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# Orientation Program for Psychiatric Clinical Experience

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Orientation Program for Psychiatric Clinical Experience

by

Kathy C. Williams

A capstone project submitted to the faculty of  
Gardner-Webb University Hunt School of Nursing  
in partial fulfillment of the requirements for the degree of  
Doctor of Nursing Practice

Boiling Springs

2016

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## Abstract

Student nurses often experience anxiety prior to their psychiatric clinical experience and this anxiety can adversely affect their learning experience and ability to provide optimal nursing care to clients who have psychiatric illnesses. A formal Orientation Program for the Psychiatric Clinical Experience (OP-PCE) was developed to reduce student nurses' anxiety prior to their psychiatric clinical experience. The OP-PCE was implemented as a component of the routine psychiatric curriculum in a pre-licensure registered nursing program at a university in Southeastern United States of America. Thirty-four student nurses participated in the OP-PCE. The content of the OP-PCE included general orientation information such as confidentiality, Health Insurance Portability and Accountability Act (HIPAA), professional boundaries, therapeutic milieu/relationship/communication, safety issues, overview of psychiatric disorders, self-awareness, and correction of misconceptions and stigma related to psychiatric illnesses. A mirrored pre and post Mental Health Nursing Education (MHNE) Survey was utilized to collect data from participants of the OP-PCE. The MHNE Survey utilized a seven-point Likert-type scale that ranged from (1) = Strongly Disagree to (7) = Strongly Agree. Data analysis revealed that following the intervention of OP-PCE student nurses had significantly less anxiety related to the psychiatric clinical experience. Based upon results from the initial implementation it is recommended that the OP-PCE become a routine component of the psychiatric nursing curriculum.

*Keywords:* psychiatric clinical experience, anxiety, student nurse

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In memory of

Randy

(1954-1998)

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## **Introduction**

Pre-licensure nursing programs are designed to prepare nurses to care for patients in a holistic fashion. Nursing skills required to give optimal care include competency in providing nursing care for individuals who have multiple health needs, including mental health behaviors. The need to provide nursing interventions for clients with mental health concerns may occur in designated mental health treatment agencies, or in conjunction with other healthcare needs occurring in, but not limited to: general hospitals, community settings, primary care providers, and specialty tertiary treatment sites. Student nurses' ability to enter the nursing profession possessing strong, competent, psychiatric nursing skills will depend greatly upon the effectiveness of the educational experience. Pre-licensure nursing education includes didactic, experiential laboratory, and clinical instruction. Student nurses frequently voice feelings of anxiety and fear in anticipation of the psychiatric clinical component of their nursing education (Ganzer & Zauderer, 2013; Happell & Gough, 2007; Karimollahi, 2012). The presence of anxiety could lead to student nurses' decreased nursing skill regarding care of patients with psychiatric illnesses. The Orientation Program for Psychiatric Clinical Experience (OP-PCE) was developed and implemented to address the need to reduce anxiety in order to enhance student nurses' psychiatric clinical experience.

### **Problem Background and Significance**

#### **Problem Statement**

Anxiety experienced by student nurses prior to their psychiatric clinical experience adversely affects their learning experience and ability to provide optimal nursing care to clients who have psychiatric illnesses (Karimollahi, 2012). The goal of

the OP-PCE was to reduce student nurses' anxiety through the implementation of the OP-PCE for student nurses prior to their psychiatric clinical experience. If successful in reducing anxiety, the OP-PCE has the potential to enhance student learning and better prepare student nurses to care for patients who have psychiatric illnesses.

### **Problem Recognition**

Curricula for pre-licensure nursing students include didactic, experiential laboratory, and clinical components. Each of these components is vital to the successful preparation of nursing students' ability to provide optimal, holistic patient care. The clinical experience involves student nurses' supervised performance of nursing skills and application of nursing concepts in a variety of clinical settings. These settings include healthcare venues providing treatment to patients with specific needs such as medical, surgical, pediatric, obstetrical, critical care, and psychiatric.

Studies have revealed that student nurses have a high degree of anxiety prior to their clinical experience in psychiatric care settings (Karimollahi, 2012). A study conducted by Karimollahi (2012) revealed that one of the prevalent pre-clinical emotional themes identified by student nurses was anxiety. Five sub-themes related to this anxiety were identified as: fear of the unknown, media effect, peer effect, fear of violence, and erroneous beliefs. Participants of the study identified that lack of knowledge of psychiatric patients, preconceived fear based upon media films, and dialogue with peers contributed to their anxiety. Karimollahi (2012) concluded that anxiety led to student nurses' difficulty in developing effective relationships with patients and resulted in them distancing themselves from patients, thereby negatively impacting student nurses' learning opportunities in the psychiatric clinical setting. Students voiced

a high degree of anxiety, fear, and discomfort prior to their psychiatric clinical experience.

Ganzer and Zauderer (2013) identified the presence of affective stress in student nurses regarding their first psychiatric clinical experience. In order to reduce student nurses' affective stress regarding their first psychiatric clinical experience, Ganzer and Zauderer developed a preclinical workshop for student nurses that included an overview of mental health nursing and didactic lecture addressing therapeutic communication and psychiatric diagnosis, role play, media presentations, and movie clips. Ganzer and Zauderer determined that the implementation of a preclinical workshop positively impacted the student nurses' clinical experience. Due to anxiety, fear, and discomfort, student nurses may not have an optimal experience during their psychiatric clinical encounter. This anxiety and discomfort can adversely affect future nursing interaction with patients who have psychiatric illnesses and can affect nurses' career choices.

Anxiety experienced by student nurses prior to their psychiatric clinical experience will adversely affect their learning experience and ability to provide optimal nursing care for patients who have psychiatric illnesses (Fiedler, Breitenstein, & Delaney, 2012; Ganzer & Zauderer, 2013; Happell, 2008a; Happell, 2008b; Karimollahi, 2012). The OP-PCE addressed this problem through the development and implementation of a psychiatric orientation program for student nurses prior to their psychiatric clinical experience.

### **Needs Assessment**

**Mental illness.** The National Institute of Mental Health (NIMH, n.d.) reports mental illnesses are common in the United States. NIMH (n.d.) estimates in the year

2012, 18.6% of adults in the United States had a mental illness (this did not include adult attention deficit, hyperactivity disorders, autism spectrum disorders, schizophrenia, or other psychotic disorders). The National Alliance on Mental Illness (NAMI, 2016) reports that one in five adults will experience a mental disorder in any given year and one in 25 adults has a serious mental disorder resulting in interference in activities of daily living. According to the NAMI (2016), one in five youths, age 13 to 18, experience a severe mental illness. Also, 37% of students who have mental illness and are served by special education services drop out of school before graduation (NAMI, 2016). The NIMH (n.d.) reports high rates of mental illness in the adult incarcerated population (20%), juveniles in the justice system (70%), and the homeless (26%).

Mental illnesses are the leading cause of disability for individuals 15 to 44 years of age (NAMI, 2016). The NAMI (2016) estimates that mood disorders are the third most common cause for hospitalization. Hert et al. (2011) reports the lifespan of individuals with severe mental illness is shorter compared to the general population mainly due to physical illness. Often patients have comorbidity of both mental and physical illnesses. Multiple reasons such as life choices, medication side effects, and health care access may lead to a shorter expected lifespan (Bradshaw & Pedley, 2012; Hert et al., 2011). There is also evidence that patients with severe mental illness are less likely to receive standard levels of care (Bradshaw & Pedley, 2012; Hert et al., 2011). The need to provide holistic nursing care for patients with comorbidity is an ongoing challenge. The NAMI (2016) estimates that the life expectancy of individuals who have a serious mental illness is 25 years less than the general population. The impact of mental illness results in decreased quality of life, burdens agencies such as the judicial

and corrections systems, and compromises the health, happiness, and wellbeing of individuals and families.

Historically there is a high degree of stigma and misunderstanding surrounding psychiatric illness (Surgenor, Dunn, & Horn, 2005). These misguided beliefs may be due to media influence, myths, misconceptions, and lack of knowledge (Karimollahi, 2012). The misconception that violence accompanies most psychiatric illnesses is prevalent. Ganzer and Zauderer (2013) reported affective stress in student nurses regarding their first psychiatric clinical experience was influenced by fear of injury, discomfort when communicating with patients who have a psychiatric illness, and the psychiatric treatment unit being locked.

**Nursing education.** The curriculum of pre-licensure registered nurse programs includes didactic, experiential laboratory, and clinical components. Each of these components is vital to the successful preparation of student nurses' ability to provide optimal, holistic client care. Clinical experience during pre-licensure preparation of student nurses is a vital component in bridging the theory-practice gap. Clinical experiences allow student nurses to demonstrate nursing skills and knowledge under the supervision of faculty in a variety of clinical settings, including the psychiatric setting. The psychiatric clinical experience has been found to be stressful for student nurses (Ganzer & Zauderer, 2013; Karimollahi, 2012).

