



# An investigation of nursing students' experiences in an Iranian psychiatric unit

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## Accessible summary

- This study investigated the clinical experiences of nursing students in a psychiatric unit in an Iranian hospital.
- Data from in-depth interviews were analysed in order to reveal common themes in the experiences of these students.
- The results present distinctive insights on contextualizing, developing and implementing clinical education in Iran, especially in psychiatric units. The exploration and description of students' experiences will help nurse educators to plan the clinical learning opportunities such that they are less stressful, thus ensuring that nursing students are equipped to act as therapeutic professionals.

## Abstract

This qualitative study aimed to investigate and explain clinical experiences of nursing students in a psychiatric unit in an Iranian hospital. The researcher performed a Heideggerian hermeneutic phenomenological study by conducting in-depth interviews of 13 participants. An analysis based on Diekelmann's method helped to interpret the data and uncover common themes. The following four correlated themes were obtained: anxiety, maturation, dissatisfaction and enthusiasm. These results present distinctive insights on contextualizing, developing and implementing clinical education in Iran, especially in psychiatric units. The exploration and description of students' experiences will help nurse educators to plan the clinical learning opportunities such that they are less stressful, thus ensuring that nursing students are equipped to act as therapeutic professionals.

## Introduction

Nursing education programmes comprise didactic and clinical components; the clinical component is a major part of such programmes. Undergraduate programmes offer students opportunities to gain practical exposure in diverse clinical settings, which could engender positive or negative attitudes towards different specializations, thereby influencing students' subsequent career choices. Napthine (1996) reports that the quality of nursing education depends on the quality of clinical experiences, where students integrate knowledge from other courses.

Additionally, both nursing education, in general, and clinical experiences, in particular, are demanding. Students

are required to gain knowledge and skills and adapt themselves to changing clinical settings and faculty.

Undergraduate students often enter psychiatric courses with a preconceived image of aggressive mental patients, which is caused by media representations and aggravated by warnings from their families. Routine clinical experiences are also being substituted with trainings on communicating therapeutically with patients. These clinical demands could contribute to students' stress during clinical practice and result in negative experiences in psychiatric units. As clinical experience is inherently challenging, educators play a significant role in building a caring atmosphere and identifying the constraints of this experience (Oermann 1998). The foremost challenge for instructors

and staff working in a clinical setting is to improve an undergraduate's capability in identifying issues and in appropriately responding to the issues in the clinical surroundings.

Extensive literature is available on perceptions of professional nurses, student nurses and nurse educators about mental health care settings. Nevertheless, the experiences of students of different backgrounds working in psychiatric units have not been adequately investigated. Nurse educators need to be conscious of their students' experiences. A nurse educator's communication with students can be an invaluable experience, which provides knowledge of students' attitudes, values and performance. However, as there is limited research on the experiences of Iranian nurses in psychiatric settings, this study illustrates and clarifies the experiences of Iranian nursing students in mental health settings. This research is essential because culture-specific knowledge of students' experiences can improve understanding of issues that may negatively influence pedagogic processes.

## Methods

A hermeneutic phenomenological approach enabled investigation and elucidation of participants' 'lived experiences' during clinical placement in a psychiatric unit. This investigation – synonymous with Heideggerian (1962) phenomenological approach – asserts that phenomenology supports the existential outlook – that is, an understanding of a human being cannot be dissociated from the person's world. Such an approach raises awareness on fundamentals of existence and is concerned with the source of knowledge rooted in our everyday actions (Benner & Wrubel 1989). Hence, the Heideggerian phenomenological approach acknowledges the participation of researchers and their attitudes as a part of the process.

## Participants

Purposeful sampling method – explained by Morse (1994) – was employed as it was convenient and suited this inquiry. Students practising at psychiatric units were the best source of rich and valuable information on experiences related to clinical placements, as they are the best judges of their individual learning. Exact data were derived through data saturation after 13 in-depth semi-structured interviews. Six men and seven women in the age group of 21–24 years participated in this research.

## Data collection

Students were interviewed in the researcher's room at their convenient time. Interviews were conducted in the partici-

pants' native languages – Persian and Turkish. They were given opportunities to respond to open-ended questions like 'Please tell me about your experiences in the psychiatric unit', and 'what were your feelings and thoughts during the clinical psychiatric experience?'

