Perceptions of Nursing Students Pre/Post Behavioral Mental Health Clinical

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Abstract

Background: Nursing students may bring pre-conceived false perceptions and feelings of anxiety to the clinical placement on a behavioral mental health unit. The faculty goals are to reduce stigma, fears and fictional perceptions of students. The purpose of this study was to explore the fears, anxieties and stigma perceptions of baccalaureate nursing students.

Method: A descriptive, non-experimental study design that included a pre- and post- educational clinical survey was utilized. A comparative survey was designed to explore whether the perceptions of the students had been altered by the immersion within this educational experience. A total of 33 students completed the self-reported questionnaire.

Results: Responses indicated that the nursing students had altered their perceptions of fears and gained educational knowledge in clinical behavioral health.

Conclusion: Despite misperceptions that students may embrace, results indicate faculty can provide a foundation for students in which preconceived beliefs may be positively altered.

INTRODUCTION

The clinical rotation on an acute behavioral health unit for nursing students may be challenging as well as anxiety provoking. The clinical experience for the nursing student may be perceived as a stressful experience due to the negative attitudes towards the clients, as well as concerns of physical injury [1]. The patients may exhibit severe anxiety, or anxiousness as well as a state of depression, denial and swings of manic violent behaviors [2]. Within this environment, the nursing student is expected to complete a comprehensive patient assessment, promote problem solving, proper medication administration, and nutritional information for the client.

The student, however, may have their own set of fears, feelings, experiences, and cultural experiences in which they are either unconsciously or consciously bringing to the clinical encounter [3,4]. What she or he may perceive, or understand, as well as remember from this interactive client sharing experience will provide the basis for future encounters with mental health patients. The reduction of stigma concerning mental illness is of primary concern in developing nursing curricula to prepare practitioners.

A review of the literature revealed research and articles that are quite outdated with a scarcity of current information concerning undergraduate education in the behavioral health field. Several studies have reviewed stress among nursing students. Much of this research has indicated that the levels of stress in nursing students is indeed higher than in the overall student body in other disciplines [5,6]. A lack of understanding the heterogeneity of the psychiatric patient population and students misconception, may contribute to an increase in feelings associated with anxiety and stress. Research has been done on faculty interventions to reduce this stress. A focus study completed by [7] indicates nursing students experience stress particularly during mental health classes. The reduction of anxiety and stress by providing support resources, with enriched communication between faculty and students may increase positive feelings and the well-being for nursing students [8].

Nursing students concerned with the location of their placement at a behavioral site may result in an increase of feelings and thoughts associated with fears, anxieties and stigma [9] reported upon the difficulty with site location of students for psychiatric clinical rotations [10]. The behavioral health sites for the nursing students is to facilitate the opportunity to engage with the clients in an environment of safety and security [11]. A barrier to achieving this outcome may be the student’s false perceptions, emotional and behaviors response to engaging with the psychiatric patient population.

As faculty, we continually seek alternative methods in which to provide comfort measures with the establishment of positive communication with the students. [12] reported that with both
classroom education and longer clinical placement proactively influence student attitudes towards mental health nursing and may reflect a more long-lasting change in beliefs.

At this university undergraduate nursing students currently have few lectures in the fundamentals of psychiatric nursing and limited time provided in the clinical area. The researchers were thus concerned with how the students were responding to the experience in the behavioral health clinical. The exploration into the possible reduction of anxiety, fears and stigma was pursued to facilitate the best possible clinical training fundamentals for the baccalaureate nursing students. Permission to survey the students was obtained and granted through the Internal Review Board of the University, IRB number 2016-378.

METHOD

The behavioral health instrument was formatted from a longer scale originally designed by [13], which in turn had been adapted from a self-report survey based on an instrument developed by [14]. Permission to utilize the original study and revise the instrument was obtained from [15]. The instrument was designed with a five point Likert scale, ranging from strongly disagree to strongly agree. The revised instrument, with faculty suggestions incorporated within the structure, was then pilot tested with a small sample (n=25) of nursing students.

Examples of a few of the research questions included queries concerning such as (1) I do not have any fears or apprehensions concerning a mental health unit. (2) As a nursing student I will be safe and secure while on this unit. (3) The previous education has prepared me to now acquire a foundation in mental health nursing. (4) If the clients are disruptive on the unit I know that resources are available for me that will be supportive.

Faculty provided a verbal introduction of this study to the nursing students on their first day of clinical orientation. The sample size was limited by the number of students enrolled in the current nursing program. Student participation was voluntary with all information obtained as confidential and anonymous. Involvement in this research was not to be reflected in grading or their course work. Both consent forms as well as the surveys were then provided to all students present, placed in an envelope or their course work. Both consent forms as well as the surveys were then provided to all students present, placed in an envelope when completed, and stored on the university campus in secure locations. At the completion of their separate clinical rotations the survey was again administered to the nursing student cohorts. The clinical course was not altered in any way then had been previously provided in the interest of exploring the current faculty strategies of teaching.

RESULTS

Data analysis was conducted with IBM SPSS software, version 23.0, IBM Corp. in Armonk, N.Y. Descriptive analysis included the mean and SD for ordinal variables and frequency distributions for nominal variables. Independent samples t-test was conducted to compare the preconceived fears and educational preparation of baccalaureate nursing students’ pre- and post-placement on a behavioral health unit.