Due to the high number of individuals affected by mental illnesses and the ominous consequences related to mental illnesses it is imperative that student nurses are prepared to provide effective psychiatric nursing care. Owing to the time constraints of pre-licensure nursing education, it is essential that every educational experience provide

the optimal opportunity for learning. Neville and Goetz (2013) conducted a literature review to investigate educational strategies of mental health undergraduate nursing curricula. According to Neville and Goetz, theory and clinical practicum are both necessary to promote students' confidence regarding psychiatric nursing care of patients. Furthermore, Neville and Goetz concluded that the current trend of disintegration of the specialty of mental health in curricula has resulted in a reduction of student nurses' desire to enter the area of mental health. The conceptual integration of the specialty of psychiatric nursing in pre-licensure curricula and coexisting theory and clinical experience provides a challenge in preparing student nurses to competently provide psychiatric nursing care. The OP-PCE addressed the need to provide an optimum psychiatric clinical experience for pre-licensure nursing students.

**Student nurse anxiety related to mental illness.** Many student nurses have little or no experience regarding a psychiatric setting environment and have no idea what will be encountered when entering the psychiatric setting (Karimollahi, 2012). The fear of the unknown may contribute to student nurses' anxiety regarding their psychiatric clinical experience. Student nurses may also have misunderstandings, misconceptions, and preconceived judgments regarding patients with psychiatric illnesses and these factors may result in an increase in anxiety regarding their psychiatric clinical experience (Karimollahi, 2012). Unfortunately, the misconception that violence accompanies most psychiatric illnesses will also contribute to student nurses' anxiety (Karimollahi, 2012). Research has revealed student nurses are often anxious, fearful, and have preconceived misunderstandings and minimal desire to pursue a career in psychiatric nursing (Ganzer & Zauderer, 2013; Karimollahi, 2012; Surgenor et al., 2005).



Student nurses often enter the psychiatric clinical experience demonstrating and verbalizing fear for their safety and concern regarding their ability to converse and care for mentally ill patients. These negative emotions and concerns often result in student nurses' avoidance of interaction with patients on a psychiatric unit and decrease the benefit of the clinical experience. Historically, as clinical faculty, this project administrator has heard student nurses comment "please don't leave me," "I'm afraid I'll say the wrong thing," and "what should I do if someone gets upset."

To further establish the need for the OP-PCE, focus group interviews were held with two groups of student nurses: a group who had completed a psychiatric clinical experience and a group who had not completed a psychiatric clinical experience. Neither group of students had any formal orientation before the clinical experience. Student nurses who had completed a psychiatric clinical experience expressed the following:

- "I was surprised that they talked just like any other patient would,"
- "I was afraid at first because I had no experience with mental illness except what I've seen in movies and on television. It was nothing like that and I think I might like to work in a psychiatric area now,"
- "I guess I thought they [psychiatric patients] would look different but they didn't,"
- "I don't feel we had enough time on the psychiatric unit,"
- "I was so afraid at first I was almost sick."

Some of the comments made by student nurses who had *not* attended a psychiatric clinical experience included:

- “I have no idea what to expect,”
- “I’m anxious about going to the psychiatric clinical area,”
- “I just want to get this over with,”
- “What if I say the wrong thing,”
- “I’m afraid someone will be violent,”
- “I don’t know how to talk to them [psychiatric clients].”

Additionally, student nurses who had completed their psychiatric clinical rotation were asked to complete a survey (Appendix A), and student nurses who had *not* completed their psychiatric clinical rotation were asked to complete a survey (Appendix B). Surveys were developed by the project administrator. Student nurses were asked to respond “yes” or “no” to questions regarding their feelings, concerns, and beliefs involving their psychiatric clinical experience and overall feelings about psychiatric illnesses. Information from these surveys was used to ascertain student nurses’ concerns regarding the psychiatric clinical experience and their perception of orientation needs and to assist in the determination of content to be included in the OP-PCE. Descriptive analysis utilizing frequency and percentages of data collected from the surveys was conducted using IBM® Statistical Package for the Social Sciences version 22® (SPSS).

Table 1 below illustrates the responses of the students who had completed their psychiatric clinical experience.

Table 1

*Pre-licensure Nursing Students Who Have Completed Psychiatric Clinical Experience*

Question	Yes %	No %
1. Were you anxious about entering your psychiatric clinical experience?	78.6	21.4
2. Were you anxious about initiating a conversation with a client who is mentally ill?	71.4	28.6
3. Did you know what to expect regarding the psychiatric clinical environment?	14.3	85.7
4. Were you aware the unit would be locked?	85.7	14.3
5. Did the unit being locked make you feel uncomfortable?	35.7	64.3
6. Did you have any fear regarding your psychiatric clinical experience?	14.3	85.7
7. Would more in-depth orientation prior to your first psychiatric clinical experience have made you feel less anxious?	100	0
8. Before your psychiatric clinical experience did you consider pursuing a career in psychiatric nursing?	21.4	78.6
9. Upon completion of your psychiatric clinical experience did you consider pursuing a career in psychiatric nursing?	28.6	71.4

Results of the survey indicated that student nurses (n = 14) who had completed a psychiatric clinical rotation reported that before the clinical experience: 78.6% were anxious about the clinical experience, 71.4% were anxious about initiating a conversation with a patient who is mentally ill, 85.7% had no idea what to expect regarding the psychiatric clinical experience, 14.3% reported fear related to the psychiatric clinical

experience, and 100% felt an orientation program prior to the psychiatric experience would have made them feel less anxious.

Table 2 below illustrates the responses of the students who had *not* completed their psychiatric clinical experience.

Table 2

*Pre-licensure Nursing Students Who Have Not Completed Psychiatric Clinical Experience*

Question	Yes %	No %
1. Are you anxious about entering your psychiatric clinical experience?	58.8	41.2
2. Are you anxious about initiating a conversation with a client who is mentally ill?	64.7	35.3
3. Do you know what to expect regarding the psychiatric clinical environment?	11.8	88.2
4. Are you aware the unit will be locked?	76.5	23.5
5. Does the unit being locked make you feel uncomfortable?	26.5	73.5
6. Do you have any fear regarding your psychiatric clinical experience?	38.2	61.8
7. Do you expect most psychiatric patients will be aggressive?	14.7	85.3
8. Would an orientation prior to your first psychiatric clinical experience make you feel less anxious?	94.1	5.9
9. Are you considering a career in psychiatric nursing?	8.8	91.2

Results of the survey for student nurses (n = 34) who had *not* completed a psychiatric clinical rotation revealed: 58.8% were anxious about the clinical experience, 64.7% were anxious about initiating a conversation with a patient who is mentally ill, 88.2% had no idea what to expect regarding the psychiatric clinical experience, 32.8% reported fear related to the psychiatric clinical experience, and 94.1% felt an orientation program prior to the psychiatric experience would help them feel less anxious.

Based upon the prevalence of mental illness, co-morbidity of physical and mental illnesses, and the high rate of hospitalization of individuals with mental illnesses the probability that student nurses will encounter patients who have mental illness is high, regardless of where they choose to practice. Irrespective of an interest in pursuing a career in psychiatric nursing, nurses still need competency regarding care of patients who have psychiatric behaviors. Therefore, it is imperative student nurses enter the nursing field prepared to provide nursing care to patients with mental illnesses in all settings. In order to prepare student nurses for a positive psychiatric clinical experience it is important that student nurses gain increased knowledge and insight into realistic expectations regarding patients with psychiatric illnesses, the psychiatric care setting, and therapeutic encounters. The OP-PCE addressed this need through an orientation program for the psychiatric clinical experience for student nurses prior to them entering the psychiatric care setting and interacting with patients who have psychiatric illnesses.

**Stakeholders.** Stakeholders of the OP-PCE include pre-licensure student nurses; school of nursing faculty; school of nursing program directors, chairs, and deans; and the university. Also optimal preparation of student nurses to provide competent psychiatric nursing care will positively influence the institutions where they work and improve

nursing care of patients. Patients in various venues will benefit when nurses possess a high degree of psychiatric nursing knowledge and efficient psychiatric nursing skills (Bradshaw & Pedley, 2012). Student nurses' ability to provide effective psychiatric nursing care will impact patients with comorbidity of psychiatric and physical conditions and will promote healthy living (Bradshaw & Pedley, 2012).

**Strengths, weaknesses, opportunities, and threats.** An analysis of strengths, weaknesses, opportunities, and threats (SWOT analysis) was conducted prior to the development of the OP-PCE. Strengths related to the OP-PCE were buy-in and support of sponsors and stakeholders at the university where the OP-PCE was implemented. Availability of experts in the fields of psychiatry, education, and technology was also identified as a strength. Access to the university library database provided ample opportunity to access current, relevant literature. Additionally, the project site's environment, equipment, and technology provided an optimal setting for the implementation of the OP-PCE.

Weaknesses related to the OP-PCE included time constraints related to curricula schedules, and students' stress related to their demanding schedules. Also negative external influences and stigma related to psychiatric illnesses could adversely impact outcomes. The lack of control and influence within the psychiatric clinical setting could be a weakness that is related to student nurses' actual psychiatric clinical experience. Some uncontrollable aspects of the psychiatric clinical setting that may influence the effectiveness of the OP-PCE were staff contact, clinical setting environment, and client acuity.

Opportunities related to the OP-PCE included the ability to positively influence the learning outcomes of student nurses regarding the psychiatric clinical experience. The OP-PCE serves as an intervention to overcome the theory to practice gap. Positive outcomes supported the need to continue the implementation of the OP-PCE, thus supporting sustainability of this practice. A positive psychiatric clinical experience may also influence student nurses' interest to pursue a career in the field of psychiatric nursing.

