Original Article

Mental health and psychiatric clinical practice experiences of nursing students: A qualitative study

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Abstract

Objectives: Psychiatric and mental health nursing clinical practices are different from that in other areas of nursing because of the patients' cognitive, emotional, and behavioral problems. This can increase nursing students' stress during clinical practice and result in negative experiences. Thus, the aim of this study was to examine the experiences of nursing students regarding mental health and psychiatric clinical practice.

Methods: The phenomenological method was used in this study, and data were collected through focus group interviews, for a total of four focus group interviews. Students who had completed their clinical practice in mental health and psychiatric nursing were selected through purposeful sampling (n=25).

Results: Four themes emerged from the focus group interviews: challenges, satisfaction, maturation, and requirements.

Conclusion: Findings showed that the use of images and warnings that may create prejudice about patients should be avoided in the pre-clinical period, and activities such as clinical practice simulations, structured psychoeducation programs, and watching movies should be included. In the post-clinical period, satisfaction and positive attitude changes may occur despite the negative conditions of clinical practice. In addition, increasing the time students spend in the clinic, improving their internship preparations by including activities that will reduce their prejudices, reducing homework pressures, increasing in-clinic activities, giving psychiatry and mental health nursing courses in the first years of nursing education, meeting the training needs of health personnel, meeting the quality and number of educators, increasing the number of hospitals, and arranging their physical environments therapeutically can enable students to have positive internship experiences.

Keywords: Mental health; nursing students; psychiatric nursing; psychiatry; qualitative research.

According to the National Mental Health Action Plan (2011–2023) report prepared by the Ministry of Health of the Republic of Türkiye, when the causes of burden of disease at the national level are distributed by basic disease groups, psychiatric disease is second only to cardiovascular diseases.[1] This report predicted that people with severe mental illness will experience problems in care services, the number of families will decrease, and the number of beds will increase as a result of modernization.[1] This increased need for care will require additional professional nurses in the field of psychiatric and mental health nursing. Clinical practice and experience can help prepare students for future employment.[2] The clinical practice in psychiatric and mental health nursing is different from that in other areas of nursing because of the patients' cognitive, emotional, and behavioral problems.[3] Given the media representations and family members' warnings, students usually enter their courses with prejudices about individuals with serious and persistent mental illness; conse-

What is presently known on this subject?

- One of the most important challenges for educators and staff working in a clinical setting is to develop the ability to identify and solve the challenges of an undergraduate clinical experience.

  International studies on this subject emphasize that students experience emotional fluctuation, burnout, dissatisfaction, anxiety, the three phases of anxiety reactions, transformation, growth, change and choice, maturation, enthusiasm, orientation before psychiatric practice, and facing the mental hospital and coping behaviors.

  In the national literature, students emphasized insufficient theoretical knowledge, the need to break the stigma of mental illness and for supportive interventions in coping with negative emotions, the lack of role model nurses and teaching staff in clinical practice, as well as communication and personal development.

What does this article add to the existing knowledge?

- The study adds knowledge regarding the needs of students within the scope of their psychiatric clinical experience.

  Nursing students completed their clinical practice in a Turkish psychiatric hospital with a maximum bed capacity. These situations may affect the students' experiences, expectations, and needs. Examining the clinical experiences of these students may provide a more in-depth understanding of their problems, expectations, and needs.

What are the implications for practice?

- Nursing educators can guide students in redesigning the curriculum to develop methods that can facilitate competence and confidence to reduce students' prejudice, fear, and stress in clinical practice.

  Healthcare professionals can reduce or eliminate situations that cause students to experience challenges during clinical practice and increase situations that contribute to their satisfaction and maturation; consequently, contributing to increasing the quality of care of the patients.

  Hospital administrators may provide the services required for psychiatric hospitals to serve in a more therapeutic environment, especially through the recommendations stated in the theme of requirements.

quently, this can increase students' stress during clinical practice and result in negative experiences.[3,4] Despite the many negative factors associated with it, clinical practice can help students in psychiatric and mental health nursing programs gain valuable experience. Therefore, it is necessary to understand the factors that would enable students to use their clinical time effectively and efficiently and for educators to create a positive learning atmosphere.[5–7]