Descriptive data of the participants (N=33) revealed that the majority were female 74 (N=23), male population 21% (N=7) missing 5% (N=3).

The results were organized in association with the survey questions. Table 1 reports the summary distribution of the statistical t-test for each individual question in the survey. Question 1 compared the student’s fears and apprehension concerning a mental health unit pre-placement (M = 2.55, SD = 1.00) and post completion (M = 3.39, SD = 1.17); t -3.162, p = .002. The results demonstrate that a significant number of students fears and apprehensions have been positively altered in this behavioral health course.

The question 2 the ability to complete a therapeutic communication process, pre (M = 3.86, SD = 1.07); post (M = 4.6, SD = 1.07) t = 1.53 p = .132); t 1.525, p.132. The responses revealed a low score in significance that related to their educational competency.

Question 3 was not significant; it questioned whether the student’s perceptions of the course were valuable as an experience for their nursing career. Pre(M= 4.60, SD = .496)

Post (M = 4.55, SD = .506). In relation to other subject areas in nursing it has been well documented within the literature of the unpopularity of psychiatric nursing.

Question 4 indicated that the undergraduates measure of safety and security has been significantly altered, pre-placement (M = 3.66, SD = .74 and post completion (M = 4.18, SD = .50); t -3.150, p = .002. The emphasis upon decreasing student anxiety related to the clinical mental health setting is paramount to providing an environment in which the student can acquire the knowledge base for this foundation of nursing [16].

Questions 5 related to the security measures and resources that had been available for disruptive clients. There is not a significant difference between the pre and post survey results. The pre-placement (M = 3.86, SD = 1.21) and post completion (M = 4.43, SD = .53) t -1.50, p = .139.

Question 6 reviewed the student’s perceptions as to their knowledge acquisition concerning medications. This was not significant between the pre and post survey results. The pre-placement (M = 3.69, SD = .728) post completion (M = 3.88, SD = .485) t 1.19, p=.237.

Question 7 the perception of the student able to establish boundaries with the client on the unit. This was not significant between the pre and post survey results. The pre-placement (M = 3.88, SD = .485) post completion (M 3.82, SD = .683) t 1.416, p = .679.

Question 8 provided an empowerment of significance in that the undergraduate was able to provide an assessment of the clients in the mental health clinical rotation. Pre-placement (M = 2.86, SD = 1.35) and post completion (M = 4.14, SD = .69) t -2.79, p = .007.

Question 9 participate in interdisciplinary meetings pre (M 4.29, SD = .49) post (M = 4.14, SD = .69) t.50 p = .611). As indicated by the results in this research, the nursing students struggle with a perceived lack of learning or clinical competence.

Question 10 recorded significant results when the question was stated “the previous education has prepared me to now acquire a foundation in mental health nursing.” Pre (M = 3.14, SD = 1.07) post M = 4.29, SD = .76) t -2.24, p = .029.
DISCUSSION

This study provides information that is important in the evolution of the nursing students’ educational development. The results indicate that an opportunity exists to dispel misunderstandings and fears regarding individuals with behavioral health illness. Mental illness may be interwoven throughout all domains in nursing care for clients. The development of teaching strategies that would engage students in reducing adverse perceptions of mental illness would be beneficial to effectively caring for these individuals. The design of this study, however, may not be specific in regards to how to change the perceptions or attitudes of the baccalaureate student, or what other factors might indeed involve the attainment of educational insight concerning behavioral health.

The stressors that confront and confound students in nursing education curriculum programs may in fact be related to the increased difficulty with their ability to cope effectively as well as to think critically. [17] identified the necessity to prepare and provide support resources as an adjunct to student achievement. The importance of opening up a dialogue after completion of a survey with a similar design, may assist faculty in engaging in strategies in which to provide new knowledge and more positive perspectives concerning mental illness.

The findings indicated the lack of value that the student embraces concerning the behavioral mental health clinical education. This has been documented in previous research studies. [13] Educational acquisition of medications as the students had indicated was inadequate. This will also need to be addressed in future considerations of course structuring. Over all, this will lead to an exploration for new learning strategies providing student with a supportive learning environment. Thus enhancing both the nursing students’ attitudes toward mental health nursing and educational outcomes.

The limitations of the study need to be acknowledged in this discussion. The findings presented are limited in scope to a small undergraduate nursing students and therefore may not be generalized to other programs. The impact upon the clinical placement was not evaluated. Future research should focus upon the locations in which the clinical occurred, as well as strategies utilized to reduce misperceptions, stigma, fears and anxieties.

In conclusion, the findings indicate further evidence of poor perceptions present in nursing students regarding mental health. The reduction of stigma as well as the promotion of emotional, mental and social well-being should be included in the relationship between mind and body. This emphasis upon health promotion, crisis interventions, behavioral and coping mechanisms is necessary for the promotion of healthy lifestyles. The awareness for nursing students to be heightened in this pursuit of well-being encompasses all clients in physical and mental health clinical fields [18]. Ascertaining a reduction in anxiety in nursing students in which they may pursue the goal of providing health promotion for all of our clients is significant.

REFERENCES