Threats related to the OP-PCE included negative influences from misconceptions and lack of knowledge regarding mental illness. Also, preconceived stigma related to psychiatric illness that is often fueled by the media threatens to distort student nurses' view of psychiatric nursing. Due to the scarcity of interest in psychiatric nursing, the challenge to maintain interest of an ongoing OP-PCE within the pre-licensure curriculum may also exist. Psychiatric clinical setting variations will be difficult to predict and provide intercession if a negative learning situation exists. Student nurses' contact with staff at clinical sites can vary and provide either positive or negative influences. Student nurses' fear of admitting to feelings and concerns could result in decreased benefit regarding exploration of self-awareness and interaction in OP-PCE activities.

### **Purpose of Project**

The purpose of this OP-PCE was to decrease anxiety of pre-licensure registered nursing (RN) students during their psychiatric clinical experience through the development and implementation of an Orientation Program for the Psychiatric Clinical Experience (OP-PCE). A reduction of student nurses' anxiety contributes to increased effectiveness of the psychiatric clinical experience. The goal of this capstone project was

to promote an optimal psychiatric clinical experience, resulting in an increased ability of nursing students to provide nursing care to patients who have psychiatric illnesses. A positive psychiatric clinical experience may also contribute to an increase in pre-licensure nursing students' interest to practice in psychiatric settings.

### **Definition of Terms**

For the purpose of the OP-PCE the following definitions of terms will apply.

- The term *psychiatric setting* refers to a designated clinical area that is dedicated to the care of patients who are receiving primary care for Diagnostic and Statistical Manual for Mental Disorders, fifth edition (DSM V), diagnoses.
- The term *psychiatric clinical experience* refers to a faculty supervised psychiatric clinical setting experience that is sanctioned by the nursing program in which the student is enrolled.
- The term *student nurse* refers to students who are enrolled in a pre-licensure registered nurse program.

### **Theoretical Framework**

In order to accomplish reputable nursing research and development of evidence-based practice, it is important to utilize the guidance of validated theories. Professions share theories in professional practice and research. Although based in psychology, Lazarus and Folkman's transformational theory regarding stress, appraisal, and coping has been utilized in other professions. The concepts of Lazarus and Folkman's Transactional Theory of Stress, Appraisal, and Coping have been found to be useful to the nursing profession (Nieswiadomy, 2012). The phenomenological platform of Lazarus



and Folkman's Transactional Theory of Stress, Appraisal, and Coping has influenced the work of several highly prestigious nursing theorists: Sister Callista Roy, Patricia Benner, and Merle Mishel (Tomey & Alligood, 2006). The middle range Theory of Chronic Sorrow (Tomey & Alligood, 2006) utilized the Lazarus and Folkman model of stress and adaptation for the foundation regarding the conceptualization of how individuals cope with chronic sorrow. Also, the middle range Theory of Illness Trajectory as proposed by Werner and Dodd was influenced by the concepts of Lazarus and Folkman (Tomey & Alligood, 2006). Lazarus and Folkman's Theory of Stress, Appraisal, and Coping guided a study conducted to examine the coping strategies, physical function, and social adjustment of individuals with spinal cord injuries (Nieswiadomy, 2012).

The Lazarus and Folkman Transformational Theory of Stress, Appraisal, and Coping will provide guidance for the OP-PCE. Lazarus and Folkman's theory includes three major concepts: stress, appraisal, and coping. The concept of stress is described as a feeling or condition encountered by an individual when they perceive that demands are greater than the social and personal resources available (Lazarus & Folkman, 1984; Gunawan, n.d.). This phenomenon is referred to as the transactional model of stress and coping. Within this model, stress experienced is not defined by the events in the environment nor the response of individuals but rather by the individual's perception of the psychological situation (Lazarus & Folkman, 1984; Gunawan, n.d.). The effect stress has on an individual is founded more on the individual's feelings of threat, vulnerability, and ability to cope, than the stressful event. Psychological stress is defined as a specific relationship between the individual and environment that is assessed by the individual as taxing or exceeding their resources and endangering their wellbeing (Lazarus & Folkman,

1984; Gunawan, n.d.). According to Lazarus and Folkman (1987), “person and environment, are conjoined” (p. 142) and not independent of each other.

Lazarus and Folkman’s Transactional Theory of Stress, Appraisal, and Coping proposes that cognitive appraisal occurs when the individual considers two major factors that contribute to the individual’s response to stress (Lazarus & Folkman, 1984; Gunawan, n.d.). One factor is the threat of stress to an individual and the second is the individual’s assessment of resources necessary to minimize, tolerate, or eliminate the stressor and the stress it is producing. Threat is “not solely a property of the person or of the environment” (Lazarus & Folkman, 1987, p. 142) but it involves the combination of certain environmental attributes with an individual who will respond to these environmental attributes.

Cognitive appraisal is divided into two types: primary and secondary appraisal. The primary phase includes the clarification of the stressor and an assessment of the influence the stressor has on an individual. Lazarus and Folkman (1987) believe that persons “constantly evaluate what is happening to them from the standpoint of its significance for their well-being” (p. 145). Additionally, the primary appraisal of stressors involves the motivational relevance of what is occurring (Lazarus & Folkman, 1987). Common themes of the primary appraisal related to the influence of the stressor are: good, stressful, and not important (Lazarus & Folkman, 1984; Gunawan, n.d.). The next step of the primary phase is to determine whether the stressor is a threat that can cause future harm, a challenge that results in a positive response to stress, or a “harm-loss” which means the damage has already been experienced (Lazarus & Folkman, 1984; Gunawan, n.d.). During the primary appraisal phase individuals are assessing stakes they

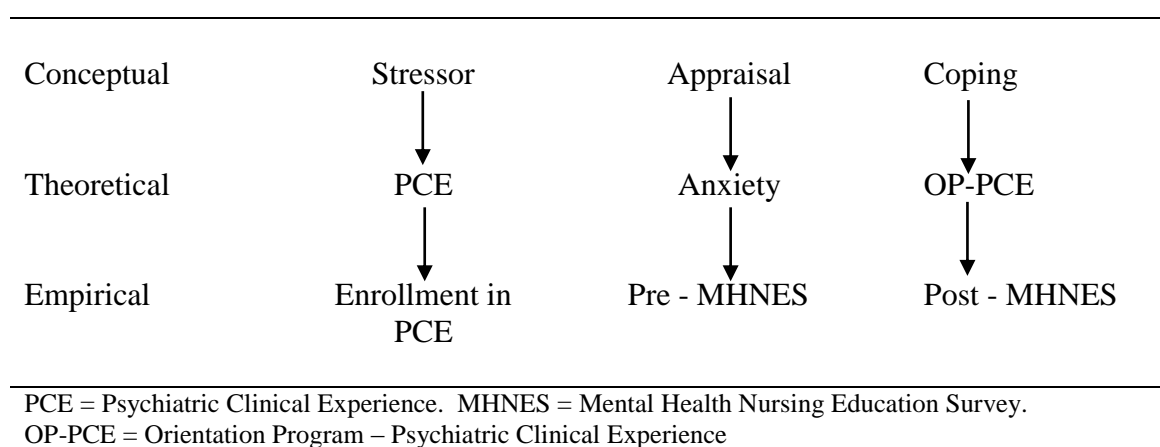
may have that are related to the stress and secondary appraisal involves individuals' judgments related to any actions they feel they can take to address the stress and the type of coping methods this will require (Lazarus & Folkman, 1987). Secondary appraisal involves feelings related to dealing with stress. The intervention/coping method utilized to deal with stress can be positive or negative (Lazarus & Folkman, 1984; Gunawan, n.d.). Positive approaches of dealing with stress may include thoughts such as, "I can do this if I try", and "If this doesn't work I'll try something else". Negative approaches of dealing with stress may include thoughts such as, "I can't do this", and "I won't do this because I might fail" (Lazarus & Folkman, 1984; Gunawan, n.d.). Lazarus and Folkman (1987) report primary and secondary appraisal do not necessarily occur in sequential order; but that either appraisal may activate the other appraisal or they may occur concurrently. The presence of the stressor can result in the feelings leading to secondary appraisal and simultaneously result in a need for the primary appraisal (Lazarus & Folkman, 1984).

In the late 1970s there was a shift in thinking from adaptation and emotion consisting only of stress, to a construct that coping and stress were conjoined (Lazarus & Folkman, 1987). Coping is defined as a dynamic cognitive and behavioral effort to manage specific external and/or internal demands that are judged as taxing and surpassing the resources of the person (Lazarus & Folkman, 1984; Gunawan, n.d.). Problem-focused coping occurs when individuals feel they have control over the situation and can manage the problem (Lazarus & Folkman, 1984; Gunawan, n.d.). During problem-focused coping the problem is defined, solutions are created and novel skills are developed to assist in dealing with stressors, and reappraisal occurs and new behaviors

are established. Emotion-focused coping occurs when individuals feel they cannot manage and deal with the problem. Emotion-focused coping involves either avoiding the situation, distancing oneself from the situation, accepting the loss, or considering other areas of success (Lazarus & Folkman, 1984; Gunawan, n.d.).