One of the most important challenges for educators and staff working in a clinical setting is to develop the ability to identify and solve the challenges of an undergraduate clinical experience.[8] In the literature, there are many international qualitative studies conducted on nursing students who have experience in clinical practices in psychiatric nursing. In this context, in the studies conducted in South Korea, Iran, and Southern Taiwan, students emphasized the main themes, as follows: emotional fluctuation, burnout, dissatisfaction, anxiety, the three phases of anxiety reactions, transformation, growth, change and choice, maturation, enthusiasm, orientation before psychiatric practice, facing the mental hospital, and coping behaviors.[2,7,8,9] In another research carried out in Taiwan, in which the experiences of nursing students caring for elderly schizophrenic patients were evaluated, six main themes were determined, as follows: "assessing clinical problems associated with psychiatric disorders and geriatric diseases," "preparing for and engaging with the clinical intern-

ship environment," "establishing relationships with elderly patients," participating in clinical learning and applying nursing knowledge and skills," "shaping a good attitude toward elderly schizophrenia patients," and "gaining confidence in the internship process."[10] Zhang et al.[11] (2021) investigated the experiences and career intentions of Chinese undergraduate nursing students during their first psychiatry internship. The six themes that emerged from the analysis of this study are as follows: "negative stereotype perceptions about mental illness," "professional maturation," "personal development," "attitude toward psychiatric patients," and "career choice."

In the literature, reports on the needs of students within the scope of their psychiatric clinical experience are limited. In the national literature, nursing students' practice experiences in clinical psychiatry were examined. In Demir and Ercan's[5] (2018) study, students emphasized insufficient theoretical information, the need to break down the mental illness stigma, communication, and personal development. In another study conducted by Gunaydin and Coban[12] (2021), students stated that they had difficulty in coping with negative emotions; therefore, they needed supportive interventions. In addition, they had difficulties in transforming theoretical knowledge into practice and emphasized the lack of role model nurses and lecturers during clinical practice. During their studies, the students carried out their clinical practice units in the psychiatry clinic of a university hospital in Türkiye. This study differs from that of Demir & Ercan (2018) and Gunaydin & Coban (2021), because most participating students in this study completed their clinical practice in a Turkish psychiatric hospital with a maximum bed capacity. On the other hand, the hospital in this study is a psychiatric branch hospital. For this reason, the students participating in this study will have the chance to work with a greater variety of patients with more varied and more severe psychiatric diagnoses than those of the patients in the previous studies, which may affect the students' experiences, expectations and needs. In addition, examining the clinical experiences of these students may provide a more in-depth understanding of their problems, expectations, and needs. Thus, the aim of the present study was to examine the clinical practice experiences of psychiatric and mental health nursing students.

The Research Question

What are the mental health and psychiatric clinical practice experiences of nursing students?

Materials and Method

Design

A qualitative research method called phenomenology was used to describe the individual's daily life experiences. The intent is to define the meaning of an experience from the perspective of those involved.[13] Through this method, an event or situation is revealed in order to facilitate an understanding of

the individual's thoughts. Concepts are explained and defined by framing the facts.[14] Researchers try to ensure that phenomena are described directly. Therefore, they should try to set aside or temporarily suspend their own prejudices, theories, or comments.[13] The phenomenological approach was chosen to reveal the nursing students' perspectives and to understand their thoughts and feelings about their psychiatric clinical practice experiences. The Standards for Reporting Qualitative Research guide was used to record these perspectives.[15]

Research Team

Three researchers were fourth-year undergraduate students, two researchers were working as research assistants (PhD students) and faculty members (Prof. Dr.) of a nursing faculty in the department of mental health and psychiatric nursing. Two of them have worked as nurses/supervisors in hospitals in the past. Three of the researchers are 23 years old, one is 34 years old, and the other is 54 years old. One has been continuing to receive psychoanalytic-oriented psychotherapy training, along with psychodrama training. The research team comprises four females and one male, two of whom are trained in qualitative research. The researchers were also acquainted with all of the participants.

Setting and Time

The data were collected in İstanbul between March 5 and March 30, 2019.

Sample

The target population was students at the İstanbul University. The inclusion criteria were: (1) willing to participate in the study; (2) completed psychiatry and mental health nursing courses and clinical practices; and (3) no previous psychiatric clinical experience as a student. The exclusion criteria were: (1) a psychiatric diagnosis in his\her family; (2) a diagnosis of psychiatric disease; and (3) no complete psychiatric clinical practice. The sample comprised 25 (n=25) students, 15 women and 10 men, who were selected via purposeful sampling. To achieve diversity in the sample, third- and fourth-year male and female students were included in the study.

Data Collection Tools

A questionnaire form was used to reveal the demographic characteristics of the students, and semi-structured questions were used to reveal the experiences of the nursing students on mental health and psychiatry clinical practices. The demographic data included age, gender, education, marital status, residence, household composition, parents' education, number of siblings, income, employment, reason for choosing nursing, and grade point average.

