

## “My Professor Is Not Far Away”: Online Counseling During the Application of Mental Health and Disease Nursing Course

*“Öğretim Üyem Çok Uzakta Değil”: Ruh Sağlığı ve Hastalıkları Hemşireliği Dersi Uygulaması Süresince Online Danışmanlık*

Meltem MERİÇ, Ümran DAL YILMAZ

### Introduction

Mental Health and Disease Nursing is a nursing discipline that deals with the evaluation of responses given by individuals to mental problems and the prevention, care, and treatment of mental disorders.<sup>[1]</sup> Nursing students generally learn psychiatric nursing and concepts in Mental Health and Disease Nursing course in the final year. This course aims to ensure that students provide mental care to their patients, gain personal communication skills, and be aware of their own and patients' mental state by evaluating their feelings, thoughts, and behaviors in the framework of nursing concepts.<sup>[2]</sup>

The most important area in which this awareness is achieved is the field of application in which clinical experience is gained and students adapt to real-world conditions. Many factors affect students' motivation in the field of application. One of the most important of these factors is the instructor who is responsible for the course application. It is the responsibility of the instructor to assess student needs, provide them guidance, and ensure that they benefit from the clinical environment at the highest level.<sup>[3]</sup> A positive communication with the instructor helps reduce student's anxiety and increase learning opportunities.<sup>[4]</sup> In this context, this study examined the online interviews of the fourth-grade students in the Near East University Nursing Department in the Turkish Republic of Northern Cyprus, Turkey, who participated in the application of Mental Health and Disease Nursing course, with the responsible instructor during the application period.

The Near East University is located in Cyprus, and the Nursing Department in the School of Health Sciences offers

4-year undergraduate nursing education. The department had 898 Cypriot and Turkish students. The Mental Health and Disease nursing course was given to the fourth-grade students in the fall semester. The number of students who took this course in the fall semester of 2016-2017 was 146. A total of 84 h of block theoretic lessons, 12 h per week, were given in 7 weeks per semester. Therefore, the course was practiced in 28 working days following the completion of the theoretical courses. The Near East University Hospital did not have an inpatient psychiatric service. Therefore, it was planned that the students would practice in Peace Spirit and Neurological Disease Hospital, which was the only psychiatric hospital in Cyprus. However, during the same period, the hospital admitted only 46 students because of the applications from the students of the nursing department of other universities in the island. Therefore, the remaining 95 students had to do internships in hospitals in Turkey. It was important for the students doing an internship in Turkey to work in a psychiatric clinic. However, nine students completed internships in internal medicine or surgical clinics in the hospital because some hospitals did not have inpatient service in the psychiatric clinic and some doctors were absent due to annual leave/certificate programs. The students completed their internship in 28 days without a clinical change; student traineeships were supervised by nurses responsible for the training in the hospitals where the students were practicing.

The fact that the students would practice in different hospitals in Turkey and the fact that no instructor would be present during the course application led to the concern regarding possible obstacles in the field of application, which was an important part of theoretical education. Therefore, it was decided to use an online counseling method that would enable the students to communicate with the course lecturer through the Internet on all aspects during the course application. For this purpose, online contact addresses such as e-mail address and messenger account information of the instructor, who were assistant professors in the field of psychiatric nursing and also actors of the theoretical courses, were shared with the students. It was emphasized that the students contacted the faculty member and consulted him/her through these addresses in all matters related to the application.

Department of Nursing, Faculty of Health Science, Near East University, Lefkoşa, K.K.T.C.

**Correspondence (İletişim):** Dr. Meltem MERİÇ.  
**e-mail (e-posta):** meltemcos@yahoo.com

**Psikiyatri Hemşireliği Dergisi 2017;8(3):188-192**  
**Journal of Psychiatric Nursing 2017;8(3):188-192**

**Doi:** 10.14744/phd.2017.98360

**Submitted (Geliş tarihi):** 15.06.2017 **Accepted (Kabul tarihi):** 06.09.2017

A total of 46 students contacted the instructor via the Internet during the 28-day internship; 20 and 26 of them used e-mail and messenger, respectively. Further, 18 of them communicated with the instructor at least 3 or 4 times during the internship by posting messages on different topics. The rest of the students just sent a message on one subject. The students sent a message to the lecturer about a situation in which they had lived during the hours of internship or beyond. As soon as the instructor saw the message, a feedback message was sent to the student, informing that the instructor had read the message and would return as soon as possible. Feedback was given to the students in 3–5 min at the earliest or no later than 3–4 h. The messages of students who received online counseling were as follows:

### **Students' Messages About the Clinics Where They Did the Internship**

During the first week of the internship, students often sent messages about the clinical information that they were doing their internships. In particular, nine students who could not do the internship in the psychiatry clinic sent messages about their anxiety during this period.

