 2007; Happell, 2008; all cited in Happell & Platania-Phung, 2011). In this current study, participant number six (6) described how, not having a passion for psychiatry, caused lack of readiness for psychiatric nursing.

5.3.1. Unpreparedness

In this current study, the researcher determined that most participants were not fully prepared for work in a psychiatric clinical placement, due to the inadequate theory that was provided to them. A significant body of work (Farrell & Carr, 1996; Happell & Platania-Phung, 2005; Wynaden *et al.*, 2000; all cited in Happell, Moxham & Clarke, 2011, p. 243) has argued that nurse graduates were insufficiently prepared to work in the mental health setting, as beginner practitioners, and that universities have failed to provide adequate theoretical and practical components in their mental health curricula. Participant number nine (9) of this current study stated that she was prepared to protect herself against the patients, but not for other matters, such as writing a psychiatric nursing report.

A study done by Wynaden *et al.* (2000, cited in Fiedler, Breitenstein & Delaney, 2012, p. 247) confirmed an increase in students' confidence to provide mental health care, following clinical practicum experiences, but noted that these students did not perceive themselves as fully prepared to practice in mental health. Participant number two (2), in this current study, expressed that she was just not prepared for psychiatric nursing, and participant number one (1) said, she had no idea what psychiatric nursing was all about; therefore, she was nervous.

5.3.2. Suggestion to more theory presentation

In this current study, one participant described how receiving minimal theory on mental disorders affected her. The value of mental health theory, in preparation for practice, as well as its effect on students' attitudes, has also been demonstrated (Happell, 2009, cited in Happell, Byrne & Platania-Phung, 2014, p. 428). In this current study, the participants also confirmed that they needed more theory presentation. Participant number one (1) felt they could have had more theory or basic knowledge on mental illnesses, especially schizophrenic disorders.

5.3.3. Duration of orientation

Some of the participants were of the opinion that the duration of the orientation was not sufficient for them to understand everything; they believed the two weeks should have been longer.

5.4. Theme 2: Fear-related anxieties

In this current study, most participants described how nervous and anxious they were since they did not know what to expect at the clinical placement. This is all due to myths and theories about mentally ill people, they had gathered from individuals in the community. Granska *et al.*, (2001, cited in Hoekstra, Van Meijel & Van der Hooft-Leemans, 2010, p. 4) stated that negative information received from others, is another contributing factor to the way, in which mental health care is perceived.

The findings of a study on the Evaluation of the Effect of a Mental Health Clinical Placement on the Mental Health Attitudes of Student Nurses (Chadwick & Porter, 2014, p. 62), suggest that there are a number of significant changes in attitudes toward mental illnesses and psychiatric nursing, following the completion of a mental health placement. In this current study, participant number two (2) stated that the orientation helped, by giving her a better understanding of what to expect in psychiatric clinical placement, whereas participant number one (1) disclosed that she was very nervous before they started the year, since she had no idea what psychiatric nursing was really about. These findings correlate with recent research findings that undergraduate student nurses tend to have negative attitudes towards mental illness initially; however, these attitudes become more favourable after the completion of a mental health clinical practicum (Chadwick & Porter, 2014, p. 63). According to participant number three (3) of this current study, when she started in psychiatric nursing, she was anxious, but once she became accustomed to the placement, it all became easier and she was able to engage in meaningful interaction with the patients. Participant number two (2) described her experience, and, ultimately, revealed that she was keen on psychiatric nursing, and could actually select it as her second choice for the following year.

Nolan (1998, p. 625) found that student nurses experienced anxiety and fear during clinical placement, which, in turn, affected their response to the clinical learning environment (Mabuda, Potgieter & Alberts, 2008, p. 64).

5.4.1. Scared of aggressive patients

In this current study, virtually all the participants associated psychiatric patients with aggressive behaviour. They typecast the patients as unpredictable and stated that the combination of aggression and unpredictability, evoked feelings of fear and distrust

(Hoekstra, Van Meijel & Van der Hooft-Leemans, 2010, p. 6). Participant number eight (8) described how a patient tried to attack her and from that moment on, she knew psychiatric nursing was not for her. In this current study, most of the participants were scared of the patients, due to their perceived aggressive behaviour in the clinical settings. However, in a study conducted by Hunter, Weber, Shattell and Harris (2014, p. 4), in the USA, to investigate the Nursing Students' Attitudes towards Psychiatric Mental Health Nursing, nearly all students felt safe (90%), and supported by nursing staff (87%), during their clinical experiences.