These interviews were audio-taped and later transcribed verbatim with questions and answers together for trouble-free data organization. Subsequently, the researcher compared the text with tapes to detect transcription mistakes or missing data. Each interview lasted 40–90 min.

## Ethical considerations

The ethics committee (authorized by the vice chancellor of Research and Technology of the university) approved this study. After briefing participants on the purpose and methodology of the research, the researcher obtained written consent for participation and permission to record the interviews. Participation was voluntary and all data from the interviews were confidential. Participants were also informed that they could leave the study at any time, without any need for justification. None of the interviewees withdrew their consent.

## Data analysis

The researcher performed data analysis throughout the data collection process by actively listening to the audio-tapes and carefully reading texts; analysis was continued by using Diekelmann's phenomenological method to interpret the data, who described a process of data analysis which was used to help interpret and analyse the data gathered (Diekelmann *et al.* 1989). Convergence between participant-generated data and the researcher's own understanding coupled with the expertise shared by a colleague led to an in-depth appreciation of the phenomenon itself (Mark 2005).

Each transcript was primarily checked in its entirety in order to obtain an overall understanding (stage 1). Probable common themes were subsequently identified and marked with quotation marks in order to support the understanding (stages 2 and 3). After individual theme analysis was complete, the researcher discussed data interpretations with expert colleagues in order to identify similarities and dissimilarities; some interpretations required additional explanation, and in some cases, the researcher agreed to return to the original content (stage 4). Similarities in interpreting themes indicated a high degree of inter-rater reliability and saturation. Themes were used to generate categories and subcategories for a thorough

explanation. All texts were subsequently reread in order to confirm the emergent themes (stage 5).

For instance, a participant reported an experience of learning as a result of collaboration with a classmate while interviewing patients. This theme was pursued in the transcripts of other interviewees. With some supporting, additional facets to this relationship, the meaning of their experience related to a similar phenomenon was explained. Some transcripts depicted another meaning that resulted in a new theme (like theory–practice gap) for further exploration.

The inductive study and analysis of data created 16 themes associated with the lived experiences of participants. In order to progress from analysing to describing the themes, the researcher synthesized them into four main themes for disclosing the common description of the phenomenon. This was done by exploring and describing the themes under general vocabulary in order to facilitate synthesizing the themes into a statement of the interviewee’s overall experience.

**Rigour**

Using heterogeneous participants ensured that as wide a range of perspectives as possible were gathered. Pilot testing established that the interview format would elicit appropriate data. Data were collected and analysed by the author, who had experience of teaching and learning in psychiatric unit. Consequently, it was acknowledged that pre-understandings of the research topic would potentially influence the interpretations made throughout the study. To prevent these pre-understandings from overly influencing the findings, various strategies were used to enhance rigour. For instance, the format of the first interviews was open-ended. This ensured that participants’ responses were not constrained by the perspective of the researcher. A diary of critical reflection was completed throughout the study. The aim of the diary was not to ‘bracket’ pre-understandings about the topic, but to heighten awareness of these understandings in an effort to prevent them from influencing interpretation of the data. The written accounts maintained in the diary also provided a record of decisions made throughout the study, which is an element of rigour. The researcher transcribed and checked the tapes to ensure an accurate recording. In addition, the researcher presented the findings to the participants to ensure the validity of the results. At this stage, any further views of the interviewees were used to complete the results. To ensure authenticity and credibility as advocated by Diekelmann *et al.* (1989), a colleague familiar with the content of the study was approached to verify the interpretation and consistency of the themes found.

**Table 1**  
Experience of nursing students in the psychiatric unit

Theme	Sub-theme
Anxiety	Fear of unknown Media effect Peer effect Fear of violence Erroneous beliefs
Maturation	Change in attitude towards psychiatric patients Gaining life skills Gaining humanistic attitudes
Enthusiasm	Integrating theory and practice Evaluating self-learning Adapting to work in the psychiatric unit Learning from each other
Dissatisfaction	Theory–practice gap Overdependence on instructors Dissatisfaction with learning

**Results**

The analysis and description of data resulted in four key themes, describing the lived experience of students, which are best depicted in Table 1. Each of the themes is then described in detail and supported by quotations from the interview transcripts.