“Dear Professor, patients are not hospitalized here. How am I going to write my reports if I do not see psychiatric patients?”

“I’m working in a surgical clinic. I’m so sorry because I will not see a psychiatric patient. I hope, the hospital starts getting patients to the psychiatric clinic until the internship is over.”

“I was sorry that I was doing internship in a surgical clinic, but there is a psychiatric case right now. The patient was diagnosed of mastitis, but she was suffering from postpartum depression.”

Nine students who had to complete their internship at internal or surgical clinics were worried about being unable to work in the psychiatric clinic at the beginning of their internship. This was considered as an opportunity by counseling the faculty to emphasize the importance of the “Consultation-Liaison Psychiatry (CLP) Nursing” as a special field of psychiatric nursing. Although nursing students received training in a holistic manner, they often overlooked the need to evaluate psychosocial aspects of patients in surgical or internal medicine inpatient clinics.<sup>[5]</sup> In this sense, the students were reminded of the CLP nursing in the content of the theoretical course again. Furthermore, it was emphasized that they should make patients’ biopsychosocial assessment using a holistic approach and evaluate how patients complied with their diseases, how they coped with their diseases, how they experienced their diseases, and what methods they were using to cope with their diseases.

### **Student Messages About Observations, Interview Report Writing, and Nursing Diagnosis**

Students who adapted to their clinics were immediately interested in the reports they needed to complete during the internship. The questions on how to write the observation report constituted the majority of the questions directed to the instructor. The students sent their observation reports to the lecturer and asked him/her to evaluate how they were written.

“Dear Professor, good afternoon, I have written an observation today as attached, could you please check whether it is correct?”

“I tried to write my observation obsession as you told me, but I wonder how it is, can you read it?”

“The patient does not stop at all, he always walks around so I do not know how to talk to him.”

“My patient thinks that the medication is too much for him, he does not want to take it, I want to talk to him about this issue, I think about a few questions, but I am not sure what to ask, can you review and give feedback if I send the draft questions?”

“Dear Professor, I am having difficulty in doing my care plan because I am in a surgical clinic, I cannot make a diagnosis about psychiatry”

Psychiatric nurses identified and assessed patients’ problems and needs, qualifications, and compliance with the environment by observing them. Nurses collected data for patient care using their observation and interviewing skills and establishing an individual therapeutic communication with the patient. The students were required to write daily observation and interview reports on their patients throughout their internship to develop these two skills, which were indispensable for psychiatric nurses to create a therapeutic environment. The observations sent by the students to the lecturer for examination revealed that the majority of the students wrote the observed data without commenting on the patient. However, in some observations, they wrote in detail about how they had communicated and what they had done with their patients during the day. The instructor feedback reminded the students again about the areas to be observed in the patients. Furthermore, the instructor emphasized the need to focus on patient reactions rather than what was done with the patient.

### **Student Messages About the Communication with the Patient**

In their messages, the students mentioned about their difficulties in communicating with their patients and asked for help on how to react.

“Dear Professor, the patient I care for is very aggressive, I did not know how to approach him, and frankly I was scared.”

“My patient thinks to commit suicide and feels suffocated of his family. He says that he wants to cut his wrist. I did not know what to say and what to do?”

“My patient’s mother is staying as a companion next to him, and every time I see her, she cries for her son, and I feel very helpless when she cries. I feel more relaxed when I talk to the patient but my eyes are full of tears when I talk to her mother.’

“My patients said to me: ‘Do not talk to anyone about what I told you in our conversation,’ I said: ‘Of course, it is between us.’ But I know that I should not have said it. We planned to meet again. How I should explain it to him in a proper way?”