In this current study, participants number two (2) and nine(9) disclosed how anxious and scared they were because they had heard rumours about how dreadful working in psychiatry could be, as well as all the things that could go wrong. They were also concerned about their own protection from the patients. This aggression is witnessed by students in the community, as well as their clinical placements, making them even more scared of the patients. The patients are admitted to hospital because of their violent behaviour. In many cases, the family requests assistance from the police, who use force to bring the patients to hospital, as if they were criminals, causing them compare the hospital to a prison (Bimenyimana, Poggenpoel, Myburgh & Van Niekerk, 2009, p. 6).

5.4.2. Anxious and reluctant to interact with the patients

In a study, conducted in Japan, during which students described their attitudes toward people with mental illnesses, the frequency of the words/phrases with somewhat negative to strongly negative nuances, were high. In particular, the word 'scary' was typical; 33(43, 4%) students used this word in their reports. In addition, the use of the words/phrases that represented difficulty in communicating with other people, such as 'harder to communicate' and 'unpredictable', were also high (Yamauchi, Semba & Sudo *et al.*, 2010, p. 576). In this current study, the researcher found that similar phrases were used by the participants to describe their experiences. The participants of this study felt uneasy and anxious to interact with the patients, whom they described as unpredictable, since they had no idea of what to expect them (patients).

In a study conducted by Higgins and McCarthy (2005, p. 223), in Ireland, fear of the unknown and the apprehension of meeting people with mental health problems,

appeared to be the major source of student anxiety. In this current study, participants numbers one (1), six (6) and eleven (11) stated that they were anxious and nervous, as they had no idea what psychiatric nursing was all about, and were reluctant to interact with the patients, since they did not know what to expect from them. Happell (1999a), as well as Wynanden *et al.* (2000, cited Hoekstra, Van Meijel & Van Hooft-Leemans, 2010, p. 4), highlight that unfamiliarity with the professional setting has proved to be a reason for students to dismiss mental nursing care as a career opportunity.

5.4.3. Anxious due to uncertainties

Student nurses working in the clinical psychiatric learning environment experience anxiety, uncertainty and feelings of abandonment, when first exposed to it (Moagi, 2014, p. 133). In this current study, participant number five (5) described how the orientation provided enough information about psychiatric nursing; however, she was still unsure, as she had received certain information during orientation, but had experienced something very different, when she started the clinical placement.

In a study conducted in Gauteng Province, in South Africa, aimed at exploring and describing the psychiatric nurses' experiences of patients' aggression and violence, the participants verbalised fear in various ways. The main point was that, for some participants, fear tended to dictate their reactions, and each time they thought about going to work, they sensed another risk of being harmed (Bimenyimana, Poggenpoel, Myburgh & Van Niekerk, 2009, p. 11). In this current study, participant eleven (11) described how some of the anecdotes shared with them, during orientation, were traumatic and created anxiety about working in a psychiatric clinical placement.

5.5. Theme 3: Correlation between orientation and actual clinical placement

Gough and Happell (2009, cited in Cleary, Horsfall & Happell, 2012, p. 71) found that student nurses, who had participated in more than one mental health placement (more hours of clinical experience), had the most favourable views. It appears, therefore, that a positive clinical placement might produce a more favourable attitude towards mental health nursing.

In a study conducted by Hoekstra, Van der Meijel & Van der Hooft-Leemans (2010, p.7), the respondents were of the opinion that the school provided too little information about mental

health care, and that they received no stimuli to test their existing perceptions against reality. According to Bimenyamana, Poggenpoel, Myburgh & Van Niekerk (2009), the lack of proper and structured orientation leads to frustration, and renders newly employed psychiatric nurses, more vulnerable to violence and aggression.