Lazarus and Folkman's Transformational Theory of Stress, Appraisal, and Coping will provide the framework for the OP-PCE. Lazarus and Folkman (1987) propose the concept of a threat with the potential for stress is related to the person and how they interpret environmental attributes. Utilizing Lazarus and Folkman's Transformational Theory of Stress, Appraisal, and Coping framework, the concept stress is aligned with the psychiatric clinical experience that student nurses will encounter and can result in psychological stress if the experience seems threatening and unattainable. Lazarus and Folkman (1987) view stress and/or negative emotions as a prompt to activate a change process as is reflected in the purpose of the OP-PCE to reduce student nurses' anxiety related to the psychiatric clinical experience. Student nurses reflect the concept of appraisal via their interpretation of the influence of stress related to the psychiatric clinical experience. This interpretation is an example of Lazarus and Folkman's projection that stress is a result of the conjoined person (student nurse) and environment (psychiatric clinical experience). The stressors may be primary during the process of interpreting the present situation regarding the clinical experience and/or secondary when actual involvement in the clinical experience is initiated. Appraisal of the psychiatric clinical experience may influence the coping that student nurses demonstrate during their psychiatric clinical experience. Lazarus and Folkman (1987) propose stress that is identified as threatening will prompt coping actions that may, or may not be positive. If

the stress of the clinical experience is appraised as too threatening the student may demonstrate emotion-coping resulting in avoidance of the situation and distancing oneself from the situation, thereby not promoting optimal learning outcomes and may not contribute to the wellbeing of patients. Figure 1 presents the Conceptual-Theoretical-Empirical (CTE) framework for the linkage between Lazarus and Folkman's Transformational Theory of Stress, Appraisal, and Coping and the OP-PCE. (Figure 1)



*Figure 1.* Conceptual-Theoretical-Empirical Diagram Relating Lazarus and Folkman's Theory to the OP-PCE

## Review of Literature

### Databases and Keywords

A literature review was conducted by searching a variety of database search engines. These databases include the Cumulative Index to Nursing and Allied Health Literature (CINAHL), ProQuest, Medline, and the search engine Google Scholar. Key terms for the search of the literature included student nurse, curriculum, mental health, psychiatric, clinical experience, and anxiety. The following literature review reports the results of a review of current literature from 2005 to 2016.

## **Anxiety**

The aim of a qualitative study conducted by Karimollahi (2012) was to investigate and explain psychiatric clinical experiences of Iranian student nurses. A convenience sample of six men and seven women between the ages of 21 to 24 years who were involved in clinical practice at a psychiatric unit participated in the study. Participants were interviewed in their native languages and the interviews lasted 40-90 minutes. Open-ended questions like “Please tell me about your experiences in the psychiatric unit” (Karimollahi, 2012, p. 739), and “what were your feelings and thoughts during the clinical psychiatric experience?” (Karimollahi, 2012, p. 739) were asked of each participant. The interviews were audiotaped and later transcribed verbatim. The use of the open-ended format assured that participants’ responses were not inhibited by the views of the researcher. Through the use of audiotapes and transcriptions, data analysis was conducted. The expertise of a colleague who had an understanding of the content of the study further validated the identification of data and subsequent determination of themes. Data revealed four key themes: anxiety, maturation, enthusiasm, and dissatisfaction. Within the theme of anxiety the following five sub-themes were identified: fear of the unknown, media effect, peer effect, fear of violence, and erroneous beliefs. Participants of the study identified that lack of knowledge of psychiatric patients, preconceived fear based upon media films, and dialogue with peers contributed to their anxiety.

Karimollahi (2012) accomplished the aim of the study to identify phenomena that accompany student nurses’ psychiatric clinical experience. The study revealed student nurses identified anxiety and dissatisfaction related to fear, gaps between theory and

practice, and misconceptions as phenomena related to their psychiatric clinical practice (Karimollahi, 2012). Karimollahi (2012) concluded that anxiety led to student nurses' difficulty in developing effective relationships with clients and resulted in student nurses distancing themselves from clients, thereby negatively impacting students' learning opportunities. Karimollahi (2012) expressed the need to prepare students before their psychiatric clinical experience and that orientation sessions prior to clinical placement are indicated. A theory-practice gap was identified in this study (Karimollahi, 2012) and some students reported the short duration (nine days) of the clinical placement was a factor that interfered with them achieving their learning objectives. Karimollahi (2012) also pointed out that the current movement of educationalists' emphasis on theoretical ideals, which has shifted from learning by practice, might be a contributing factor to a theory-practice gap. This study contributes to existing knowledge by discussing phenomena related to student nurses' perspectives of the psychiatric clinical experience (Karimollahi, 2012).

Karimollahi (2012) noted several limitations in the study. First, generalization is weak due to the sample size of 13 participants. Second, the use of collecting data regarding clinical experience only considers verbal input but does not include observation of actions and any discrepancy that might exist between the two. Third, the study did not consider any correlation between students' assessment results and attitudes.

Secondary to a concern regarding an insufficient psychiatric nursing workforce in Australia a study was conducted by Happell (2008a) to investigate student nurses' perception of preparedness regarding psychiatric nursing, attitudes toward psychiatric nursing and mental illness, and satisfaction with the clinical experience. This study was

reported in two parts with the first part primarily addressing student nurses' perception of preparedness and confidence regarding psychiatric nursing. The aim of the study was to determine attitudes toward psychiatric nursing, attitudes toward psychiatric illness, preparedness for mental health practice, and satisfaction with psychiatric clinical. A quasi-experimental study involved the completion of a questionnaire on the first day of student nurses' psychiatric clinical experience and again on the final day of their psychiatric clinical experience. The psychiatric clinical experience consisted of a two to four week rotation depending upon the university they were attending. Relevant university ethics committees gave approval for the study. Participants were informed that participation in the study was both voluntary and confidential. Following submission of questionnaires and exclusion of some due to incomplete data, 784 pretests and 687 posttests were analyzed. The pretest and posttest consisted of items that were evaluated on a seven-point Likert-type scale with responses ranging from strongly disagree to strongly agree. After modification of the instrument a pilot study including 47 undergraduate nursing students (not part of the final study) revealed the instrument to be valid and reliable. Statistical analysis of the study questionnaires revealed that psychiatric clinical experience results in more positive attitude toward mental illness and that a perception of more preparedness contributes to more confidence and less anxiety regarding psychiatric nursing. However, the study suggested that undergraduate student nurses feel less prepared for psychiatric nursing than for general nursing. Conclusions of the study revealed the psychiatric clinical experience could influence student nurses' attitudes regarding psychiatric nursing and psychiatric illness.



Part two of the report of the study conducted by Happell (2008b) described a strong negative correlation between student nurses' perception of preparedness for the mental health field and anxiety surrounding mental illness. Statistical analysis of pre- and posttest data revealed male students felt significantly more prepared, less anxious, and more inclined to seek a career in the field of mental health nursing. Based upon correlation between pre- and posttest data, Happell suggested that attitudes toward people who have mental illness may be favorably influenced by the clinical experience but the significance of the relationship between anxiety and preparedness could negatively impact student nurses' desires to pursue a career in mental health nursing and their confidence in their ability to perform psychiatric nursing skills. Happell concluded the more prepared student nurses felt, the less anxious they were regarding their psychiatric clinical experience.

The purpose of a study conducted by Hung, Huang, and Lin (2009) was to investigate the clinical experiences of student nurses during their first encounter with psychiatric patients in the psychiatric clinical setting. Twelve student nurses (one male, 11 female, between the ages of 18-21 years) who had completed their first contact with psychiatric patients and who had finished a four week clinical practice course were selected to participate in the study. An in-depth unstructured face-to-face interview lasting between 45-60 minutes with each student was conducted. Participants were instructed to respond honestly during the interviews and to describe their clinical experience as completely as possible. Researchers maintained neutral attitudes during interviews and deferred from interaction with students or subjectively approving or disapproving the data. Atlas TI v5 software was used to analyze the data. This software

offers tools to manage large amounts of data in a systematic way. Hung et al. (2009) examined the importance of theoretical training and high-quality clinical practice in developing professional and self-confident psychiatric student nurses. Results from the data revealed four themes: breaking the stigma of mental illness, developing a trusting relationship with patients, gaining professional knowledge and skills, and the process of student growth (Hung et al., 2009). Regarding the theme of breaking the stigma of mental illness, “the research shows that before clinical practice the student nurse is often paralyzed by preconceptions and views the psychiatric patient through the lens of these preconceptions” (Hung et al., 2009, p. 3132). Related to the theme of developing a trusting relationship with patients, students reported patients gained trust and wanted to interact with them. The students felt the trusting relationship intensified with increased time spent with patients. Students felt as the clinical rotation progressed they gained professional knowledge and skills regarding nursing care of patients who have psychiatric illnesses. Student growth was reflected in: realistic perception regarding mental illness, confidence and skills interacting with clients who have mental illness, increased psychiatric nursing knowledge and skills, and self-awareness. According to Hung et al. (2009) each student experienced these four themes. Hung et al. (2009) emphasized the need for students to have self-awareness. Students reported their clinical experience helped them strengthen their self-awareness, understand limitations of both themselves and patients, and accept these limitations. Based upon the results of their research that psychiatric clinical experience can have a positive impact on student nurses’ psychiatric skills, Hung et al. (2009) suggested that nursing students would benefit from

increased support and supervision during their initial clinical encounter with patients who have psychiatric illnesses.

