



## Original Article

# The clinical competency in post graduate psychiatric nursing students: a qualitative study

Effat Sheikhabaeddinzadeh,<sup>1</sup> Tahereh Ashktorab,<sup>2</sup> Abbas Ebadi<sup>3</sup>

<sup>1</sup>Department of Nursing, Ferdows Branch, Islamic Azad University, Ferdows, Iran

<sup>2</sup>Department of Nursing Management, Faculty of Nursing and Midwifery, Tehran Medical Science, Islamic Azad University, Tehran, Iran

<sup>3</sup>Department of Management, Nursing Faculty, Baqiyatallah University of Medical Sciences, Tehran, Iran

### Abstract

**Objectives:** "Clinical competency" is an ambiguous and context-based concept. This study aims to define the postgraduate psychiatric nursing students' clinical competency.

**Methods:** This qualitative study, the part of a larger study and extracted from the Ph.D. thesis, was approved by the Ethics Committee. It is a qualitative content analysis study conducted in the nursing schools holding postgraduate psychiatric nursing program. 21 participants were instructors and postgraduate students in psychiatric nursing, psychiatric nurses, psychiatrist and psychologist who have experienced working in psychiatric settings. Data collection was conducted from November 2019 to August 2020 using a purposeful sampling. Individually semi-structured interviews were conducted. The conventional content analysis of data was performed using Graneheim & Lundman method.

**Results:** Three themes and eight categories were recognized. The emerging themes include "Personal characteristics" (with categories "Individual and family properties", "Ethical principles", "Physical and mental competence"), "Technical competency" (with categories "Specialized knowledge", "Application of knowledge in practice"), and "Meta competency" (with categories "Ability to think and clinical reasoning", "Dynamic learning", "Human and organizational management").

**Conclusion:** The postgraduate psychiatric nursing students' clinical competency is "to dynamically learn specialized knowledge and skills, creatively apply in clinical practice, and critically do clinical reasoning besides having individual & family properties, physical & mental competence, commitment to ethical principles. Furthermore, managing nursing cares provides integrated care for the patient. Conceptualizing the concept of psychiatric nurses' competency appropriate to context can lead to the integrated educational program and objective evaluation of student competency.

**Keywords:** Clinical competency; mental health nursing; postgraduate nursing education; psychiatric nursing; qualitative research.

Today, the widespread changes have affected health,<sup>[1-3]</sup> as a result, the health care system encountered some challenges. Hence, nurses were expected to provide high-quality and safe cares.<sup>[2]</sup> The nursing profession needs to adapt to changes, and constantly update knowledge according to the context.<sup>[4]</sup> Preparing nurses who can provide effective cares in complex contexts is a challenge.<sup>[5]</sup> There is a cause-and-effect

relationship between the quantity and quality of learning of the nursing students today with their clinical proficiency in the future.<sup>[6]</sup> Clinical education helps nurses to achieve optimal clinical competency.<sup>[3,6]</sup>

Insufficient competencies can hurt physically and mentally to patients.<sup>[7]</sup> The only way to ensure performance is to achieve professional competency.<sup>[8]</sup> Therefore, evaluating

**Address for correspondence:** Tahereh Ashktorab, Tehran Medical Science, Islamic Azad University, Tehran, Iran

**Phone:** +98 44865179-82 **E-mail:** taherehashk@gmail.com **ORCID:** 0000-0001-8189-6248

**Submitted Date:** October 10, 2021 **Revised Date:** April 06, 2023 **Accepted Date:** June 06, 2023 **Available Online Date:** October 19, 2023

©Copyright 2023 by Journal of Psychiatric Nursing - Available online at [www.phdergi.org](http://www.phdergi.org)



students' ability of understanding and applying the learned knowledge is necessary.<sup>[6]</sup> Evaluation results in awareness of their strengths and weaknesses in clinical practice. That gets proper feedback. Consequently, they will attempt to promote their clinical practice.<sup>[9]</sup> Evaluation needs index and standards. Similarly, in order to establish the standard principles in a psychiatric nursing educational program, a clear definition is important.<sup>[3]</sup> Thus, it creates an attitude on essential skills, helps to fulfill role, and determine the expected competency level. Consequently, the psychiatric nursing care quality gets improved.<sup>[2]</sup> However, according to studies, the factors such as, role uncertainty,<sup>[10]</sup> limited recognition of psychiatric nurses' rehabilitation role,<sup>[11]</sup> inadequate skills in the performance,<sup>[12]</sup> defects in curriculum,<sup>[13]</sup> and lack of mental health care standards<sup>[3]</sup> cause uncertainty in defining clinical competency.<sup>[14]</sup>