5.5.1. Preparedness after the orientation

In this current study, the participants disclosed different views about their preparedness after the orientation. Some of them were prepared, whereas others were not. A large study, across eight universities in Victoria, Canada, found that students, who completed more hours of theory, tended to feel more prepared and interested to work in mental health nursing, than those students, who had completed fewer hours of theoretical study (Happell, 2008, p. 854). In this current study, participant number eleven (11) highlighted the amount of information they needed to process in a short period of time, as she felt that they would have been more prepared, if the orientation was over 3 weeks, instead of 2 weeks. These findings highlight the need for exposure to sound theoretical preparation, supported by clinical experience in a mental health environment (Happell & Platania-Phung, 2011, p. 2031).

Therefore, the participants, selected as a sample by the researcher for this current study, had to have completed a two-week orientation programme, which entailed theory. Participant number two (2) felt that the orientation gave her a better understanding of what to expect at the clinical placement. This indicates an improvement in favourable attitudes among the student nurses at the end of the training, as compared to the beginning (Yamauchi, Semba, Sudo *et al.*, 2010, p. 577). Participant number five (5) felt that the orientation programme prepared her for the clinical placement and was worthy, as it gave her insight into what to do.

5.5.2. Integration of theory and practice

Research suggests that clinical experiences become more positive because of experiential learning, consumer input and theory integration (Beltran *et al.*, 2007; Fisher, 2002; Happell *et al.*, 2008, all cited in Cleary, Horsfall & Happell, 2012, p. 239). In this current study, participants seven (7) and (10) believed that the orientation did not help that much, since it was impossible to be fully prepared for psychiatric nursing. They were also of the opinion that no one could actually understand mental

patients, or know how to manage them, since every mental patient's experiences are different. A study conducted by Mabuda, Potgieter & Alberts (2008, p. 69) in the Limpopo Province, in South Africa, explored the student nurses' experiences of clinical practice, and revealed that there were discrepancies between the theory taught at the college and the actual practices in the clinical setting. This confused the student nurses, as they observed the differences between what they had been taught in the college and what was practiced in the actual patient care settings.

Evans (2009, cited in Ward, 2011) argues, "The division of responsibility between the educational and service providers as it stands at present, does not allow the gap to be reduced". "Preparing for Psychiatric Mental Health Nurses' needs to reflect what the service provider actually does in reality, while not using teaching materials, or not using contemporary interventions that are being taught, or research that influences the provision of care, only adds to the confusion that becoming Psychiatric Mental Health Nurses generates".



5.6. Theme 4: Interpersonal relationship between students and staff members

In this current study, the majority of participants described how good the relationship was between them and the staff members in their clinical placements. According to Higgins and McCarthy (2005), mentorship is widely acknowledged as a relationship between a more experienced professional and a less experienced person, the student, with the intention of fostering educational and professional development. Personalised approaches, such as preceptorship (Gough & Happell, 2009, cited in Cleary *et al.*, 2012), mentoring (Kovner *et al.*, 2006, cited in Cleary *et al.*, 2012), supervision (McGrae *et al.*, 2008, cited in Cleary *et al.*, 2012), and professional development opportunities (Cleary *et al.*, 2011a, cited in Cleary *et al.*, 2012) can address anxieties, facilitate learning and integrate understanding (theory) with experience (practice). According to Taylor (2000, p. 173, cited in Mabuda, Potgieter & Alberts, 2008) students undergo ambiguities, when they enter new clinical settings and, therefore, need support.

5.6.1. Communication problems

In a study conducted by Higgins and McCarthy (2005), the students emphasized the role that the mentor played in helping them to develop a sense of belonging and to

reduce their anxiety levels. In this current study, participant number ten (10) emphasised how helpful the staff members were by even cautioning them to be watchful of certain patients.

5.6.2. Attitude of ward staff

Students in clinical settings invariably respond more positively and enthusiastically, when welcomed and treated inclusively (Bell *et al.*, 1998; Cleary & Happell, 2005, all cited in Cleary, Horsfall & Happell, 2012, p. 245). In this current study, participant number nine (9) highlighted how their well-being was aided by the nursing staff members in their clinical placement. Supportive, attentive, and knowledgeable senior colleagues would probably support clinical supervision, group learning, mentoring or preceptoring, as essential for appropriate students (Cleary, Horsfall & Happell, 2012, p. 243). Participant number two (2) of this current study acknowledged how supportive the staff members were towards them, and how they were given enough learning opportunities to complete their clinical learning outcomes.