**Themes**

*Anxiety*

The findings suggested that students found the experience of entering a psychiatric unit to be inherently stressful. Five sub-themes, ‘fear of unknown’, ‘media effect’, ‘peer effect’, ‘fear of violence’ and ‘erroneous beliefs’, that emerged through the analysis were reduced to the theme ‘anxiety’.

The participants reported fear of psychiatric units and violent patients. These findings were evident in all interviews, and participants expressed different rationales for such a fear. Student 3 shared that:

We had seen violent behavior from the psychiatric patients in films, and so we had a fear that they may attack us in the ward with a closed door. What could be done then caused anxiety in us.

Student 5 said,

The instructor was not with us all the time. We were alone most of the time and had erroneous beliefs about patients. I mean that we thought these patients were not curable, and they were hospitalized because they had to be isolated. In fact, they looked like prisoners rather than patients to me.

The main cause of anxiety was apparently the baseless preconceptions about the psychiatric units and patients. Further, the information they received from informal discussions with their classmates reinforced this fear.

I had heard from my classmates that we must be careful in a psychiatric ward because wild people are kept there (student 6).

Student 7 also recalled that 'in the first days, the lack of knowledge about psychiatric patients made me terrified'.

Anxiety considerably impacted students' learning process because they could not develop effective relationships with patients and tried to distance themselves from them.

I had no contact with psychiatric patients before; I was nervous about starting a relationship. In the first days, I tried to leave without contact and asking questions. I preferred to get the information from medical records (student 8).

### *Maturation*

The findings also clarified that positive attitudes developed and fears disappeared through gradual adaptation to the environment and daring to communicate with the patients. I prefer to call this 'maturation'. Students began to recognize that the mental patients were like any other patients and built a relationship by being a member of the community. They attempted to find a probable solution to their problems. Interestingly, they began to develop empathy towards the patients and uneasiness when faced with negative attitudes of other people (e.g. family and team members).

Students affirmed that the ability to interact with patients increased their knowledge of the patients' experiences and allowed them to provide assistance. They also noted the striking narratives of the patients and were amazed on how they could converse successfully with such patients.

They progressed and established deeper links with their own families in an effort to prevent the incidence of psychiatric diseases among their family members.

The sub-themes of this theme are 'change in attitude towards psychiatric patients', 'gaining life skills' and 'developing a humanitarian attitude'. This is reflected in the following comment from student 8:

As the anxiety subsided gradually, we spent more time with patients and talked with them. We arrived at the ward without fear and had good communication with patients.

With regard to the changing attitude, student 4 recalled, Little by little, we got more knowledge about the patients; we recognized them as humans and spoke with them. This even helped me to have effective communication with others (other than patients).

Student 9 also had a similar experience:

Ninety percent of the patients were uncomfortable with their family members, who urged me to change my

behavior at home and act in a manner so that such problems could be avoided (psychiatric disorders). I became kinder and more logical, had more rapport and tried to solve problems by talking. I attempted to have more contacts with my siblings and this helped in resolving problems.

Student 6 also admitted: 'I did not know about good communication before practicum. I learned to talk with my family members and developed a friendly relationship.'

Students felt more capable of caring for people with mental illnesses after their clinical rotation; this included being able to cope with specific mental disorders as well as deviant behaviour.

Participants believed that the clinical placement helped dispel concerns about mental illness and realize the humanity of psychiatric patients, curability of mental illness, and the fact that their fears of such patients were ungrounded. Areas marked under personal improvement included improved ability to cope emotionally, better self-awareness, non-judgemental attitude, and exposure to unknown issues. Participants reported the development of a non-judgemental attitude through increased patience, tolerance, empathy, focusing on the illness and not on the behaviour, and treating patients as individuals.

### *Dissatisfaction*

In addition to the above experiences, students had some negative experiences. The researcher named these experiences 'dissatisfaction'. Sub-themes like 'theory-practice gap', 'overdependence on instructors' and 'dissatisfaction with learning' have been classified under this theme.