About two decades have passed since the first qualification of psychiatric nursing. When professional nursing education was founded, it was believed that a nurse had no role to improve the patients with mental disorders. Hence, nurses did not know psychological techniques for a long time. Advances in psychotherapy led to the emergence of psychiatric nursing.<sup>[15]</sup> Psychiatric nurses were introduced as a therapeutic agent.<sup>[13]</sup> Therefore, it is necessary to evaluate the level of knowledge, and application skill of knowledge in practice. In Iran, the first psychiatric nursing school was established in Roozbeh hospital in Tehran, as a 1-year period. The educational program gradually grew until finally, 2 to 3-year- Master of Science degree in psychiatric nursing was established. Then, the curriculum was revised in 2013.<sup>[16]</sup>

Most of studies on competency are about the performance of nurses, or undergraduate nursing students, in the medical-surgical field, for example, Takase and Teraoka (2011) defined nursing competence as "the ability of nurses to effectively demonstrate a set of attributes, such as personal characteristics, professional attitude, values, knowledge, and skills, and to fulfill their professional responsibility through their practices. A competent person must possess these attributes, be motivated, and able to apply knowledge effectively to provide safe, effective, and professional nursing cares".<sup>[17]</sup> Few studies were found on psychiatric nursing such as Mohtashami et al.<sup>[3]</sup> study (2014), Moskoei et al.<sup>[18]</sup> (2017), and Jormfeldt et al.<sup>[19]</sup> (2018), done on nurses and undergraduate nursing students. In Iran, 4 credits (equals 102 hours) on mental health and mental disorders subjects as apprenticeship are included in sequentially fourth and fifth semesters in undergraduate nursing education.<sup>[20]</sup> But the postgraduate psychiatric nursing program, which is called MSc psychiatric nursing program in Iran, consists in more specialized subjects such as nursing counseling principles, individual; family and group psychiatric interventions, psychiatric nursing theories, psychiatric disorders in different age groups. In Iran, most nurses working in psychiatric settings hold bachelor`s degree in general nursing. Jormfeldt et al.<sup>[19]</sup> (2018) study distinguished postgraduate psychiatric nurse responsibilities from undergraduate nursing tasks in physical health caring. Moskoei et al.<sup>[18]</sup> (2017) defined

#### What is presently known on this subject?

- Practical and theory definitions were provided for postgraduate psychiatric nursing students` clinical competency.

#### What does this article add to the existing knowledge?

- Defining clinical competency dimensions, education would be integrated, also students or graduates are evaluated objectively.
- It leads to professional identity for psychiatric nurses, consequently, it will promote the psychiatric nursing profession.

#### What are the implications for practice?

- Clarifying the practical and theoretical concept of the clinical competency of postgraduate psychiatric nursing students leads to specifying their duties and roles. Appropriate tools and indicators will be available to objectively evaluate the level of performance. As a result, the quality of psychiatric nursing care will be better, inter professional cooperation in the team will be improved and nursing care will be more integrated.

nurses` competency working in psychiatric settings in two emotional-moral and specific care fields. The former was patience, showing respectful behavior, avoiding prejudice, observing confidence and patients` rights, respect toward colleagues. The latter was therapeutic relationship. Therefore, there is unclear understanding of the MSc psychiatric nursing students` competency. As nursing has changed into a high-tech profession, the nursing interventions and community expectations are changing,<sup>[8]</sup> and the type of services required changes along with the context of care. As a result, defining dimensions of postgraduate psychiatric nursing students` clinical competency can be contributed to educational plan for competent psychiatric nurses training. This study aimed to explain the concept and dimensions of clinical competency of MSc psychiatric nursing students.

## Materials and Method

This is a qualitative content analysis study. Nursing schools providing the psychiatric nursing internship for postgraduate students (MSc) were selected. Participants were MSc students and faculty members in psychiatric nursing, psychiatric nurses, also psychologists, and psychiatrists with at least 2-year experience in a psychiatric ward where provides the psychiatric nursing internship course.

Data collection was concluded from November 2019 to August 2020 using a purposeful sampling. After obtaining the permission of ethics committee and receiving informed consent from the participants to participate in the study, their perception was examined through an individual semi-structured interview. The time of interviews was arranged according to the participants' preference. Interviews lasted about 25- 40 minutes.