The findings of a study by Mabuda, Potgieter & Alberts (2008, p. 69), reveal that student nurses were labeled as difficult and hazardous to patients by the ward sisters, which compromised open and honest interaction between the students and staff, impacting negatively on student learning. However, in this current study, the participants reported positive experiences regarding their relationships with the staff members at their clinical placements. According to Browne, Cashin, Graham and Shaw (2013, p. 540), student nurses, who experience positive clinical placements, are more likely to consider mental health nursing as a career.

5.7. Theme 5: Challenges

In nursing, most students experience a variety of challenges; however, the important factor is how the students face and deal with these challenges. The participants in this current study reported their difficulty in setting boundaries with the patients and their interaction with the patients were the main challenges.

5.7.1. Difficulty in setting boundaries with the patients

According to Happell & Platania-Phung (2011, p. 2027), clinical experience has been emphasised as the major catalyst that assists students to overcome their preconceived

and stereotypical views about people diagnosed with mental illness. In a study conducted in Bloemfontein, South Africa, the participants were afraid of over-involvement, which caused them to avoid patient contact, resulting in a boring environment (Jansen & Venter, 2013, p. 143). In this current study, the participants felt that they had to be different people when they were on duty, which was challenging for them. Participant number two (2) described how friendly she was by nature, which had to change, because the patients were inappropriate. Another participant also emphasised the inappropriateness of the patients and described how challenging it was for her to set boundaries with the patients. She further highlighted that certain the patients wanted to have 'relationships' with her and take advantage of her friendliness. Participant number four (4) mentioned the challenge of setting personal space boundaries with the patients, because they did not understand it, which was difficult for her.

5.7.2. Interaction with the patients

In mental health nursing, the main focus is on direct patient contact; however, because of the heavy workloads, mental health nurses reported that it was difficult to find the time to spend with patients in inpatient units (Browne, Cashin, Graham & Shaw, 2013, p. 543). The participants, reportedly, became emotionally drained when they had to interact with the patients, or maybe they avoided these activities, which created the perception that psychiatric nursing was boring and not stimulating (Jansen & Venter, 2013, p. 144). In this current study, participant number five (5) described how she tried to engage with the patients, who were unwilling, preferring to stick to their own routine.

The initial encounter with patients often provokes anxiety and fear in the student a situation that may be exacerbated in the mental health context (Melrose & Shapiro, 1999, cited in Higgins & McCarthy, 2005, p. 220). In this current study, the number of patients in the wards was overwhelming for some of the participants. Participant number nine (9) was of the opinion that her main challenge to interacting with the patients was their number, as she could not even remember most, but had to write reports about them.

In a study conducted in USA, on Nursing students' attitudes about Psychiatric Mental Health Nursing, most students felt uncertain, while interacting with patients with

mental illnesses, although, when asked specifically about anxiety, only 24% reported feeling anxious during interactions with mentally ill patients (Hunter, Weber, Shattell & Harris, 2014, p. 4). One participant of this current study explained how difficult it was to interact with intellectually disabled patients, since they were not interactive, or could only pay attention for a short while.

5.8. Limitations to the study

This current study was limited to the final-year student nurses of one higher education institution in the Western Cape, South Africa, engaged in their psychiatric nursing module, while placed in psychiatric accredited facilities. Final-year student nurses in other institutions were excluded from this study. The findings of this study, therefore, could not be generalized to other contexts, as it was done in the context of one higher education institution in the Western Cape, South Africa.

5.9. Summary

In this current study, the researcher determined that anxiety played a huge role in the unpreparedness of final-year student nurses for psychiatric clinical placement. The findings also suggest that the students were not prepared for psychiatric clinical placement, and, even though they attended a two-week orientation programme to prepare them for psychiatric nursing, they were still anxious about practicing in psychiatric nursing.