The semi-structured questionnaire contained the following questions: (1) "What do you think about being a psychiatric and mental health nursing student?"; (2) "What positive or negative emotions, thoughts and experiences did you have in the psychiatric clinic?" and (3) "What suggestions do you have regarding psychiatric clinical practice?"

Data Collection

Data saturation was defined by the repetition of students' answers.[16] The data were collected in four focus groups, each of which lasted 45–90 min. Warm-up exercises were performed before the start of the group sessions in order to facilitate participation. Using the questionnaire, the researchers obtained information about the students' psychiatric clinical nursing practice experiences. Audio recordings of the interviews were made using a recording device and were uploaded to a computer.

Data Analysis

The audio recordings of the focus group interviews were transcribed by EC, NSK, and OSA. The consistency of the records and transcripts was checked by OSA, YK, and MSD. The data were coded by five researchers. After each researcher had individually coded the transcript of the first focus group interview, the researchers met and agreed on the coding. Themes were generated from the codes. MAXQDA 20.0 statistical software (VERBI Software, Marburg, Germany) and Colaizzi's (1978) phenomenological analysis steps were used.[17] The steps are provided in Table 1. In addition to the researchers, two expert and experienced academicians examined the themes and codes. It was determined that there was overlap in the results.

Trustworthiness

Trustworthiness was achieved through "credibility," "transferability," "dependability," and "confirmability."[18] Credibility was achieved by the participants' opportunity to provide information freely, confirm their statements, meet with the researchers frequently, describe the phenomenon in detail, and compare them with the literature. To ensure transferability, the study duration, sample, environment, data collection, and research process were presented clearly. The participants'

Table 1. Colaizzi's method of data analysis

1. The transcripts were read several times, and brief notes were made. Thus, the meaning and emotion of the case were made meaningful.
2. Important expressions were chosen.
3. The expressions with common meanings among these important expressions were systematized.
4. Then, the systematized sub-themes were organized by theme and category.
5. The results were combined with life experiences.
6. The basic conceptual structure of the case was determined.
7. It was confirmed that the transcript accurately represented the students' experiences.

statements were quoted verbatim to ensure dependability. Intercoder consistency was achieved by comparing the coding. The research activities and processes were examined by an authority who was not involved in the study. To ensure confirmability, the researchers provided comments that reflected the phenomenon under study, and multiple researchers coded the data.

Ethical Issues

The research was approved by the Ethics Committee of İstanbul University (17/01/2019–4632). The participants were told that they would be involved in a group meeting. They were also informed about the use of a recording device during the focus groups, their right to stop participating in the study at any time, that the information would be used purely for research and publication, and that their personal information would be kept confidential. At the end of the study, the audio recordings were deleted and destroyed.

Results

The findings are presented in two sections. The first provides the findings related to the students' individual and professional characteristics, and the second section presents the emergent themes.

1. Findings Related to Students' Individual Characteristics

The majority of the nursing students participating in the study were female, and all of them were single, with an average age of 22 to 24±2 to 12 years. Thirty-two percent of the participants were third-year students, 40% were working, with 88.88% of the working participants working in hospitals, and 11.12% were working as waiters. The overall grade point average of the students was 2.81±0.4. Students' reasons for choosing nursing were as follows: 28% chose nursing to find job, 40% were volunteers, 28% chose nursing due to family pressure, and 4% chose other reasons. The individual and professional characteristics of nursing students are given in detail in Table 2.

2. Mental Health and Psychiatric Clinical Practice Experiences of Nursing Students (n=25)

In the analysis of the students, four themes emerged from the focus group interviews: challenges, satisfaction, maturation, and requirements (Table 3).

Discussion

This study examined the clinical practice experiences of psychiatric and mental health nursing students. The students' experiences and opinions were grouped under four themes: challenges, satisfaction, maturation, and requirements.

Table 2. The Individual and professional characteristics of the students who completed mental health and psychiatric clinical practice (n=25)				
Variables	**n**	**%**	**Min-Max**	**Mean±SD**
Age			20–31	22.24±2.12
Gender				
Female	15	60		
Male	10	40		
Marital status				
Married	0	0		
Single	25	100		
Student's class				
3rd grade students	8	32		
4th grade students	17	68		
Grade point averages (out of 4)			2.15–3.68	2.81±0.4
Working Status				
Yes	10	40		
No	15	60		
The purpose of choosing nursing				
To find a job	7	28		
To volunteer	10	40		
Parental pressure	7	28		
Other	1	4		
The organization where s/he works (n=10)				
At a hospital	9	88.88		
Waiter (Cafe/Restaurant)	1	11.12		

Table 3. Quotations, codes, sub-themes and themes obtained from the interviews with nursing students (n=25)