The participants were asked questions such as: "How do you define "competency?", "which kinds of competencies should a postgraduate psychiatric nursing student obtain?". To grasp, probing questions were asked, such as "could you please explain more?"

After completing each interview, it was analyzed using the conventional content analysis method. The data obtaining were simultaneously processed based on Graneheim and

**Table 1. The stages of Graneheim and Lundman's method (2004).<sup>[21]</sup>**

1. Implementation and reviewing of interviews
2. Extracting semantic units and assigning them to compile units
3. Summarizing the compiled units and selecting labels
4. Determining categories based on similarities and differences of subcategories
5. Choosing the appropriate title

Lundman method (Table 1).<sup>[21]</sup> It was chosen because of its user-friendliness, clear steps, and transparency of the process (from data collection to analysis). Hence, all interviews were recorded and listened several times, then typed verbatim by computers. For making sure, the audio recordings were heard again, and the contents were reviewed at the same time. The interviews were continued to saturate. Reading the transcripts line-by-line, an analysis unit was established. The important sentences and phrases were underlined, and the main idea emerged from them and coded (Table 2). Primary categorization of data was performed after overlapped codes were assimilated. Data reduction in all analysis units keeps going till the main categories emerged. Merging the similar main categories, main themes were constructed. Finally, the coded data were concluded to discover characteristics and dimensions of the clinical competency concept.

The trustworthiness was assessed using Lincoln and Guba's criteria (1994).<sup>[22]</sup> For findings credibility reflecting of the research purpose and the social reality of the research participants,<sup>[23]</sup> the written text of a number of interviews and a summary of the preliminary results were checked by several participants and modified if needed (member check). Long-term contact with participants was met by introducing and explaining aim and research, interview situation and questions filed. Then an appointment for interviewing was got,

**Table 2. An example of the process of extracting primary codes for the individual properties category**

Meaningful Unit	Primary codes
There should be some personal characteristics, I think one of them is to have a stable personality; it's a kind of personal characteristic as if he's accepting himself (P. 1).	Stable character
I think a person who enters the fields of medical science, in addition to succeeding in entrance exam of master science; he/she should have personality qualifications (P. 2).	Personality qualification
That's wrong you didn't accept yourself (P. 5).	Acceptance of personality

and asked for phone number to coordinate for another interviews if needed. Enough time was devoted to interviews as long as participants let the researcher. Continuous review and comparison of data and categories in terms of similarities and differences in collection and analysis were allocated. For confirmability, which assures the results will be confirmed by other researchers,<sup>[24]</sup> all texts of interviews, codes, and extracted categories were reviewed and confirmed by the second and third authors, also an expert in the research methodology. The triangulation of different groups (psychologist, psychiatrist, psychiatric nursing professors, students and staff), and noting in the field were also used as a source triangulation. Transferability, which aims to extend the degree to which the results can be generalized or transferred to other contexts or settings,<sup>[24]</sup> was met by purposeful sampling to form a nominated sample till saturation. Also direct quotes and examples were presented. Dependability is assessed to ensure the findings of qualitative inquiry are repeatable if the research occurred within the same cohort of participants, and context<sup>[24]</sup> Hence, for ensuring the coherence between the questions and the research methodology, the steps and trends of the research were also accurately recorded and reported step by step for audit trial.

#### Ethical considerations

This study was one part of the first author's Ph.D. thesis in nursing approved by the Ethics Committee of Islamic Azad Medical Sciences University in Iran (IR. IAU. TMU. REC. 1399.171). Some of the ethical principles that should be considered in qualitative research include obtaining informed consent from the participants and respecting the anonymity and confidentiality of the findings. All participants of study were informed of the purpose and methods of the research, and permission for tape-recording the interviews and publishing the findings was obtained from them. The participants were informed of their rights and the voluntary nature of participating in study, their anonymity, and the confidentiality of the data. Participants were ensured that withdrawal from the study was possible without being penalty. Those who wished to participate in this study signed a written informed consent form.

#### Results

All of 21 participants had both teaching and practical experiences between at least 4 months to maximum 30 years, except for students who had no teaching experiences. Participants' age ranged 25-70 years. The minimum education level was MSc student in psychiatric nursing. More than half of them (66.7%) were female. One of participants was single and others were married (Table 3).