Generally, in all interviews, it is found that students were overly dependent on the instructor; this resulted in students shirking their own duty in learning and blaming the instructor for not teaching them. This overdependence had negatively affected the students and increased their dissatisfaction and anxiety.

Student 1 argued that:

What we learn in class could be forgotten, but what we practice in the clinical ward is easily internalized. When the instructor taught about a disease in the ward, we learned better.

Student 5 claimed,

The instructor should complete the discussions because she knows the best; if she repeats the concepts, it will immanent but it is not occurring.

Student 3 also recalled,

When the instructor was along, I was comfortable but when I was alone, I did not have enough self-confidence to communicate with the patients and staff.

Regarding the theory–practice gap, student 9 said,

When I saw the nurses' inappropriate behaviors with the patients, I said to myself that would I act similarly if I became a nurse? In fact, we did not have a model to learn high-quality behavior, we expected from what was written in the books.

The theory–practice gap can be better understood by the perspective of student 6:

I could not acquire the required skills in this ward, as I wanted to accomplish standard nursing. That is, I wanted to see good nurses to reproduce, but the nurses we worked with did not possess such skills. There was not any difference in admission processes of this unit and other ones. We neither saw nor practiced standard nursing. So, when I became a nurse in a psychiatric ward, I would only follow routines.

Student 1's statement showed dissatisfaction in learning:

Our problem was that we went to practicum before passing the theory course in psychiatric nursing. Namely, we did not properly know 'schizophrenia', and we did not know which questions to ask to patients and what the symptoms of this disease were.

Student 7 referred to another aspect of the problem:

All assignments were abstract. If we could experience them in practice, it could be better. The conferences we attended were boring because students did not have enough knowledge. Therefore, the assignments we did were for score, not for learning.

A few participants complained about the structure and duration of the mental health credit – 9 days, which they felt was inadequate to achieve the objectives, while other participants felt that previous theoretical preparation was required. Lack of staff support was also cited as a reason for students' inability in achieving clinical objectives.

### *Enthusiasm*

Most students acknowledged that they finally liked the psychiatric unit. The researcher grouped the sub-themes of 'integrating theory and practice', 'evaluating self-learning', 'adapting to work in the psychiatric unit' and 'learning from each other' under 'enthusiasm'.

Student 5 mentioned,

The psychiatric unit is not boring now. I think when we will go there for a second time; we will feel better than the first time.

From the students' viewpoint, practising care in the clinical ward led to the actualization of theoretical knowledge and bridged the gap between theory and practice. For example, student 10 pointed out:

When I interviewed the patients, I tried to collate my previous information on diseases and symptoms. It resulted in better learning.

Student 12 remarked that:

My communication with the patients was based on theory, and I tried to communicate using principles of therapy. I tried to behave according to what I had learned in theory and spoke with patients purposefully.

Participants shared that their classmates were the main learning source, and their willingness to learn from classmates showed their inclination towards learning. For example, student 6 reported that:

Some friends were more comfortable (than me) with patients. I eagerly went to them to ask about their abilities and specific techniques.

Additionally, student 1 commented that:

Some of my friends communicated easily without any anxiety. At times, I liked the way they interviewed, and I wanted to follow them.

Regarding the self-evaluation of their learning, student 10 said,

I assessed myself each day in the unit. When I was curious about patients and learned more, I became happy, but when I could not have a good communication with patients, I felt tedious.

Moreover, student 12 recalled,

Most of our learning were from patients. We had interviews with them each day, and this helped us to know more about the factors that cause psychiatric diseases. I liked to work in the psychiatric unit because we could have a good communication with patients, although the ward was very tranquil and silent (student 1).

Three students stated that they did not want to become a mental health nurse. These comments were still recorded under positive learning experience, as it appeared that some students use the clinical placement as an opportunity to choose their future career.

