Structured Learning and Self-Reflection: Strategies to Decrease Anxiety in the Psychiatric Mental Health Clinical Nursing Experience

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Abstract

Aim. The purpose of this qualitative study was to test a teaching-learning strategy to help nursing students decrease stress and anxiety that may be brought about by the psychiatric mental health clinical experience.

Background. Undergraduate nursing students are known to experience affective stress prior to their first psychiatric mental health clinical practicum. A stressful learning environment can affect the success of the student's clinical performance.

Method. Thirty nursing students participated in this study. A structured preclinical workshop combined with self-reflection provided insight into students' perceptions of the psychiatric mental health clinical experience.

Results. Overall, students reported that participating in the teaching-learning strategy and self-reflection helped mitigate anxiety.

Conclusion. Combining structured learning with self-reflection is a useful tool for helping nursing students increase self-awareness and ease anxiety that may interfere with learning.

Key Words. Reflective Learning – Psychiatry – Mental Health – Nursing Students – Self-Reflection – Structured Learning

The psychiatric mental health (PMH) clinical practicum can be perceived by nursing students as an especially stressful experience (Tully, 2004). Nurse faculty who teach in psychiatric clinical settings use an array of teaching methods to meet students' academic and emotional needs in attempts to create positive learning experiences that do not lead to stress, fear, and anxiety (Penn, 2008). Research studies investigating stress in the PMH practicum have examined the effects of structured communication exercises, student-faculty collaboration, interactive learning sessions, and opportunities for nursing students to express their perceptions of fear and threats to personal safety (Arnold & Nieswiadomy, 1997; Feingold et al., 2008; Morissette, 2004). Despite these strategies, students still report feeling considerable stress and anxiety prior to beginning the PMH experience.

This article describes a teaching-learning strategy that combines a structured preclinical workshop and reflective learning to mitigate affective stress and anxiety in students prior to beginning the clinical practicum on a locked psychiatric unit. Lessons learned from this experience and recommendations for future directions in nursing education are explored.

Background

STRUCTURE AND SUPPORT TO ALLEVIATE STRESS

The psychiatric mental health clinical practicum is a component of all contemporary undergraduate nursing education programs. Several research studies investigating nursing students' perceptions of their first mental health placement report that students experience affective stress (Happell & Gough, 2007; Morissette, 2004). Primary reasons cited for stress are fear of physical injury, discomfort in communicating with patients, and concerns about spending time on a locked unit (Happell, 2009; Penn, 2008).

Stress in the learning environment has been shown to contribute to anxiety and lead to the development of poor coping skills, thus interfering with students' academic performance. Affective stress has been shown to negatively affect the student's ability to interact with clients, master clinical objectives, and achieve successful learning outcomes (Duffy, 2009; Tully, 2004). Providing students with a supportive learning environment has been shown to positively influence their attitudes toward mental health care (Feingold et al., 2008). Enhancing nursing students’ comfort level during the PMH practicum is essential to achieving positive learning outcomes.
Benner (1982) proposed that novice nurses learn best in structured learning environments and that nursing students with little experience also benefit from being given rules and structure with faculty input (Benner). The acquisition of skills in a positive and structured learning experience enhances personal and professional development and builds confidence. Providing students with a controlled learning experience and structured learning activities for the first day of the PMH clinical allows students to become familiar with and comfortable in the clinical environment. Providing students with structure and support can be critical for easing the transition into this new clinical experience.

**BENEFITS OF SELF-REFLECTION**

Self-reflection can help students better understand their stress and anxiety and gain self-awareness. It is an important teaching strategy. The process involves internal examination and exploration of an issue of concern, triggered by an experience. It creates and clarifies meaning in terms of self and leads to changed conceptual perspective (Donovan, 2007; Levett-Jones, 2007). Through the use of self-reflection, students can take a holistic, individualized approach to learning that challenges the way they think, feel, and believe (Epp, 2008). Students benefit from this exercise by gaining insight into affective emotions that may influence patient care. The self-reflective process can result in behavioral change, improved problem solving, and personal and professional awareness as well as improved patient care (Harris, 2008).

Boud and Fales (1983) outlined three stages in the reflective learning process: anticipation of an experience, exposure to the experience, and the final stage after the event. This article reports on students’ self-reflective learning experiences on the first day of the PMH practicum, the initial stage, and after exposure to the practicum. A premise of this approach is that learning takes time and requires the ability to view particular events in a broad context.

**Description of the Program**

Faculty teaching in a traditional baccalaureate nursing program implemented a structured preclinical workshop to provide students with an overview of psychiatric mental health nursing and alleviate their anxiety prior to the rotation. The workshop, conducted on the first day of the psychiatric mental health clinical rotation, consisted of a didactic lecture focused on therapeutic communication and mental health diagnoses commonly encountered on the adult inpatient psychiatric unit. Special attention was given to explaining and clarifying the students’ role in the clinical environment by describing the setting and client population and outlining clinical objectives.

The workshop included opportunities for role-playing in interactive scenarios using high-fidelity simulation (e.g., an encounter with a difficult and resistant client) as well as media presentations and movie clips (e.g., scenes from the film “Good Will Hunting”). Faculty facilitated the discussions during debriefing sessions and encouraged the open exchange of concerns that students might have. Students were given opportunities to openly discuss thoughts, feelings and concerns pertaining to the upcoming clinical encounter.