After 21 interviews, 1169 primary codes were extracted, of which 534 codes were obtained in 23 subcategories and 8 categories. Three main themes abstracted include "Personal characteristics", "Technical competency" and "Meta competency" (Table 4).

**Table 3. Demographic Information of Participants (n=21)**

Variable	Frequency(%)		
Age (year)	25-30	2 (9.5)	
	31-36	4 (19.0)	
	37-42	5 (23.8)	
	43-48	5 (23.8)	
	49-54	3 (14.3)	
	>55	2 (9.5)	
Gender	Female	14 (66.7)	
	Male	7 (33.3)	
Marriage status	Married	20 (95.2)	
	Single	1 (4.76)	
	Divorced	0 (0)	
Education	MSc	12 (57.1)	
	Student	3 (14.3)	
	PhD	4 (19.0)	
	Others	2 (9.6)	
Experience (Clinical/Teach) (year)		<b>C</b>	<b>T</b>
	1-5	3 (14.3)	3 (14.3)
	6-10	2 (9.5)	4 (19.0)
	11-15	7 (33.3)	3 (14.3)
	15-20	3 (14.3)	1 (4.8)
	>20	4 (19.0)	2 (9.5)
Total	21(100)	21 (100)	

Note: C= Clinical ,T= Teach

**1. Personal Characteristics:** This includes "Individual and family properties", "Ethical principles", and "Physical and mental competence". Participants believed that the short time master course could not fundamentally change people, so the student should be healthy morally, personality, physically and mentally. Then, education will enrich that. As the basic foundation of personality is established in the family, so the student's family status is very important:

*1-1. Individual and family properties:* One dimension of the "Personal characteristics" is "Individual and family properties". Participants considered that the individual characteristics of the MSc student such as being responsible for caring of a person with mental disorder, lack of management of emotions, and abnormal behaviors, are important. Also, they stated MSc students must understand the client, specific conditions and challenges of the bedside, and finally must play role modeling. Besides, the family background of the students was influential and important in the formation of personality and pragmatic learning of psychiatric nursing knowledge. Participant No .1 said:

".. There must be some individual characteristics, one that has

a stable and firm personality. He/she should accept him/herself."

**Participant No .15 stated:** It's important that with what background you are entering psychiatric filed. Family background is more important than science. "

*1-2. Ethical principles:* This derived from the two categories of "Personal ethics", and "Professional ethics". This dimension includes commitment to the implementation of ethical standards, beliefs and values, and morality of student. Since the majority of patients with mental disorders have no abstract thinking and place-time-person orientation, it is necessary to make decision instead of or for the patient, provide health care honestly. So, that makes psychiatric nurses face ample ethical challenges. Therefore, besides the student's individual commitment to follow ethics, it is necessary that student get familiarized with ethical principles. Participant No .10 stated:

" .. It really hurts me, when I'm doing medicine; (colleague) asked me, did you give an extra medicine? I did her medicine!! For sleeping! It's terrible. She is supposed to follow a professional ethics."

*1-3. Physical and mental competency:* This which derived from the two categories "Healthy body and tailored to profession", and "Mental health" is third dimension of "Personal characteristics". Participants believed students should be physically and mentally healthy to care of patients with mental disorders as similar as patients with physical disorders. Moreover, their physical appearance is important in the effectiveness of psychiatric nursing care.

**Participant No .18 stated:** "He himself should have a relative physical and mental health, also appropriate physique. In a psychiatric hospital, someone who is physically very little is not useful at all. For example, in a hospital, it's pretty different, someone with a tall height, with someone who is short. A patient doesn't count on that little one, as an authority at all."

**Regarding to physical health, participant No 2 stated:** "For example, a person with hearing problem can't really work in a psychiatric ward. We have to be alert when the smallest sound is heard. The smallest possible sound has a message. Someone is killing himself, someone is killing someone else, this is something you should pay attention to."

Participants also believed that a person who does not have mental health cannot tolerate abnormal behaviors and aggressions of patients or may harm the patient due to lack of optimal level of mental health. Regarding to that, participant No .11 explained: "... First, he/she should know what mental health is and he/she should have mental health him/herself. Then he/she'll do for his/her patient..."

**Also participant No. 15 stated:**

"It is expected from a person who is studying postgraduate psychiatric nursing that he/she can easily solve problems in his/her relationships, challenges and crises, but this is not so."