## **Discussion**

As stated in the findings, our study introduced a set of themes, including anxiety, maturation, dissatisfaction and enthusiasm, which were experienced by nursing students in the psychiatric unit. Similar to other studies, in this research too, students experienced a great deal of stress and reported initial negative emotions related to caring for psychiatric patients. A number of studies have focused on the stress experienced by students on the first clinical day of a course. Nolan & Ryan (2008) found that approximately 48% of the respondents reported levels of stress above the threshold score, indicating levels of distress unlikely to decrease without intervention.

Oermann & Sperling (1999) found that students in psychiatric courses experienced a moderate amount of pressure and challenge in their clinical experiences but received

encouragement with regard to their clinical placement. They recommended developing innovative clinical instructional tactics that confront students and widen their thinking about the care of psychiatric patients. Chesser-Smyth (2005) referred to anxiety and Tully (2004) clarified that clinical practitioners need to be aware of students' stress. Therefore, decreasing student anxiety should be facilitated by staff who has knowledge of expected patient behaviours, and faculty should plan an orientation from the hospital staff and provide opportunities for the staff to join the student group in order to explain specific nursing interventions and approaches for dealing with the strain of working in a psychiatric clinical setting (Melrose 2002).

Chan & Cheng (2001) concluded that knowledge promotes a positive attitude towards psychiatric problems. Therefore, the faculty should identify the components that are necessary for dealing with the psychiatric population and impart such knowledge to students. Education on therapeutic communication skills like being silent, redirecting, summarizing, using open-ended questions and being non-judgemental are essential for psychiatric nursing students (Landeen *et al.* 1995). In spite of this necessity, Polifroni *et al.* (1995) stated that instructors expend most of their time evaluating students, leaving little time to interact with and to observe students while the latter communicate with their patients; in fact, he found that 75% of student time was unsupervised. In their study, students who did not feel that they had achieved their objectives cited a variety of reasons, including the problems in the practice setting, limited duration of the theoretical or clinical component, inadequate support of clinical staff and limited participation in care.

However, as stated earlier, after 2 or 3 days, anxiety levels of most of our participants reduced, and they seldom reported negative feelings regarding caring for the mentally ill patients. They evaluated their psychiatric clinical experiences as motivating and encouraging, which helped them to develop confidence and life skills. Students in this study suggested that patients in a psychiatric hospital, unlike prisoners, ought to be given a choice between home-based care and institutional care. This result confirms that students had positive feelings towards mental patients after the 'mental health nursing' practicum; by the end of the course, students could develop sufficient knowledge and intervention approaches so that they could efficiently care for patients and deal with the strains inherent in clinical practice.

Similar to our findings, the research by Chesser-Smyth (2005) identified respect, maturity and communication as sub-themes and grouped them under the category of self-awareness. Also our findings are supported by Henderson & Happell (2007), who stated that students learned to perform

comprehensive holistic assessment, conduct mental status assessment, administer psychotropic medication, encourage patients to participate in activities, complete nursing documentation, develop communication skills and calm aggressive patients, understanding mental illness, interaction with patients, skill development, supportive staff, learning from staff, applying theory to practice, mental health nursing, acquiring knowledge of services, dispelling fears, and personal development, as positive learning experiences. However, the present findings differ from those by Wilkinson (1982), who found fear, or distrust, on which students differentiated clearly between medical and psychiatric cases, tending to expect the psychiatric patients to be more frightening, less likely to cooperate, more likely to be violent and dangerous and to need strict control.

The rationales for the more positive results in this research are now considered. The attitudes of mental health nursing students in Iran are influenced by both the nature of mental health problems and the administrative routines practised in patient care. Along with theoretical education, practical experience in a variety of mental health care institutions enhances the students' appreciation of mental health problems and the rehabilitation process. Therefore, the present findings could help students dispel their misconceptions and negative attitudes regarding mental health problems. If students understand that the early anxiety stage is the product of one's own prejudices and those of others, and this stage will certainly end soon, they could understand patients as human beings much more quickly and develop compassion towards them. This study also established that students who had friends or relatives with mental health problems tended to have less rigid attitudes towards mental patients. Therefore, orientation sessions before clinical placement can help students develop self-confidence in coping with the stress inherent in a clinical setting.

Furthermore, the theory-practice gap was evident in this study as seen in other studies, and is a highly contentious topic in nursing. Gallagher (2004) states that the existence of the theory-practice gap is generally unchallenged, and the belief that this gap is undesirable and deliberately created is a regular theme in nursing literature.