**The Self-Reflective Learning Exercise**

At the beginning of the workshop, students participated in a self-reflective learning exercise. The goal was to allow students to prepare themselves mentally for the clinical experience by gaining a better understanding of their cognitive and emotional thought processes about the practicum. For this exercise, students answered the following question in their own words: What are your perceptions about the psychiatric mental health clinical practicum? The same question was asked of students at the completion of the PMH clinical experience, providing the opportunity to reflect on the learning experience once the pressure of acting in real time had passed.

Nurse faculty collaborated in a review of all reflections to determine if any themes emerged from the content that provided insight into areas of concern. A significant number of the students’ reflections before the workshop showed that they were fearful of interacting with mentally ill clients. Students expressed concern about using the appropriate methods of communication and apprehension about how clients would react. Student responses included: “I am feeling excited, nervous, scared about my psychiatric experience. The unknown is always a little scary,” and “I am anxious. I am nervous because I don’t know what to expect but hope it is a good experience.”

Preclinical responses also centered on personal safety. Several students harbored the perception that the PMH clients they would encounter would be violent and irrational. Students expressed concerns about being injured by an uncontrolled client and having to somehow manage the client’s unpredictable behavior. Comments included: “My intention is to go into this experience open to having the
best experience, safely” and “I hope safety will be maintained and my personal space will be protected.”

Several reflections focused on loss of control and on being restricted from coming and going freely on a locked unit. In the workshop discussion session, students asked questions about the policies and procedures surrounding how patients were maintained in the unit. The concept of elopement (patients leaving the unit through an accidentally opened door) was a concern. Students also wanted to know whether the instructor would have a key that would allow them entrance to and exit from the unit. Several comments reflected these concerns: “I understand that the facility units are locked, which is one reason why I’m anxious” and “I am nervous that I may feel claustrophobic if I am on a locked unit. Will the professor have a key?”

Faculty also worked together to evaluate the students’ reflections at the completion of the PMH practicum. Students reported that they experienced a sense of relief once they began the practicum. They talked about how participating in the workshop and having the opportunity to write down on paper what they were experiencing emotionally was helpful. Their reflections focused on the benefit of the workshop in dispelling misconceptions: “I felt a bit relieved after participating in the psychiatric workshop; it helped me to feel more realistic about the experience” and “The laboratory workshop helped me to better understand what it means to be mentally ill and I wasn’t upset going to the unit.”

Students’ sentiments were not entirely optimistic after the PMH practicum, and some statements still reflected anxiety about the clinical experience: “Even now I am still a little nervous about being on a locked unit” and “I did look forward to this practicum. However, my level of anxiety increased knowing that the facility was locked. I am excited, happy, not so scared.”

Even though students had mixed emotions regarding the practicum, the experience helped them develop confidence. As time passed and they felt more comfortable, some students looked forward to arriving on the unit. One student reflected on her increased comfort level in working with this patient population: “The clinical experience has prepared me to have the skills I need to work with mentally ill people. I have learned that mental health nursing is important and that I can therapeutically communicate with my patients.” In general, students expressed that the PMH practicum was not as anxiety provoking as they initially thought it would be.

Discussion
The PMH clinical setting can be a stressful experience for nursing students. Fear and anxiety can create barriers to learning in this milieu (Happell & Gough, 2007). Implementing a variety of teaching methods has been shown to be beneficial in decreasing negative thoughts and experiences in the PMH setting. In this program, students participated in a self-reflective learning session followed by a structured clinical workshop that targeted their fear and anxiety, focused on promoting self-awareness, and served as a transitional learning experience from classroom to the clinical setting. Incorporating realistic PMH experiences into a classroom environment allowed students to better prepare for the PMH practicum.

The self-reflective learning exercise can be a useful teaching tool for helping navigate students’ perceptions regarding the PMH experience. Students’ reflections prior to participation in the workshop provided faculty with rich insight into the fear and anxiety students had regarding the practicum. Their reflections upon completion of the practicum showed that students had grown to view mental illness in a different light. Students expressed positive feelings and relief in learning about the fundamentals of mental illness. They came to understand that there is no need to be afraid of patients hospitalized with a psychiatric diagnosis or of being in a locked environment. Students reported feeling better equipped to handle themselves on the unit.

The information presented in the workshop and participation in the process of self-reflection increased student self-awareness and ability to cope psychologically with the PMH experience. Findings from this program support the benefits of providing a structured, clinically focused workshop together with the opportunity for reflection prior to and at the completion of the PMH clinical experience. By involving students in a structured preclinical laboratory workshop, faculty were able to engage students and equip them with knowledge of what to expect and lower anticipatory anxiety about this experience. The self-reflective learning sessions aided students’ ability to gain a realistic picture of their feelings about the PMH experience, documenting that students were less anxious and had more positive attitudes about interactions with clients with psychiatric or mental disorders.

Conclusion
Preparing nursing students for their PMH clinical practicum is the fundamental responsibility of nurse faculty.
Nurses need to be able to dispel their fears regarding mental illness and communicate with patients professionally and compassionately. The PHM clinical workshop developed and implemented for this program yielded positive insights about the efficacy of preparedness and open communication. It provided the students and faculty in the program with empowering techniques that can promote learning in this clinical setting.

In this program, students’ reflections were a learning experience for both students and faculty. The process of reflecting helped students gain self-awareness, participate actively in learning, and build confidence in the knowledge that they were safe and protected in the locked unit. For the faculty, the students’ reflections allowed specific concerns to be identified and addressed. Ultimately, the students’ ability to participate actively and wholeheartedly in patient care may also affect whether they view their experience with the PMH clinical practicum as a positive one. Future research exploring the use of a variety of teaching techniques together with self-reflective learning may help shed light on students’ perspectives regarding the PMH clinical experience.

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