**2. Technical competency:** This derived from the two main categories of "Specialized knowledge", and "Application of

**Table 4. Themes, Categories and Sub categories**

Theme	Category	Sub Category
Personal Characteristics	Individual and family properties	Individual characteristic Family background
	Ethical principles	Personal ethics-Professional ethics
	Physical and mental competence	Healthy body and tailored to profession- Mental health
Technical Competency	Specialized knowledge	Nursing knowledge - Psychiatric nurse knowledge- Psychology knowledge
	Application of knowledge in practice	Experience and clinical skills Psychiatric nursing interventions skills Educational skills Research and evidence based practice skills
Meta Competency	Ability to think and clinical reasoning	Critical and creative thinking- Clinical decision making –Holistic perspective.
	Dynamic learning	Interest and motivation - Lifelong learning.
	Human and organizational management	Supervision and control of psychiatric patients Leadership and management of personnel and psychiatric section

knowledge in practice". Participants believed to have specialized knowledge merely is not enough; students should be able to apply it in practice suitably and on time.

**2-1. Specialized knowledge:** This category is consisting of "Nursing knowledge", "Psychiatric nurse knowledge" and "Psychology knowledge". Participants emphasized on their necessity. An instructor stated:

".. At first, having strong theoretical knowledge about diseases and nursing care. Should know scientific issues of those diseases, and could understand them." (Participant No .3).

**2-2. Application of knowledge in practice:** This category includes "Experience and clinical skills", "Psychiatric nursing interventions skills", "Educational skills" and "Research and evidence based practice skills". Most of participants mentioned that a postgraduate psychiatric nursing student acquires the psychiatric nursing interventions, teaching and research skills, in addition to the skills, techniques and knowledge learned at the undergraduate nursing level; such as blood sampling and intra venous catheterization, documentation. It is expected that they will be able to implement them in different clinical situations, share their knowledge, promote colleagues and students` skills, to well train educational contents to clients and families, apply research skills in finding out problems, developing the profession and expanding nursing knowledge.

**A faculty in psychiatric nursing stated:**

"... Someone who is able to clinically implement their knowledge for patient and family has competency. So, a master is

expected to know children's diseases. Then, during the internship, practices the same cases: autism, ADHD. Any disorders studied will see here. He/she could take care of them. We expect a psychiatric nursing student to know all illnesses and take care of them." (Participant No .3).

**Also, participant No .12 noted:**

"Being able to search, translate new articles, interpret them, and pass on the new results to the personnel".

**3. Meta Competency:** It derived from the three categories of "Ability to think and clinically reasoning", "Dynamic learning", and "Human and organizational management". Participants believed that qualified psychiatric nurses critically and holistically assess patients, creatively solving problem and attempt to develop skills and specialized knowledge.

**3-1. Ability to think and clinical reasoning:** This includes "Critical and creative thinking", "Clinical decision making", and "Holistic perspective". Participants believed that students need to analyze situations and challenges, find out creative solutions tailored to the patient's needs and available facilities. Hence, it is necessary to strengthen the holistic perspective, critical and creative thinking, and also clinical decision making skills.

**Participant No. 14:** "...The student must improve his critical thinking to be able to analyze..."

Participant No. 1 stated regarding to the holistic perspective: "We never look at care in just one dimension when intervening for patient. We actually have to try to gather all the information,"

3-2. *Dynamic learning*: This includes "Interest and motivation", and "Long-life learning". Participants believed that students should first be interested in learning, implementing psychiatric nursing interventions, and caring for psychiatric patients. They should be responsible for promoting knowledge learned during undergraduate and postgraduate courses. They should also pay attention to the development and updating nursing knowledge constantly. Participant No. 18 stated:

".. Student would be enthusiastic about the psychiatric issues. I was forced to select psychiatric nursing. It was pretty different if I would be interested."

For the importance of continuous learning, participant No.19 stated: "We must take extra courses ourselves. What's taught during course is very limited."

3-3. *Human and organizational management*: This includes "Supervision and control of psychiatric patients", and "Leadership and management of personnel and psychiatric setting". Skill in controlling and managing aggressive patients, controlling the conflict among several aggressive patients, monitoring patients, also the psychiatric team and department management are other necessary skills. Participant No. 12 stated:

"Task of supervising, can even be devoted to a master level in psychiatric nursing."

Regarding to human management, participant No. 20 stated "There is a psychiatric team including in psychiatric nurse, social worker, psychologist and so on. They should work together. They should manage team; they must share the information to each other efficiently in order to improve each other".