The small sample size was a limitation of the study; therefore, these experiences cannot be generalized to a large population of psychiatric nursing students in their first psychiatric clinical nursing experience. The researchers recommended replication of the study utilizing a larger sample. The findings of Hung et al. (2009) revealed that it was important to understand the preconceptions of students during their first experience of psychiatric nursing in a clinical setting and emphasize the importance of educational programs that address this need. Hung et al. (2009) asserted that through the appreciation of the emotional process that psychiatric nursing students may experience during their clinical practice, educators will have the ability to design more effective psychiatric courses.

The aim of a study conducted by Happell and Gough (2007) was to explore the relationship between students' wishes to seek a career in psychiatric/mental health nursing, students' attitudes toward psychiatric/mental health nursing, and their perceived degree of preparedness for the psychiatric nursing field. Six hundred and five undergraduate nursing students participated in the study. Prior to their first psychiatric clinical experience participants completed the Psychiatric/Mental Health Clinical Placement Survey for First Day of Placement measurement tool and a demographic questionnaire. The Psychiatric/Mental Health Clinical Placement Survey for First Day of Placement tool consisted of 24 items using a seven-point Likert-type scale.

Based upon data collected, Happell and Gough (2007) concluded that undergraduate student nurses' attitudes toward individuals with mental illness may not be

as strong of a determining factor contributing to the students' attitudes toward psychiatric nursing as was previously presented in research literature. Happell and Gough did, however, find that students who perceived a lack of preparedness for practice in the mental health field had a lower interest in pursuing a psychiatric nursing career and that a greater perception of preparedness was related to a lower degree of anxiety.

These findings led to the researchers' recommendation that more effort should be involved in addressing students' attitudes regarding mental health, especially those attitudes of anxiety (Happell & Gough, 2007). The researchers based this recommendation in part upon the assumption that students who feel less anxious about working with patients with mental illnesses will feel more prepared. Happell and Gough (2007) recommended that further research be conducted regarding this assumption.

Surgenor et al. (2005) conducted a study utilizing a cross-sectional research design to investigate nursing students' attitudes regarding psychiatric illness and psychiatric nursing. The purpose of this study was to explore the relationship between attitudes related to psychiatric illness and selected demographic variables, exposure to mental illness, and future career ambitions. A total of 164 nursing students enrolled in a three-year registered nurse program in New Zealand were recruited for the study. Of the students recruited, 161 responded. Twenty-one of the responses were not included in the study due to incomplete data. In this program psychiatric concepts are taught the second year. First year students had no formal exposure to psychiatric nursing concepts within the curriculum.

Each student was provided with an amended attitudinal questionnaire investigating attitudes toward psychiatric nursing and psychiatric disorders. The

amended questionnaire consisted of 20 items that were rated by the use of a six-point Likert-type scale. Ten of the items evaluated attitudes regarding psychiatric nursing and the remaining 10 items were related to attitudes toward individuals who have psychiatric illnesses. One hundred and forty questionnaires were completed and statistically analyzed.

Results of the study revealed that little difference existed between first- and third-year students regarding their interest in choosing a future career in psychiatric nursing. Third-year students were found to have a more positive attitude and prior contact with psychiatric illness was associated with attitudes. Students with no exposure expressed less positive attitudes than those who had exposure through work or personal/family situations. Students who had both work and personal/family exposure revealed significantly more positive attitudes than those who only had exposure through work.

The study consisted of 92% females and 8% males, thereby limiting gender generalization. To strengthen the validity of the results and global generalization, replication would be indicated. This study (Surgenor et al., 2005) concluded that nursing students have varied attitudes regarding psychiatric nursing and that exposure to psychiatric illnesses and psychiatric nursing positively impacts students' attitudes. As a result of the study Surgenor et al. (2005) suggested the need for attitudinal interventions that target specific training experiences.

### **Strategies to Improve Psychiatric Clinical Experience**

In research conducted by Ganzer and Zauderer (2013) the presence of affective stress was identified in students regarding their first psychiatric experience. This stress resulted from fear of physical injury, feeling uncomfortable about communicating with

patients, and concerns about the treatment unit being locked. Subsequently, Ganzer and Zauderer (2013) developed a preclinical workshop for student nurses that included an overview of mental health nursing and didactic lecture addressing therapeutic communication and psychiatric diagnoses. Through qualitative research methodology Ganzer and Zauderer determined that the implementation of a preclinical workshop positively impacted the student nurses' clinical experience.

Curtis (2007) initiated a project to utilize a skills-based, two-day workshop to prepare nursing students for their mental health clinical experience. The aims of the workshop were to:

- improve assessment skills (of mental status), including interviewing techniques and skills;
- use the nursing process to plan, implement, and evaluate care;
- develop 'hand-over' and communication skills when interacting with health professionals;
- develop skills to work with mental health consumers in managing their illness;
- gain knowledge of the mental health act and to discuss the impact of it on consumers;
- develop knowledge of medication and side effects;
- demonstrate a variety of places where mental health nursing takes place;
- understand that mental health/illness takes many forms and each consumer is unique;

- practice assessment, planning, and interaction skills in a safe and secure setting prior to clinical placement;
- commence the process of rapport/relationship building between clinicians and students; and
- encourage contact and familiarity with clinical staff prior to placement (Curtis, 2007, p. 287).

The two-day workshops were mandatory course requirements. The workshops consisted of scenarios, role-play, debriefing, and follow-up that consisted of documentation and development of a plan of care. Actors who had experience as mental health clinicians played the roles of consumers (patients). Facilitators of the workshop were experienced in mental health clinical nursing and mental health academia.

Following the workshop a mixed research design including both qualitative and quantitative methods was used to collect data. Students completed a satisfaction/benefit rating of the components of the workshop using a four-point Likert-type scale. An area was designated for general comments at the end of the survey to acquire qualitative data. During the years of 2003-2005 data was collected immediately following the completion of the workshops and again when the same students completed their mental health practicum. Statistical evaluation using the JMP 5.1 package evaluated the quantitative data. The qualitative data were evaluated for themes and used in giving feedback but were not included in the study. Data revealed a high rating from students in regards to satisfaction/benefit of the workshop. Students' comments revealed the workshops resulted in their increase in confidence. Students felt the observation of interviews and role-play was helpful (Curtis, 2007). Based upon the results obtained from the study

following the implementation of the workshop, Curtis (2007) recommended and encouraged the utilization of similar types of intensive workshops prior to student nurses' mental health clinical experience. Curtis (2007) projects pre-clinical interventions such as this workshop will contribute to improved clinical experiences and lead to more nurses choosing the area of mental health as a career choice.

### **Orientation Program Intervention Strategies**

In order to promote learning and maintain students' interest it is important to utilize presentation intervention strategies that will meet both of these needs. Strategies that are suggested to be effective and to maintain interest may include methods such as role-play and PowerPoint presentations. A balanced blend of teaching strategies can promote learning outcomes; therefore, a variety of presentation strategies were utilized during the presentation of the OP-PCE.

Research has revealed contradictory information regarding the effectiveness of PowerPoint in relationship to effective learning outcomes. Depending upon specific research results, PowerPoint presentations improve, fail to improve, or make no difference regarding learning outcomes (Johnson & Christensen, 2011). However, one consistent finding is that student interest is enhanced with PowerPoint. One of the variables that is difficult to address regarding the effectiveness of PowerPoint is the many variations in style, content, and context of PowerPoint presentations. The aim of a study conducted by Johnson and Christensen (2011) was to compare differential effectiveness between traditional PowerPoint designs consisting of large amounts of bulleted information and a Simplified-Visually Rich Approach that consists of slides that support the speaker, minimal text, minimal bulleted text, text integrated with visuals, text in



complete sentences, one idea per slide, visual cues, and handouts to support the PowerPoint presentation (Johnson & Christensen, 2011). Participants of the study consisted of 269 students enrolled in two sections of general psychology. Both sections were taught by the first author of the study and both sections followed the same study objectives, used the same textbook, examinations, and lecture handouts. An opinion survey regarding the two methods was analyzed using one-factor analysis of variance (ANOVA). There was no significance regarding students' perceived learning but there was significance regarding students' preference. Students preferred the Simplified-Visually Rich Approach and revealed a greater satisfaction with this method. No statistical differences were found to be present regarding examination outcomes and presentation methods.

Role-play has been identified as an appropriate intervention in the strategy of experiential learning. Role-play provides the learner with an opportunity to implement skills and provide care in a safe environment that does not lend opportunities to cause harm to patients. Role-play also strengthens skills, increases competency, and promotes confidence of the learner (Smith, 2009). The use of role-play was utilized in the experiential learning of counseling students. Smith (2009) proposed that an advantage of role-play as a teaching strategy indicated student's needs to not only possess knowledge but also translate that knowledge into practice. Smith discussed several options regarding dynamics of role-play exercises. One option is to allow students to assume interview roles of both the counselor and the patient. A drawback to this might be the student playing the role of the client might respond in ways to "help" the interviewer. Another option is the utilization of actors to play the role of the client and suggestions are to

utilize students in the theater department. If theater students are utilized it is important that the instructors set clear guidelines and expectations for the actors. A third option is to use instructors in the client role. Smith supports the use of role-play as a pre-practicum intervention to help students gain skills interviewing clients, promote students' confidence and competency. Role-play as an educational strategy has been discussed as effective regarding education of counseling students (Smith, 2009).