Some students acknowledged the effectiveness of the orientation programme, but disclosed that, due to what they had been told about psychiatric nursing, they were anxious. They stated that the aggressiveness of the patients was the main cause for concern. They did not know what to expect, when they entered the clinical placements, as they were scared of the patients, and these anxieties affected their interaction with the patients. They found it difficult to communicate with the patients, especially on their first day, and noted that some of the patients would not engage with them. It was also difficult for them to set boundaries with patients, who attempted to take advantage of them.

The other concern was the duration of orientation. Some participants were of the opinion that it was too short to cover all the theory they needed, before going to their clinical placement. They also highlighted that more theory presentation was required and suggested more theory

presentation on mental disorders, psychotropic medication, writing psychiatric nursing reports and managing mentally ill patients. However, they acknowledged the positive attitude of staff members at the clinical placements, who made them feel comfortable, with an open door policy, for students to approach them for anything that they needed. The clinical staff even helped the participants with achieving their clinical learning outcomes.

5.10. Recommendations

In this study, the experiences of final-year student nurses of a higher education institution have been explored and described. The findings of the study suggest that the objectives of the study have been met. The recommendations for this study are related to the orientation programme and the attitude of staff in the wards.

- **Orientation programme:** It is recommended that the period of orientation programme be extended by the higher education institution, since the information shared during orientation was too much to digest in two weeks. It is also suggested that the orientation programme should cover more of what actually transpires in clinical placements, so that theory can be integrated with practice. Such theory should include medication, mental disorders, writing of psychiatric nursing reports and the management of mentally ill patients. It is also recommended that teaching and learning be improved at the institution, by having students fully prepared for their clinical placement there by increasing their confidence in psychiatric nursing.
- **Attitude of ward staff:** Based on the findings of this study, it is recommended that the staff members in the wards maintain their positive attitude, since it decreases the student nurses' levels of anxiety. Staff members should also be encouraged to continue being supportive of the student nurses, who are scared of the aggression of mentally ill patients. The findings of this study indicated that it helped the student nurses to settle well into their clinical placements, which, in turn, generated positive actions that enabled the student nurses to interact with patients, without any fear and anxiety.

5.11. Conclusion

In this study, the experiences of final-year student nurses were explored and described. The participants in this study attended the complete two-week orientation programme offered at the higher education institution under study. Eleven participants were purposively selected

for the study. The findings of the study, ultimately, suggested that the participants were not prepared for their psychiatric clinical placement. The limitations and recommendations were discussed, based on the findings of this study.

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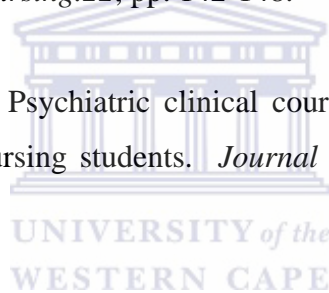
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APPENDICES

Appendix: A

Interview schedule

1. What are your experiences on your preparedness for psychiatric clinical placement?
2. Did your preparedness affect your clinical learning outcomes?
3. Did the two weeks orientation program prepare you enough for psychiatric clinical placement? Describe
4. Describe any challenges that you are faced with in your clinical placement



Appendix: B



UNIVERSITY OF THE WESTERN CAPE

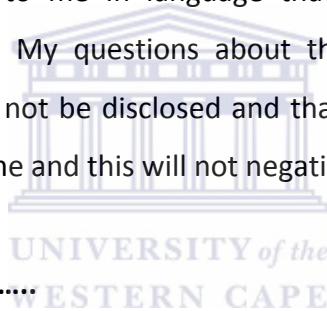
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Tel: +27 21-959 2271, Cell; +27 78 543 3134

E-mail: mandlaz@webmail.co.za

CONSENT FORM

Title of Research Project: The experiences of final year student nurses of a higher education institution in the Western Cape regarding their preparedness for psychiatric clinical placement.

The study has been described to me in language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way.



Participant's name.....

Participant's signature.....

Witness.....

Date.....