## Discussion

Considering that in this study, only Persian and English language articles were used, therefore, the findings of this study are discussed according to those. The concept of postgraduate psychiatric nursing students' clinical competency was explained. The findings indicated three themes entitled "Personal Characteristics", "Technical Competency" and "Meta Competency". The theme of "Personal Characteristics" includes "Individual and family properties", "Ethical principles" and "Physical and mental competence". The theme of "Technical Competency" contains "Specialized knowledge" and "Application of knowledge in practice". The theme of "Meta Competency" includes "Ability to think and clinical reasoning", "Dynamic learning", "Human and organizational management". Defining the relations between themes, the concept of "clinical competency" of postgraduate psychiatric nursing students is as "to dynamically learn specialized knowledge and skills, creatively implement in clinical practice, and critically do clinical reasoning, besides having individual and family properties, physical and mental competence, and commitment to ethical principles. Furthermore, managing nursing cares provides integrated care for the patient". It seems that the resulting definition is relatively more comprehensive than the

existing definitions. Considering studies explained the clinical competency of undergraduate students and nurses in psychiatric settings, it is expected that the clinical competency of MSc psychiatric nursing students would be more specialized than the undergraduate nursing which was met in the present study. So, this definition contributes to reduce role ambiguity, and distinguishes responsibilities of postgraduate psychiatric nursing students from undergraduate nursing tasks.

The first theme of this study is "Personal Characteristics," which is similar to the study of Takas & Teraoka (2011) and Mohtashami et al.<sup>[3]</sup> (2014).<sup>[17]</sup> Mohtashami et al.<sup>[3]</sup> (2014) considered general competencies as respecting patient rights, confidentiality, lack of patient judgment, responsibility, and respect for colleagues. But, the current study emphasized on individual and family properties and physical and mental competencies, in addition to ethical principles (personal and professional ethics). Considering the basic foundations of the personality are formed in the first six years of life, and psychosocial factors are effective in stabilizing and flourishing the better character,<sup>[25]</sup> it is considered the students' essential characteristic. According to current study being familiar with moral principles, do not make commitment thoroughly. Commitment, responsibility and other moral characteristics are institutionalized in the family environment. Studies have introduced not only theoretical knowledge, but also demographic characteristics and the environment as factors influencing the acquisition of competency.<sup>[26]</sup> Similarly, it is demonstrated physical and mental health of nurses is as one of the determining factors in their care quality.<sup>[27,28]</sup> So it is necessary to consider them before admitting the postgraduate psychiatric nursing students.

However, no study points out to the family properties, therefore more study is recommended. Also, it is suggested to investigate the impact of the physical appearance of the psychiatric nurse on communicating with the mentally disordered patients, gaining their trust, and treatment adherence.

The second theme is "Technical Competency", that is similar to Mohtashami et al.<sup>[3]</sup> (2014), Moskoei et al.<sup>[18]</sup> (2017) also Jormfeldt et al.<sup>[19]</sup> (2018). Mohtashami et al. (2014) expressed specialized competence in two parts: therapeutic communication and patient care skills. The present study refers to technical competency including specialized knowledge of nursing, psychiatric nursing, psychology, educational and research and application of them in practice. As it is clear, the scope of knowledge in the present study is wider than previous studies. Similarly, in Mohtashami et al. (2014) and Moskoei et al. (2017) studies, specialized skills were limited to communication therapy and general nursing care. The other specialized knowledge of postgraduate psychiatric nursing, teaching skills to colleagues and students, and researching and management skills, were not mentioned in their studies. It may be because these two studies were done at the level of nursing bachelor. Jormfeldt et al. (2018) have reported postgraduate psychiatric nursing knowledge in specific, detail and extensive types. Ex-

tensive knowledge helps them to be able to improve physical and mental health of patients.<sup>[21]</sup> Nursing knowledge and skills are not adequate for the postgraduate psychiatric nursing competency level. Therefore, it is emphasized on training psychiatric nurses with the aim of responding to the needs of patients and for safe treatment.<sup>[7]</sup>

A study proposed 6 main competencies for MSc in psychiatric nursing, including quality improvement, safety, team collaboration, patient-centered care, evidence-based practice, and technology<sup>[19]</sup> which is similar to the present study. However, the current study is not pointed to technology. Despite the widespread attention to information and technology application in the nursing, its role and importance in different domains of nursing,<sup>[29]</sup> it has not been mentioned in this study. Likely it is for the greater emphasis of psychiatric nurses on therapeutic communication, which requires eye contact. Due to the limitations in the clinical environment, using simulated technology in psychiatric nursing education can contribute to educational promotion.<sup>[30]</sup> Further research is recommended.