### **Strengths and Weaknesses of the Literature**

Strengths of the current literature included recommendations that are validated through research regarding a need to prepare students for their first psychiatric clinical experience (Curtis, 2007; Surgenor et al., 2005). Current literature also revealed a common thread of student nurses' attitudes in relationship to career interest and a negative correlation between anxiety related to clients with psychiatric illnesses and career choice of psychiatric nursing (Curtis, 2007; Happell & Gough, 2007; Surgenor et al., 2005). Weaknesses of the literature were the small sample sizes of several of the studies (Happell & Gough, 2007; Hung et al., 2009) indicating the need to replicate studies with larger samples to increase generalization of findings. Literature reveals a paucity of research related to psychiatric nursing clinical experience in the United States (Fiedler et al., 2012). A search of current literature reveals psychiatric nursing research has been heavily conducted in Australia (Happell & Gough, 2007; Neville & Goetz, 2013; Spence, Garrick, & McKay, 2012).

### **Summary of Literature**

Literature review revealed student nurses are anxious regarding nursing care of clients with mental illnesses (Happell, 2008a; Happell, 2008b; Happell & Gough, 2007;

Hung et al., 2009; Karimollahi, 2012). Proactive interventions to prepare students for the first psychiatric clinical experience promote student nurses' confidence and contribute to a decrease of anxiety (Curtis, 2007; Happell, 2008a; Happell, 2008b; Hung et al., 2009)). The use of teaching/educational strategies such as PowerPoint presentation (Johnson & Christensen, 2011), role-play (Smith, 2009), video clips, and reflection (Curtis, 2007; Ganzer & Zauderer, 2013) is supported by research and was utilized in the development and implementation of the OP-PCE.

### **Project Design**

The pre-licensure nursing curriculum involves a rigid schedule and specific time is allotted for aspects of the program in order to carefully manage the curriculum for maximum learning outcomes. Due to these factors it was necessary to take full advantage of the time available for the implementation of the OP-PCE. A concise, content-prioritized program was developed in order to impart maximum information in a timely fashion. The orientation program was developed based upon information obtained through a search of the literature and the conducting of a needs assessment that included a survey of students' perceptions of their needs regarding nursing care of clients who have psychiatric illnesses.

### **Project Committee**

The OP-PCE was guided and supported by a committee consisting of a chair and two committee members. The committee chair was a member of the graduate faculty of the university. One committee member was a faculty member in the School of Nursing (SON) where the project was implemented and the second committee member was a

psychiatric clinical instructor with extensive experience in pre-licensure academia with a focus on psychiatric nursing.

### **Population**

The population of participants in the OP-PCE was a cohort of pre-licensure student nurses (n = 34) at a private university in Southeastern United States of America (USA). The student nurses consisted of three males and 32 females, and the mean age of student nurses was 20.14 years. The participants were enrolled in a pre-licensure nursing program that prepares student nurses to gain licensure as a Registered Nurse (RN). The population was a convenience sample of student nurses who had not completed a psychiatric clinical experience.

### **Setting**

The OP-PCE was conducted as part of the pre-licensure curriculum in a school of nursing at a private university in Southeastern United States of America. The OP-PCE was a non-graded requirement of the student nurses' psychiatric nursing class. Participation in the collection of data regarding the OP-PCE was voluntary and anonymous. The project was conducted in a classroom at the university setting where student nurses attend pre-licensure classes. The classroom utilized contained technology and simulation units needed to present the OP-PCE. School of Nursing faculty and one committee member assisted with the implementation.

### **Project Description**

The Orientation Program for the Psychiatric Clinical Experience (OP-PCE) was developed based upon evidence obtained from previously established research, clinical expertise, and student nurses' input during the needs assessment survey. The OP-PCE

consisted of three modules and information was presented through the use of strategies that are recommended through evidence-based research. Time constraints were taken into account during the development of the OP-PCE in order to gain maximum benefit during the three hours allotted. PowerPoint, video clips to provide examples, simulation, and verbal interaction with the project administrator were strategies utilized when developing the OP-PCE presentation methods. After permission to use and modify the instrument was granted from the author, the OP-PCE was evaluated via data collection using the instrument: Mental Health Nursing Education (MHNE) Survey. Mirrored pre- and post-MHNE Surveys were conducted anonymously by identification of survey forms using random numbering.

### **Project Content**

Module one of the OP-PCE included general information related to special concerns related to the psychiatric setting, confidentiality, and professionalism related to psychiatric nursing. Dispelling misconceptions and stigma was included. The importance of maintaining a safe environment was addressed through a simulation session. Concrete information about the specific clinical site was included. Module two included an overview of common psychiatric behaviors and disorders: paranoid behavior, manic behavior, depression, and substance abuse. The focus of module three was therapeutic interaction and communication. Handouts were provided that included therapeutic and non-therapeutic techniques. The use of role-play was included to reinforce therapeutic communication and provide students with practice interacting in a therapeutic fashion. The OP-PCE manager and additional designated educators played patient roles and student nurses used therapeutic techniques during the interaction.

### **Cost and Benefit**

The OP-PCE cost incurred was minimal. Costs included:

- Paper for copies of surveys (\$20.00)
- Printing of copies of surveys (\$30.00)
- Student pocket-folders (\$15.00)
- Committee member travel expense (\$150.00)

Outcome conversion of cost to benefit is promising as there is minimal cost involved and opportunity for ongoing benefit. Space to conduct the OP-PCE was available at the site where pre-licensure education occurs thereby incurring no additional cost. The classroom utilized contained technology needed to implement the OP-PCE. School of Nursing faculty volunteered to assist with the implementation of the OP-PCE. The availability of classroom space, technology, and faculty volunteering to assist with the implementation of the OP-PCE resulted in no additional cost. A beneficial result of the OP-PCE is more positive psychiatric clinical experiences for student nurses. A more positive, effective psychiatric clinical experience will contribute to future registered nurses who will be better prepared to care holistically for all patients. Positive results due to the OP-PCE will strengthen the School of Nursing pre-licensure program and will increase student nurses' confidence and ability to care for patients who have psychiatric illnesses. This increase in skill and knowledge of nursing care for patients with psychiatric illnesses will strengthen the nursing profession.

### **Ethical Considerations**

The Institutional Review Board (IRB) and the School of Nursing IRB committee at the university site where the OP-PCE was presented approved the OP-PCE prior to it

being implemented. The project committee chair and members also approved the OP-PCE proposal. There were no perceived risks to participants beyond the anticipated discomfort that accompanies student nurses' first encounter with psychiatric nursing practice. Exposure to patients with psychiatric illnesses and psychiatric nursing is a standard mandatory component of pre-licensure nursing curricula and would occur as a routine part of the student nurses' education. The benefit of the OP-PCE was exposure to psychiatric illnesses and psychiatric nursing practice in a controlled, supportive, and safe environment. Withdrawal to a neutral physical setting and emotional support from faculty members was available if any student became overwhelmed with discomfort and anxiety.

An explanation regarding the OP-PCE and data collection was provided to all student nurses attending. Attendees were instructed to read the informed consent that was provided to each of them and they were given the opportunity to ask clarifying questions. The informed consent explained the data collection process that included the anonymous completion of a pre- and post-MHNE Survey. The informed consent instructed participants that completion of data collection served as the consent to participate and if participants did not wish to participate they could return a blank pre- and post-MHNE Survey, further assuring anonymity of participation by not identifying student nurses who did and did not participate. Student nurses were informed that participation in the collection of data was voluntary and could be rescinded at any time and that no negative repercussion would occur due to declining participation or rescinding participation in data collection. Anonymity of participants was maintained by the use of number coded data collection that provided a method of comparison of pre-

and post-data. Student nurses randomly chose a printed number from a container and placed this number at the top of the pre- and post-MHNE Surveys in order to provide a method of anonymous identification of data that would be later analyzed. Pre- and post-MHNE Surveys as well as the randomly chosen number were dropped into a closed box. Surveys were then maintained in a secure file area in the OP-PCE administrator's private locked office.

### **Instrument**

The Mental Health Nursing Education Survey (MHNE Survey), previously known as the Psychiatric/Mental Health Clinical Placement Survey for First Day of Placement (Happell & Gouge, 2007) was utilized to collect data. Permission to use and/or modify the Mental Health Nursing Education Survey was obtained from the author. The title of the tool was modified slightly by the project administrator. The original tool title is: Mental Health Nursing Education Survey: Part 1, Section A, Section B, and Part 2. Because Section B and Part 2 are not being utilized the title has been modified to avoid confusion. The title of the survey tool was changed to Mental Health Nursing Education Survey. An area was added at the top of the instrument for placement of the randomly selected number.

The OP-PCE administrator developed a Follow-up Survey of Orientation Program for the Psychiatric Clinical Experience (OP-PCE) and Psychiatric Clinical Rotation. This survey used open-ended questions to query student nurses regarding their feelings about their Psychiatric Clinical experience. It also investigated students' opinions of the contribution of the OP-PCE to their experience. This survey included open-ended



questions to prompt students to provide feedback regarding their opinions of the OP-PCE after they completed their psychiatric clinical experience.