Lathlean (1994) reported that the theory-practice gap exists to some extent as the basis of nursing education has shifted from practical training and service to theory. Educationalists are frequently considered as the initiators of the theory-practice gap, as theoretical ideals of nursing are unattainable inside clinical areas. Because of the transition of all nursing education into the higher education division, and by tradition, emphasis on acquiring a theoretical knowledge base has increased; this could further broaden the theory-practice gap. Further, the short duration of the

clinical placement was cited by some students as the factor that hindered them from achieving their learning objectives. This assertion is supported by Brown *et al.* (2003), who found that students need time to become more proficient in their clinical skills.

Some students also attributed their failure in achieving their learning objectives to the lack of support or communication from the clinical staff. This statement is corroborated by Aghamohammadi-Kalkhoran *et al.* (2011), who have also reported the poor attitude of nursing staff in an Iranian hospital towards nursing students. Our findings are supported by the available literature (Mullen & Murray 2002, Brown *et al.* 2003) that suggests that positive relationship with clinical staff builds students' confidence and increases their satisfaction with the clinical experience.

Accordingly, Lindeman (1989) questions the effectiveness of today's clinical settings, by claiming that they fail to provide students with positive examples of the behaviours they learn about in theory. Similarly, Greenwood (1993) suggests that students can become desensitized to human needs after repeated exposure to poor nursing practice in clinical environments.

However, although some of our students were dissatisfied with clinical education in this psychiatric unit, the dissatisfaction was replaced by enthusiasm by the end of the course. The present findings suggest that the majority of students have an overall sense of satisfaction with their mental health clinical experience – a finding also supported by Henderson & Happell (2007).

Furthermore, the students acknowledged that they were encouraged to consider mental health nursing as a career. Students appreciated that they were able to practise skills taught in the classroom, consolidate theoretical frameworks, make linkages, combine the theoretical knowledge with real-life experiences and appreciate the relevance of theory in practice. As 94% of undergraduate students will not work in a mental health setting, it is important to determine whether their clinical experience in a specialist mental health setting could impart skills that could be utilized in other healthcare settings. These transferable skills include communication, providing nursing care for patients with mental illness, nursing patients with mental illness in a general setting, recognizing mental illness, assessment, non-judgemental attitudes, and medication management. This finding corresponds with that of Chesser-Smyth's (2005) study, which found a theory-practice connection in the experiences of nursing students and grouped this under the category of professional issues. Webb & Shakespeare (2008) identified enthusiasm as an attribute of good students; enthusiasm might have existed even before the placement started. It was also an important motivator for mentors.

## Strengths and limitations

Owing to the sample size – 13 participants, the present results may not be generalizable. However, our interpretive inquiry does not aim at generalization because generalizability is not relevant to phenomenology, whereas transferability is relevant as findings are able to transfer to similar situations, especially for further study of the phenomena.

Despite this limitation, the data allowed a rich and holistic interpretation of the meaning of clinical experience for nursing students in Iran. In particular, the implications arising from the experiences of participants may be important for practice and may resonate with similar populations.

Additionally, this study used qualitative interviews in order to elicit in-depth feelings towards clinical experience. However, there can be a discrepancy between verbal communication and action, that is, people's avowed attitudes might not be comparable to their real actions. Another limitation of this study is that the actual behaviour of the students was not recorded.

Moreover, this study did not investigate whether there is any correlation between assessment results and attitude. Will students with top scores in the evaluation develop a more positive attitude towards patients with mental health illness? Additional research is needed to answer these questions.

## Conclusion

This study adds to the existing knowledge in this field by discussing particular outcomes of clinical experience and offers a culturally relevant understanding of the nature of psychiatric clinical courses from students' perspectives after practicum. We must bear in mind that even though students enter the clinical experience with varying notions of psychiatric care and the mental health system, they reported some levels of anxiety, dissatisfaction, maturation and enthusiasm.

Furthermore, the present findings suggest that undergraduate nursing students have a fairly high level of satisfaction with the clinical learning experience in the mental health setting.

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