Another study considered the competencies of psychiatric nurses in suicide cases as values and ethical principles, treatment intervention, management, and participation in the psychiatric team,<sup>[31]</sup> which is similar to the present study.

The third theme was "Meta Competency", which is similar to the Tenkanen et al.<sup>[7]</sup> study (2011). They found out that merely specialty in psychiatric nursing does not provide the knowledge and skills necessary in treating the forensic psychiatric nursing. But it is necessary to be able to integrate insights into practice actively. Bogo et al.<sup>[32]</sup> (2013) defined meta competency as a dynamic concept with a multi-level structure and regarding to higher order, overarching qualities, including student cognitive, critical and self-reflective capacities. In present study instead of self-reflective capability, dynamic learning was stated that according to studies, it needs a self-evaluation and personal development. It is suggested to check if the educational course plan of the clinical trainers is according to the existing technical and meta competencies of this study.

In sum up, for providing high-quality nursing care, nurses need a standard framework and guidelines to practice accordingly.<sup>[2]</sup> Explaining the clearly and practical concept of clinical competency of psychiatric nursing helps it.

## Conclusion

The clinical competency of MSc psychiatric nursing students was determined as "to dynamically learn specialized knowledge and skills, creatively implement in clinical practice, and critically do clinical reasoning besides having individual and family properties, physical and mental competence, and commitment to ethical principles. Furthermore, managing nursing cares provides integrated care for the patient." This includes in "Personal Characteristics", "Technical Competency" and "Meta Competency".

Identifying the psychiatric nursing competency appropriate to

the Iran context can effectively be a suitable strategy for determining standard indicators for evaluating the student competency, and promoting psychiatric nursing services quality in all domains of education, management, and practice.

**Conflict of interest:** There are no relevant conflicts of interest to disclose.

**Peer-review:** Externally peer-reviewed.

**Authorship contributions:** The first author: Concept and design of study -acquisition of data -analysis and interpretation of data-Drafting the manuscript. The second and third authors: Analysis and interpretation of data revising and final approval of the version.

## References

1. Adams S. Psychiatric mental health nursing: "A seat at the table". *J Am Psychiatr Nurs Assoc* 2015;21:34-7.
2. Fukada M. Nursing competency: Definition, structure and development. *Yonago Acta Medica* 2018;7:1-7.
3. Mohtashami J, Salsali M, Pazargadi M, Manoochehri H, Alavi Majd H. Designing and psychometry of clinical competency checklist of mental health nurse students. *Iran J Psychiatr Nurs [Article in Persian]* 2014;2:46-57.
4. Miyashita M, Nakai Y, Sasahara T, Koyama Y, Shimizu Y, Tsukamoto N, et al. Nursing autonomy plays an important role in nurses' attitudes toward caring for dying patients. *Am J Hosp Palliat Care* 2007;24:202-10.
5. Nielsen AE, Noone J, Voss H, Mathews LR. Preparing nursing students for the future: An innovative approach to clinical education. *Nurse Educ Pract* 2013;13:301-9.
6. Esmaili M, Valini S, Parsa-Yekta Z, Ebadi A. Translation and psychometric clinical practice of nursing students, *Stride Dev Med Educ [Article in Persian]* 2013;10:288-97.
7. Tenkanen H, Tiihonen J, Repo-Tiihonen E, Kinnunen J. Interrelationship between core interventions and core competencies of forensic psychiatric nursing in Finland. *J Forensic Nurs* 2011;7:32-9.
8. Hubbard GB. Customized role play: Strategy for development of psychiatric mental health nurse practitioner competencies. *Perspect Psychiatr Care* 2014;50:132-8.
9. Ebadi A, Tabanejad Z, Pazokian M, Saeed Y. Clinical competence among MSc students of critical care nursing. *Iran J Med Educ [Article in Persian]* 2015;14:1036-46.
10. Browne G, Hurley J. Mental Health Nurses as therapists in a rehabilitation setting: A phenomenological study. *Int J Ment Health Nurs* 2018;27:1109-17.
11. Sheikhabaeddinzadeh E, Homani MajdAbadi F. Psychiatric nurses' rehabilitation services for chronic mental disorders: A systematic review. 1st national conference on care and cure. 2017.
12. Irajpour A, Alavi M. Health professionals' experiences and perceptions of challenges of interprofessional collaboration: Socio-cultural influences of IPC. *Iran J Nurse Midwifery Res* 2015;20:88-104.
13. Aguiar MIF, Lima HP, Braga VAB, Aquino PS, Pinheiro AKB, Xi-