### **Project Implementation**

The OP-PCE was presented to a cohort of Bachelor of Science pre-licensure student nurses at the beginning of the semester that included their didactic, experiential, and clinical psychiatric nursing education. The OP-PCE was implemented before students participated in the psychiatric clinical component and was presented in an onsite classroom of the institution where the students were enrolled. The OP-PCE consisted of three modules and took three hours for completion. The OP-PCE administrator coordinated and facilitated the implementation of the orientation with additional assistance from designated educators and faculty who had expertise in education and psychiatric nursing.

The OP-PCE began with an explanation of the orientation and student nurses were provided a folder containing handouts of OP-PCE information, the informed consent, and mirrored pre- and post-surveys that were used to collect data to evaluate the effectiveness of the OP-PCE. Participants were asked to read the informed consent and make a choice regarding participation in data collection. Anonymity and voluntary participation was emphasized. Participants were given time to complete the mirrored pre- and post-MHNE Surveys at the beginning and end of the OP-PCE. Mirrored pre- and post-MHNE Surveys were used and differentiated by paper color. Pre-MHNE Surveys were printed on blue paper and post-MHNE Surveys were printed on yellow paper. The student nurses placed the mirrored pre- and post-MHNE Surveys in a closed box. The MHNE

Surveys were then placed in a secured, locked area by the project administrator and later the data was entered and analyzed using IBM® SPSS® Statistics Version 22.

Module one included general information that focused on special needs and therapeutic interventions utilized in psychiatric nursing interaction. Emphasis was placed on the vulnerability of the population of individuals with psychiatric illnesses. This information included confidentiality, Health Insurance Portability and Accountability Act (HIPAA), appropriate student nurse attire/appearance, and professional boundaries. Information was provided via PowerPoint presentation, examples, and role-play. Johnson and Christensen (2011) concluded that student interest is enhanced with PowerPoint and Smith (2009) proposed that role-play promoted not only student possession of knowledge, but also utilization of that knowledge in practice. An introduction to the clinical site facility was provided through the use of pictures and OP-PCE administrator interaction with students. Common misconceptions related to mentally ill patients and treatment sites for the mentally ill were explored through the comparison of reality based examples and distorted/misconstrued examples. This comparison was presented using pictures and interaction between the OP-PCE administrator and students. Student nurses participated in a simulation that consisted of the securing of a patient unit to make it safe for a patient who has a mental illness and presents a danger to themselves or others. The experiential laboratory site was used for this activity. Unsafe issues in the unit included, but were not limited to: sharp items, electrical cords, medical tubing, unsecured medication, elastic spiral dressing, intravenous pole, and plastic trash can liner.

Module two included an overview of common psychiatric behaviors and disorders: paranoid behavior, manic behavior, depression, and substance abuse. Presentation strategies included PowerPoint, video clips to provide examples, and verbal interaction with the OP-PCE administrator. Content of module two included a brief description of the disorders and behaviors. Basic interaction techniques were discussed regarding special indications for the different disorders.

The focus of module three was therapeutic interaction. This module began with a reflection activity to promote students' self-awareness. Student nurses were provided with a handout that designated areas for them to explore individual self-awareness. This activity was voluntary and student nurses maintained possession of their individual handouts. Upon completion of the activity student nurses were given the opportunity to discuss their feelings and concerns. Therapeutic interaction, relationship, and communication were discussed. Handouts were provided that included therapeutic and non-therapeutic techniques. Students were given the opportunity to volunteer to role-play therapeutic interactions. The OP-PCE administrator and additional designated educators played patient roles and student nurses used therapeutic techniques during the interaction.

Students were invited to complete the OP-PCE administrator developed Follow-up Survey of the OP-PCE after the completion of their psychiatric clinical experience. Students were informed the completion of this survey was voluntary and would be anonymous. Students were provided with the Follow-up Survey of the OP-PCE form the week following the completion of their psychiatric clinical experience. Because some student nurses complete the psychiatric clinical experience early in the semester and others at the end of the semester it was felt that data collected immediately following the

psychiatric clinical rotation would give feedback that was not biased by the completion of the didactic psychiatric class content.

The Mental Health Nursing Education Survey (MHNE) was used to evaluate the effect of the OP-PCE on reducing students' anxiety related to mental illness and psychiatric nursing. The student nurses' responses to the 28 questions of the pre-orientation MHNE and 28 questions of the post-orientation MHNE were entered into a personal computer. Eight of the 28 questions were negatively stated and reverse scored prior to data analysis. The responses ranged from one (strongly disagree) to seven (strongly agree) with *higher* scores indicating *less* anxiety. The Mental Health Nursing Education Survey was utilized to collect data regarding students' anxiety related to mental illness and psychiatric nursing. Although the survey addresses seven subscales, the subscale that addressed anxiety related to psychiatric nursing was the only subscale analyzed separately (questions three, five, and 11).

### **Project Evaluation**

#### **Statistical Analysis**

The IBM® Statistical Package for the Social Science®, Version 22, was utilized to analyze the data obtained from the pre- and post-MHNE Surveys. A paired samples *t* test was conducted to evaluate whether students were less anxious following the OP-PCE by utilizing the total summed MHNE Survey scores. The results indicated that the mean for the pre-orientation MHNE survey ( $M = 121.97$ ,  $SD = 14.96$ ) was significantly less than the mean for the post-orientation MHNE survey ( $M = 143.68$ ,  $SD = 12.81$ ). The mean range for the MHNE Surveys was ( $M = 28$  to  $M = 196$ ). The paired samples *t* test, ( $t(34) = -9.80$ ,  $p < .05$ ), indicated the students were significantly less anxious after the OP-PCE.

The 95% confidence interval for the mean difference between the pre and post MHNE Surveys was -26.21 to -17.21.

To more specifically evaluate the level of anxiety demonstrated by the pre- and post- MHNE Surveys, the anxiety subset of the MHNE Survey was analyzed. The paired samples *t* test for the difference in the anxiety subset score was statistically significant, ( $t(34) = -4.69, p < .001$ ), indicating the mean of the pre-orientation subscale ( $M = 10.40, SD = 3.10$ ) was significantly lower than the mean for the post-orientation subscale ( $M = 13.05, SD = 2.75$ ). The mean range for the MHNE Surveys anxiety subset was ( $M = 3$  to  $M = 21$ ). The 95% confidence interval for the mean difference between the pre- and post-orientation anxiety subscale scores was quite small, -3.80 to -1.50. The results of the paired samples *t* test for the anxiety subscale score supported the results of the paired samples *t* test for the total MHNE score, indicating the students had significantly less anxiety following the OP-PCE.

Twenty participants completed the Follow-up Survey of Orientation Program for the Psychiatric Clinical Experience (OP-PCE) and Psychiatric Clinical Rotation the week following the completion of their clinical experience. Some of the responses to the survey are as follows:

1. Describe the most helpful components of the Orientation Program for the Psychiatric Clinical Experience.
  - It was helpful to understand the set-up of the unit and that it would be locked.
  - I would like to know about elopement precautions.

- What I found most helpful in the orientation program was the reassurance that most patients are not exhibiting violent behavior. This helped keep me more calm going into the clinical experience.
- The most helpful part was the communication techniques. I would not have known really how to approach patients.
- It definitely helped knowing some of the things to expect or the types of behavior that we might have encountered. It eased my mind to feel at least somewhat prepared.
- The orientation helped to relieve my apprehension about the clinical experience.
- The most helpful component was knowing what to expect and what we should/shouldn't do.
- I liked learning and applying the various types of therapeutic communication. It was helpful to learn the best way to talk and listen to patients.
- The most helpful component of the orientation program was how to effectively communicate with psychiatric patients. Before the orientation I had no idea how to speak or act around a psychiatric patient, but now it has become second nature to me.
- I felt the most helpful components of the orientation program were going over the misconceptions about psychiatric patients and learning and practicing therapeutic communication techniques.

- It was nice to know that our instructor would be with us the whole time so we didn't have to worry about being alone with a patient.
  - The whole orientation was helpful.
  - Being given examples and points on how to deal and act with patients that are depressed, anxious, and psychotic.
2. Describe the least helpful components of the Orientation Program for the Psychiatric Clinical Experience.
- Nothing. It was great!
  - The orientation was helpful.
  - I liked how you explained how other psych places worked also.
  - I don't believe anything was left out.
  - When they described the unit as locked, I assumed the patients were not allowed to wander the halls. It was surprising to me when I went and the patients were allowed to go wherever and interact with each other.
  - I honestly didn't think any part of the orientation wasn't helpful. Before the orientation I had no idea what to expect or do, therefore every part of the orientation was beneficial to me.

3. What additional information would have made your psychiatric clinical experience better?
- Maybe more role-playing and simulation to prepare more to the sights, sounds, and conversations that may happen.
  - I think knowing more about the disorders that I saw would have helped. Since it was early in the semester, we hadn't covered these in class yet.
  - Knowing more about what exactly we would be doing so we wouldn't be so nervous.
  - Hearing more about the actual day-to-day tasks of the psych nurse and information about the commitment process.
4. What suggestions do you have to improve the Orientation Program for the Psychiatric Clinical Experience?
- Talk about elopement precautions.
  - Talk about voluntary versus involuntary admission.
  - More simulation.
  - Perhaps emphasize that the psych rotation is unlike a normal clinical rotation where the student is individually assigned to care for a specific patient. Everything done during the psych rotation was done as a group.
  - I thought it covered everything well.
  - More ways to communicate with the patients could always be helpful.
  - More specific detail about the clinical site.