Students might feel like they were in a completely different place when they were confronted with mentally impaired individuals, their families, health care team, and clinical environment, and they might not know what to do in the clinical practice where they experienced real-life testing and found a great learning opportunity. This might lead to stressful life because of their inadequacy and fear of making mistakes.<sup>[6]</sup> A well-designed support for such situations ensured that they had self-confidence and recognized the value of the clinical learning environment.<sup>[7]</sup> It was understood from student messages that the situations in which they felt most helpless included when they did not know how to respond patients’ sayings or behaviors. Particularly, patients who cried, who wanted students to hide what they had told, or who said they would commit suicide became difficult situations for students. The instructor feedbacks first tried to reduce students’ anxiety by trying to recognize the emotions experienced by them and then emphasize what to do in relevant cases.

### **Student Messages Related to Therapeutic Environment**

Students gave information about nurses’ approach to them and patients and inadequate patient clinical activities and then they asked for advice on what they could do in this regard.

“Nurses or other staff do not care enough about the patients, even they asked me not doing good things toward patients because they asserted that patients were accustomed to such things so they asked them to do these activities for themselves. I am undecided on what to do.”

“Hello professor, I am interested in photography, I think I may contribute in my patient using my hobby. What do you think about taking photo together with them in the garden, and then presenting these photographs in social activity room in the clinic?”

“Dear Professor, me and education nurse decided to do theater for our patients. We wrote the script ourselves. We

want to send it to you. Could you please check it and give feedback on it?”

“Dear Professor, I would like to show you what kind of handwork patients create in social activity room in the clinic. Can I just take photos of the handwork without showing their faces?”

It was one of the most important skills of the psychiatric nurse to create a therapeutic environment, know the effect of the environment on patients, and consciously use it for patient benefit. The reasons for students to inform the counselor about the therapeutic environment were as follows: the patients were bored in the daytime environment, the nurses were not quite supportive of the therapeutic environment, and the students were not sure what they could do in this regard. It was important for students in this regard to understand the fact that nurses in the clinic should bear the responsibility to understand and maintain the characteristics of the therapeutic environment. In the feedback, the instructor emphasized that every activity to be done for the patients should be for the benefit of the patient and the student should ask the question “What will I do?”

### **Student Feedbacks to the Instructor About Online Counseling**

“Thank you very much, if you are in my internship I could not reach you that much.”

“I never feel alone myself, thank you.”

“I am happy that I am with a person like you, you really responded to my all questions instantly.”

“This internship was not like the others, it is enough to stand alone beside the patients and I can see it now, thank you so much,

“... I feel relaxed when my message reaches you,

“It was very easy to reach you via msn in any case when I was worried or worried, so the internship was very efficient.”

“At the first place, I said myself: ‘The instructor does not answer these questions, so I should not write a message.’ But when my friends told me that you responded their messages immediately, I decided to write to you too...”

“Your online lecturer, you are always with us.”

“I thought that this intern would be the most difficult internship in terms of communication with patients. However, you were always with us sending messages, thank you.”

### **Sample Message Content Made During Online Consulting Process**

**Student:** In our conversation, the patient said, “Do not tell anyone what I told you,” and I said, “Of course, it is be-

tween us.” But I know that I should not have said like that, we plan to meet again, so how do I explain it to him?

**Instructor:** You know that you should not have done it, but you said you will not share your patient’s secret.

**Student:** Yes.

**Instructor:** What did you feel?

**Student:** This secret seems like a burden to me, I’m actually scared. I also said it was a nurse lady, and I felt like I was lying to the patient, I was angry with myself.

**Instructor:** I guess you were scared and you were angry with yourself. What do you think you need to say to the patient?

**Student:** I would say: “This is an important issue, I have to tell the nurses.”

**Instructor:** I think you can talk to your patient again in this way tomorrow. Talking open is always good, important for your patient to be confident in you.

**Student:** I said I will not tell it to anyone because I want my patient trust on me, even I know it was not the correct way.

**Instructor:** In fact, it is important that you know what you need to say to the patient. You are currently in the learning process and it is not so easy to do it right away; you will learn as you repeat. I do not think you’ll forget it anymore.