Theme	Sub-theme	Codes/Quotations
Challenges	a. Fear	Many students emphasized difficulties in several areas. One of these areas was that they started clinical practice feeling fear. They defined the reasons for their fears in psychiatric clinical practice in two different ways. Some of them stated that they were afraid psychiatric patients would harm them. According to Student 20: I was very scared on the first day I went to the patients. I was concerned about being hit from behind. Because it was an environment we never knew. Everywhere was crowded. The students taking the lesson before; they said that patients were attacking and slapping. Also, while dealing with the subject of detection, some of the slides shown in the theoretical part of the lecture were scary.
		Most participants disclosed fear about themselves or their relatives being diagnosed with a psychiatric illness, as well as starting to see everyone as a psychiatric patient. Student 11 said, "I was very afraid that I or someone in my family would be like this in the future". Student 9 said: It felt as if everyone was sick, and I was living this a lot. After every internship, I was looking for this in every person I saw until I went home. I started to interpret the behaviours or speeches around me differently. I was always on the alert.
	b. Inconsistencies between theory and clinical practice	Some of the participants stated that they experienced negative emotions due to inconsistencies between theory and clinical practice. When they saw healthcare workers' negative attitudes and behaviours, they disclosed that it did not fit what was described in the lessons. Student 4 said: Health personnel are no different from the public . . . We say that mental health seems crazy to the public, but I think the nurses or doctors in the clinic see it that way. There's full stigma. So it seemed to me that training didn't work very well.
	c. Tangibility expectation	Some students said that clinical practice was not meeting their expectations. Student 3 said, "So, I really wanted to see that psychological problems are something tangible".
	d. Patient helplessness students' feelings of helpless in this situation	Another challenge for some participants involved feeling helpless when witnessing the patients' own feelings of helplessness. Student 9 said, "I feel helpless. It's as if everyone is used to the patients not getting out. This is an environment where patients come out only when they die".
Satisfaction	a. Pre-clinical preparation	Participants expressed that three subjects satisfied them. One of them is pre-clinical preparation. They stated that the practices such as pre-clinical simulation, the community re-participation program, movie watching, etc. contributed to the learning process. Some of them held the opinion that when there was a match between theory and the clinical appearance of the patient, the learning conditions were more satisfactory. Student 2 said: We were quite prepared before going to the internship because in the first week, a community re-participation programme and simulation was done, and we got a little bit of information about the diseases. In those sessions, the teachers explained almost all the topics.
		Student 24 said, "Watching movies after discussing the topic made us understand the issues".
	b. Use of independent roles	Some students emphasized that they had a more satisfactory practice internship than other branches by using of independent roles such as communication skills, planning and organizing activity. Student 9 said: We did sports with the patients. We walked; then we provided training every week. And we thanked the patients, and their feedback was very good. When the internship was over, they asked us to come again. The feeling that we were good to them made me feel satisfied with this internship.
Maturation	a. Elimination of prejudices	Some participants disclosed that they experienced maturation. In the process of spending time with patients, they eliminated prejudices by realizing that the patients were individuals like themselves. Student 12 said, "We thought there were madmen in Bakirkoy Hospital. But when we got there, we realised something. I think that after getting into the events, I actually felt sick".
	b. Experiencing a different world	Some of the students said that they experienced a different world.
	c. Thinking of choosing this department in the future	Many participants emphasized a growing interest in the psychiatric nursing department. Student 1 said, "I wanted to go to clinical practice constantly. I can consider working this department in the future".

Table 3. Quotations, codes, sub-themes and themes obtained from the interviews with nursing students (n=25) *(continue)*

Theme	Sub-theme	Codes/Quotations
Requirements	a. Meeting the training needs of the health personnel	The requirements of the students regarding their clinical experience focused on two areas, university and clinical.
	b. Increasing the number of psychiatric hospitals and regulating the physical environment	The students suggested that the iron bars should be removed, the activity rooms should be increased or enlarged, and the environment where the patients spend time with their family on visiting days should be improved aesthetically, as should the building itself. Student 5 said, "In branches such as psychiatric nursing, I think a graduate should not be employed immediately. Extra training should be provided". Student 7 said: There were patients from different provinces in the hospital where I performed clinical practice. The clinics were very crowded. A lot of hospitals are being opened now, but the necessary importance is not given to mental health . . . My suggestion is to remove the iron bars. I don't know what kind of system there is abroad, but our country is insufficient in this regard.
		Student 17 said, "For example, the paint on those walls is very bad. Whether it's pink or blue … these mood colours are suffocating. A photo can be put in the rooms". Student 5 said, "Because we want the patients to be in the natural environment, [the authorities should] ensure that their spouses or children stay on certain days of the week".
	c. Increasing the pre-internship preparation	According to participants, the university should: increasing pre-internship preparation, with applications such as taking the psychiatry course in the nursing curriculum earlier and implement approaches to reduce students' prejudices. Student 1 said, "The psychiatric internship strengthened our communication skills. Therefore, it can be taken before other classes". Student 9 said, "We did something role-play early on in psychiatry. we got into the patient role and did group therapy. helped us understand diseases. I think the lessons we do group therapy can be increased".
	d. Increasing the efficiency of the time spent in the clinic	Tthe participants emphasized increasing the efficiency of the time spent in the clinic, such as by reducing homework pressure, increasing activity planning, or increasing the quality and number of instructors. Student 15 said, "There's a big difference between talking to a schizophrenic patient and talking to a severely depressed patient because the depressed patient is uncommunicative. If our teacher had shown it, we would know what to do".