- More practice with therapeutic communication.
5. Was your psychiatric clinical experience what you expected?
- It was not like I expected, but I thoroughly enjoyed and grew through the experience.
  - I enjoyed hearing the life stories of the patients during group.
  - I expected to have to ask a lot of questions, but the patients were mostly willing to talk on their own.
  - No, it was better. I know I was interested, but I was still very anxious and concerned about what it would be like. However, I loved it. I really enjoyed seeing the disorders manifested in real clients and how they were handled.
  - No. I pictured this horrifying, scary environment and it was nothing like that. It was actually an incredible experience. I really enjoyed it!
  - No. Even though we talked about avoiding stereotypes I was kind of expecting some people to be “crazy” which was not the case at all. I also didn’t think I would enjoy it as much as I did.
  - No. I stereotyped how I believe a psychiatric unit would be. They aren’t “crazy”. They just have different issues that require additional medical help/guidance.
  - I expected it to be almost like a prison, so I was surprised to find out that the patients were allowed to wander around.

Information obtained from the survey will be used to continue to strengthen the OP-PCE. Minor changes will be made to future OP-PCE presentations based upon data collected via the Follow-up Survey of Orientation Program for the Psychiatric Clinical Experience (OP-PCE) and Psychiatric Clinical Rotation. Consensus of the Follow-up Survey of Orientation Program for the Psychiatric Clinical Experience and Psychiatric Clinical Rotation revealed students regarded the OP-PCE as beneficial in promoting a positive psychiatric clinical experience.

### **Comparison to Literature and Theoretical Framework**

Threaded throughout the survey were references from students that the OP-PCE helped reduce anxiety and prepare them for the psychiatric clinical experience (Curtis, 2007; Ganzer & Zauderer, 2013; Happell, 2008b; Hung et al., 2009; Karimollahi, 2012). Based upon responses to the Survey of Orientation Program for the Psychiatric Clinical Experience (OP-PCE) and Psychiatric Clinical Rotation and statistical analysis of the MHNE Survey it can be concluded that student nurses' perception of the psychiatric clinical experience was less threatening after the implementation of the OP-PCE, thus strengthening problem-focused coping (effective coping) versus emotion-focused coping (ineffective coping) (Gunawan, n.d.). Based upon Lazarus and Folkman's (1987) Theory of Stress, Appraisal, and Coping it is deduced that feeling less threatened after participation in OP-PCE resulted in a decrease of anxiety and a promotion of the perception that the situation could be managed.

### **Recommendations for Improvement**

Student responses indicated a need for minor adjustments that have been made to the OP-PCE that will be presented to future cohorts of pre-licensure nursing students.

These adjustments included more concrete description of the clinical site setting and environment, discussion of elopement precautions, additional emphasis on communication techniques, and more practice of therapeutic techniques via role-play. An explanation of a daily routine on the psychiatric unit at the site of the student nurses' clinical rotation has been included in module one. Specific student nurse expectations regarding the psychiatric clinical experience will also be discussed.

### **Sustainability**

The results of the data collected via the pre- and post-MHNE Survey and the positive responses on the Follow-up Survey of Orientation Program for the Psychiatric Clinical Experience and Psychiatric Clinical Rotation supported the need to continue with a routine implementation of the OP-PCE. The OP-PCE will continue to be utilized as a strategy to better prepare student nurses for their psychiatric clinical experience. A positive aspect that can promote the sustainability of the OP-PCE is the minimal cost incurred. Resources necessary for the implementation of the OP-PCE will be ongoing at the university as a routine part of resources within the pre-licensure registered nurse program. A barrier to the sustainability of the OP-PCE includes time constraints within the pre-licensure nursing curriculum and the continued dedication of time for the three hours necessary to present the OP-PCE. Options will be investigated to establish a routine commitment of time allotted for the OP-PCE implementation. Additional barriers could be lack of faculty with psychiatric expertise and resistance of faculty to change of the status quo (Laker et al., 2014).

## **Limitations**

Generalization for use of the OP-PCE is weak due to the small sample size and the singular implementation at this date. Other variables that may affect generalization are geographical location, and acuity of patients at the psychiatric treatment site where the psychiatric clinical rotation occurs. The ages of student nurses who were involved in the OP-PCE was a narrow range of 20-22 with mean age of 20.14, therefore not taking into account the effect that older, more age diverse students might have related to data reporting. Further use of the OP-PCE is indicated and will strengthen generalization. Based upon the clinical experience of the OP-PCE administrator, the OP-PCE will serve as a positive intervention in preparing student nurses for psychiatric clinical experiences.

## **Conclusion**

Historically, there is a high degree of stigma and misunderstanding surrounding psychiatric illness (Surgenor et al., 2005). Student nurses are frequently anxious regarding interaction with patients who have psychiatric illnesses and this anxiety can negatively influence learning outcomes related to the psychiatric clinical experience (Ganzer & Zauderer, 2013; Happell, 2008a; Happell & Gough, 2007; Karimollahi, 2012). The goal of the OP-PCE was to decrease student nurses' feelings of anxiety related to the psychiatric clinical experience, to foster an optimal psychiatric clinical experience, and to strengthen student nurses' psychiatric nursing skills.

Many student nurses have little or no experience regarding psychiatric illness and the psychiatric care setting. This lack of knowledge has the potential to contribute to anxiety and can be especially concerning for those students who are scheduled for psychiatric clinical experiences early in the course and have not received any or little

theoretical content related to psychiatric nursing. The OP-PCE can help overcome this theory to practice gap.

Effectiveness of the OP-PCE was supported by student nurses' responses to the Follow-up Survey of Orientation Program for the Psychiatric Clinical Experience and Psychiatric Clinical Rotation and the significant findings reported by statistical analysis of the quantitative data obtained through the MHNE Survey. These results support the need to continue the implementation of the OP-PCE. Factors that could affect future implementation of the OP-PCE include time constraints, status quo, heavy course content, paucity of psychiatric nursing expertise, and even the ongoing stigma that accompanies psychiatric illnesses. The ongoing implementation of the OP-PCE has the potential to enhance pre-licensure nursing program curriculum, contribute to successful program outcomes, and improve student nurses' ability to care holistically for clients. It is the recommendation of the OP-PCE administrator that the OP-PCE be incorporated as standard practice in pre-licensure registered nursing programs where the OP-PCE was inaugurated.

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## Appendix A

Survey—Pre-licensure Nursing Students Who Have Completed Psychiatric Clinical Experience

## Survey—Pre-licensure Nursing Students Who Have Completed Psychiatric Clinical Experience

### Demographic Information

- Undergraduate Program: ADN\_\_\_\_\_ BSN\_\_\_\_\_
- Gender: Male\_\_\_\_\_ Female\_\_\_\_\_
- Age: 18-25\_\_\_\_\_ 26-32\_\_\_\_\_ 33-40\_\_\_\_\_ 41-50\_\_\_\_\_ 51-60\_\_\_\_\_

	Yes	No
1. Were you anxious about entering your psychiatric clinical experience?		
2. Were you anxious about initiating a conversation with a client who is mentally ill?		
3. Did you know what to expect regarding the psychiatric clinical environment?		
4. Were you aware the unit would be locked?		
5. Did the unit being locked make you feel uncomfortable?		
6. Did you have any fear regarding your psychiatric clinical experience?		
7. Would more in-depth orientation prior to your first psychiatric clinical experience have made you feel less anxious?		
8. Before your psychiatric clinical experience did you consider pursuing a career in psychiatric nursing?		
9. Upon completion of your psychiatric clinical experience did you consider pursuing a career in psychiatric nursing?		

Please list information you feel should be included in an orientation to the psychiatric clinical experience. Use the back if necessary.

## Appendix B

Survey—Pre-licensure Nursing Students Who Have Not Started Psychiatric Clinical Experience

## Survey—Pre-licensure Nursing Students Who Have Not Started Psychiatric Clinical Experience

### Demographic Information

- Undergraduate Program: ADN\_\_\_\_\_ BSN\_\_\_\_\_
- Gender: Male\_\_\_\_\_ Female\_\_\_\_\_
- Age: 18-25\_\_\_\_\_ 26-32\_\_\_\_\_ 33-40\_\_\_\_\_ 41-50\_\_\_\_\_ 51-60\_\_\_\_\_

	Yes	No
1. Are you anxious about entering your psychiatric clinical experience?		
2. Are you anxious about initiating a conversation with a client who is mentally ill?		
3. Do you know what to expect regarding the psychiatric clinical environment?		
4. Are you aware the unit will be locked?		
5. Does the unit being locked make you uncomfortable?		
6. Do you have any fear regarding your psychiatric clinical experience?		
7. Do you expect most psychiatric patients will be aggressive?		
8. Would an orientation prior to your first psychiatric clinical experience make you feel less anxious?		
9. Are you considering a career in psychiatric nursing?		

Comments: (Other concerns, questions, etc.) Use the back of this form if necessary.