**Student:** I think so. Tomorrow I will write details after meeting with my patient.

**Instructor:** Okay, I’m waiting.

Applying for the Mental Health and Disease Nursing course was an important experience. In the theoretical lessons, the students learned about the symptoms of the illnesses, how the patients lived, and how to approach the patients with this indication. Students needed a well-managed clinical practice.<sup>[8]</sup> Online counseling was found to have a positive impact on clinical learning experiences by having a counselor who could easily communicate with the students even if they were not in the course of the application. It was concluded that students should be able to show their behaviors according to their own wishes and ask for help in the face of their difficulties; to do this through technology (Internet) was important for the students to access information.

Students might feel like they were in a completely different place when they were confronted with mentally impaired individuals, their families, health care team, and clinical environment, and they might not know what to do in the clinical practice where they experienced real-life testing and found a great learning opportunity.<sup>[6,9]</sup> As evident from the sample message content, students could easily and quickly reach the

faculty member via the Internet when they felt helpless and did not know how to respond to their patients, and they felt better about the help they were given about how to behave during online counseling.

It was important to ensure that students who could not be accompanied during their internships were able to access the instructor online, achieve the purpose of the application, and get feedback on the subjects discussed in the theoretical lectures. In the beginning, concerns existed about how many students would like to reach the lecturer in this way, whether the students could be returned quickly, and whether the message contents could be understood correctly by the students. However, no problems, such as the lack of understanding of the messages or the length of the feedback period, were encountered during the process.

Most of the students had written messages to the lecturer within working hours, but some of them also wrote messages in late hours. Therefore, the time to write messages should be clarified beforehand. Students need to have Internet connections to send messages to the instructor. It has been observed that students who have Internet problems, although this is often possible, prefer to communicate by e-mail outside of working hours.

During the theoretical lectures, students could learn various characteristics such as communication characteristics, lecture attendance, participation, and assertiveness. It was observed that students who could not communicate effectively had written and expressed themselves easily through messages during the theoretical course. This suggested that the online consulting process might be an opportunity for students to experience such communication difficulties.

As a result, online counseling was provided to the students during the course to give them a quick feedback in case they needed help and support them in overcoming their problems. It was determined that the students did not feel lonely and had a sense of confidence thanks to this method; this was reflected in the efficiency of the internship. Besides, the instructor was able to provide counseling to the students online at a fast pace and make him/her feel adequate and dynamic. This was why online counseling in nursing practice was a productive experience for students and faculty members.

## References

1. Videbeck SL. *Psychiatric-Mental Health Nursing*. 5th ed. Philadelphia: Lippincott Williams & Wilkins; 2011.
2. Valiee S, Moridi G, Khaledi S, Garibi F. Nursing students’ perspectives on clinical instructors’ effective teaching strategies: A descriptive study. *Nurse Educ Pract* 2016;16:258–62.
3. Hickey MT. Baccalaureate nursing graduates’ perceptions of their clinical instructional experiences and preparation for practice. *J Prof Nurs* 2010;26:35–41.

4. Shahsavari H, Parsa Yekta Z, Houser ML, Ghiyasvandian S. Perceived clinical constraints in the nurse student-instructor interactions: a qualitative study. *Nurse Educ Pract* 2013;13:546-52.
5. McMaster R, Jammali-Blasi A, Andersson-Noorgard K, Cooper K, et al. Research involvement, support needs, and factors affecting research participation: a survey of Mental Health Consultation Liaison Nurses. *Int J Ment Health Nurs* 2013;22:154-61.
6. Tiwaken SU, Caranto LC, David JH. The real world: Lived experiences of student nurses during clinical practice. *International Journal of Nursing Science* 2015;5:66-75.
7. Hatlevik IK. The theory-practice relationship: reflective skills and theoretical knowledge as key factors in bridging the gap between theory and practice in initial nursing education. *J Adv Nurs* 2012;68:868-77.
8. Happell B. The importance of clinical experience for mental health nursing - part 1: undergraduate nursing students' attitudes, preparedness and satisfaction. *Int J Ment Health Nurs* 2008;17:326-32.
9. Chen AK, Rivera J, Rotter N, Green E, et al. Interprofessional education in the clinical setting: A qualitative look at the preceptor's perspective in training advanced practice nursing students. *Nurse Educ Pract* 2016;21:29-36.