Should you have any questions regarding this study or wish to report any problems you have experienced related to the study, please contact the study coordinator:

Study Coordinator's Name: Dr S Arunachallam

University of the Western Cape

Private Bag X17, Belville 7535

Telephone: (021)959-2271

Cell: 078 543 3134

Email: mandlaz@webmail.co.za

Appendix: C



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E-mail: mandlaz@webmail.co.za

INFORMATION SHEET

Project Title: The experiences of final year student nurses of a higher education institution in the Western Cape regarding their preparedness for psychiatric clinical placement

What is this study about?

This is a research project being conducted by Ms Nomandla Abegail Mrwetyana at the University of the Western Cape. We are inviting you to participate in this research project because you are a final year nursing student doing psychiatry. The purpose of this research project is to explore and describe the experiences of final year nursing students regarding their preparedness for psychiatric clinical placement. The knowledge generated could help improve psychiatric nursing education at the higher education institution. This will identify any gaps in the teaching and learning in the institution and help with restructuring of the orientation programme if necessary. This will also assist in evaluating the effectiveness of the program.

What will I be asked to do if I agree to participate?

You will be asked to participate in an interview. The interviews will be conducted in the boardroom at the school of nursing. You will be requested to answer all questions. The interview will be recorded. You will be expected to answer three questions. The first question you will be asked is to describe your experiences on your preparedness for psychiatric clinical placement. You will also be asked if your preparedness affected you from achieving your clinical learning outcomes. The third question is to share any challenges you are faced with in your clinical placement. The duration of an interview will be approximately 30 minutes.

Would my participation in this study be kept confidential?

Your personal information will be kept confidential. To help protect your confidentiality, all the information will be kept within the research team and your name will not be mentioned in our records. If I write a report or article about this research project, your identity will be protected to the maximum extent possible.

What are the risks of this research?

There are no known risks associated with participating in this research project.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about the experiences of final year nursing students regarding their preparedness for psychiatric placement. The results of this research will also benefit the higher education institution in any gaps that may be needed for preparation of students.

Do I have to be in this research and may I stop participating at any time?

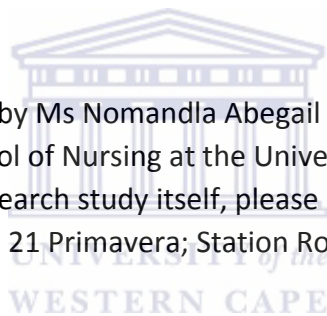
Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

Is any assistance available if I am negatively affected by participating in this study?

The participants can be referred for counseling if required and the researcher will assure that the participants will get appropriate counseling

What if I have questions?

This research is being conducted by Ms Nomandla Abegail Mrwetyana and is supervised by Dr S Arunachallam from the School of Nursing at the University of the Western Cape. If you have any questions about the research study itself, please contact Ms Nomandla Abegail Mrwetyana on cell 078 543 3134; 21 Primavera; Station Road; Brackenfell; 7560 or e-mail; mandlaz@webmail.co.za.



Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department:: Professor Karien Jooste (021 959 2271)

Dean of the Faculty of Community and Health Sciences: (021 959 2632)

University of the Western Cape

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This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee

Appendix: D



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INTERVIEW CONFIDENTIALITY BINDING FORM

Title of Research Project: The experiences of final year student nurses of a higher education institution regarding their preparedness for psychiatric clinical placement

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. My questions about the study have been answered. I understand that my identity will not be disclosed and that I may withdraw from the study without giving a reason at any time and this will not negatively affect me in any way. I agree to be audio-taped during my participation in the study. I also agree not to disclose any information that was discussed during the group discussion.

Participant's name.....

Participant's signature.....

Witness's name.....

Witness's signature.....

Date.....

Appendix: E

06 November 2015

To whom it may concern

Dear Sir/Madam

RE: Editorial Certificate

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

Thesis title

THE EXPERIENCES OF FINAL YEAR NURSING STUDENTS OF A HIGHER
EDUCATION INSTITUTION IN THE WESTERN CAPE REGARDING THEIR
PREPAREDNESS FOR PSYCHIATRIC CLINICAL PLACEMENT

Author

Nomandla Abegail Mrwetyana

The research content or the author's intentions were not altered in any way during the editing process, however, the author has the authority to accept or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax number, e-mail address or website.

Yours truly



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