- mentes LB. Nurse competencies for health promotion in the health context. *Acta Paul Enferm* 2012;25:157–63.
14. Zarea K, Nikbakht-Nasrabadi A, Abbaszadeh A, Mohammadpour A. Facing the challenges and building solutions in clinical psychiatric nursing in Iran: A qualitative study. *Issues Ment Health Nurs* 2012;33:697–706. Erratum in: *Issues Ment Health Nurs* 2012;33:809.
  15. Qadakpour S. Survey of attitudes of graduate nurses working in Shiraz about psychiatric nursing. Master Thesis. Iran; Nursing Faculty of Shiraz: 1989.
  16. Karahroudy AF, Sheikhbahaeddinzadeh E. A comparison of the psychiatric nursing master's curriculum in Iran and Canada. *SDME*; 2020.
  17. Takase M, Teraoka S. Development of the holistic nursing competence scale. *Nurs Health Sci* 2011;13:396–403.
  18. Moskoei S, Mohtashami J, Ghalenoei M, Nasiri M, Tafreshi MZ. Development and psychometric properties rating scale of "clinical competency evaluation in mental health nurses": Exploratory factor analysis. *Electron Physician* 2017;9:4155–61.
  19. Jormfeldt H, Doyle L, Ellilä H, Lahti M, Higgins A, Keogh B, et al. Master's level mental health nursing competencies, a prerequisite for equal health among service users in mental health care. *Int J Qual Stud Health Well-being* 2018;13(Suppl 1):1502013.
  20. Ministry of Health and Medical Education High Council for Medical Science Planning. undergraduate training program in nursing. Approved by the 54th session of the High Council for Medical Science Planning. 2014.
  21. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today* 2004;24:105–12.
  22. Lincoln YS, Guba EG. But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New Directions Prog Evaluation* 1986;30:73–84.
  23. Creswell JW, Creswell JD. Research design qualitative, quantitative and mixed methods approaches. 2018. Available at: [https://spada.uns.ac.id/pluginfile.php/510378/mod\\_resource/content/1/creswell.pdf](https://spada.uns.ac.id/pluginfile.php/510378/mod_resource/content/1/creswell.pdf). Accessed Sep 28, 2023.
  24. Forero R, Nahidi S, De Costa J, Mohsin M, Fitzgerald G, Gibson N, et al. Application of four-dimension criteria to assess rigour of qualitative research in emergency medicine. *BMC Health Serv Res* 2018;18:120.
  25. Prochaska JO, Norcross JC. *Systems of psychotherapy: A trans-theoretical analysis*. 9th ed. Oxford, UK: Oxford University Press; 2018.
  26. Von Treuer KM, Reynolds N. A competency model of psychology practice: Articulating complex skills and practices. Available at: <https://www.frontiersin.org/articles/10.3389/fe-educ.2017.00054/full>. Accessed Sep 28, 2023.
  27. Neville K, Cole DA. The relationships among health promotion behaviors, compassion fatigue, burnout, and compassion satisfaction in nurses practicing in a community medical center. *J Nurs Adm* 2013;43:348–54.
  28. Ohaida T, Kammal A, Sone T, Uchiyama M, Minow M, Nozaki S, et al. Night shift work related problems in young female nurses in Japan. *J Occup Health* 2001;43:150–6.
  29. Darvish A, Tabibi S J, Alborzi M, Radfar R. The trend of scientific production in the field of nursing information technology. *Quarterly J Nurs Manag [Article in Persian]* 2018;17:62–71.
  30. Brown JF. Applications of simulation technology in psychiatric mental health nursing education. *J Psychiatr Ment Health Nurs* 2008;15:638–44.
  31. American Psychiatric Nurses Association. APNA-Psychiatric-mental health nurse essential competencies for assessment and management of individuals at risk for suicide. 2015. Available at: <https://www.apna.org/resources/suicide-competencies/>. Accessed Sep 28, 2023.
  32. Bogo M, Katz E, Regehr C, Logie C, Mylopoulos M, Tufford L. Toward understanding meta competence: An analysis of students' reflection on their simulated interviews. *Soc Work Educ* 2013;32:259–73.