Theme 1: Challenges

In this study, most of the participants expressed a fear that the psychiatric patients would harm them. Similar results were obtained in other studies, in which students examined patients as part of their clinical psychiatry experience.[5–7,10–12] Some of the students in the present study stated that the theoretical courses in the pre-clinical practice period increased the prejudices of starting psychotic disorders with the diagnostic criteria. It is likely that the students were adversely affected by images related to theoretical lessons on the history of psychiatric patients. In a study of psychiatric nursing students in their first clinical practice in Türkiye, Demir and Ercan[5] (2018) found that they lived in fear of harming the patients. In addition, the students' pre-clinical perceptions of individuals with mental disorders as dangerous were influenced by the media, including films and the news. Information about a majority of the mental disorders present in Turkish society is learned through print and visual media, which could contribute to the stigma of individuals with mental illness.[19] In addition, participants' fear was due to information they had received from more senior students and some of the visuals they had seen in the lessons. It is necessary to take precautions so that the peer behaviors and the visuals used in the theoretical lessons do not trigger the prejudices of the students concerning the patients. In these lessons, students should be educated with examples on how stigma is affected by expressions. In this context, it should be emphasized that negative and stigmatizing statements of students about psychiatric patients can harm both the education process of students who do not have experience in psychiatry clinics and the patients.

Most participants in this study reported fear that they or their relatives would be diagnosed with a psychiatric illness. Similarly, in Türkiye, Demir and Ercan (2018) found that students expressed concern that they or a family member would receive a psychiatric diagnosis. When they noticed that the patients were similar to themselves—that they were 'normal' individuals—the prejudices dissipated. In addition, participants in this study worried that a family member would become ill. The need for care of patients with severe mental illness aggravates families' burden of care.[1] In Türkiye, most patients with schizophrenia live with their families.[8] Students may testify to the care burden experienced by the families of individuals with mental disorders during the clinical practice process. Some participants stated that they started to see everyone as a psychiatric patient. This may be due to obtaining negative

information about the psychiatric patient from their family, environment, and media.[19] When students start their clinical practice, they see the patients behind bars and witness practices such as isolation and fixation, causing them to feel frightened.

One of the sub-themes of the students' challenges was the inconsistency between theory and clinical practice, specifically, the negative attitudes and behaviors of healthcare professionals. These results are similar to the literature.[11,12] In Gunaydin and Coban's[12] study (2021), many students expressed that they had difficulty in transforming theoretical knowledge into practice due to the teaching methods they used. In the present study, negative attitude toward the patients and students might have resulted from the healthcare professionals' lack of professionalism or interest in the field. There may be also a lack of institutional supervisory structures and communication among the professionals as well as a lack of adequate education for health personnel.

One participant stated that she wanted to see that psychological problems are tangible. Demir and Ercan[5] (2018) found that some Turkish nursing students said that it is easier to comprehend physical illness than psychiatric illness. Based on the results of these studies, it is recommended to increase case studies with academic staff in psychiatry laboratory practices and clinical field and for students and lecturers to evaluate the mental and physical health of psychiatric patients.

Another challenge for the participants involved feeling helpless when witnessing the patients' own feelings of helplessness. In a study by Cha et al.[8] (2020), students stated that they felt alone and stressed in the face of the helplessness of the patients. In the study of Gunaydin and Coban (2021), some of the nursing students reported that they experienced negative emotions during their clinical training and had difficulties in coping with these emotions. They also stated that they needed supportive interventions to feel more mentally prepared before clinical training.[12] Nursing students are required to determine their pre-clinical mental readiness and be provided training on coping with negative emotions. In addition, strengthening internal factors and activities to find their personal values and meanings can help in eliminating the burnout feelings experienced by nursing students.[8]

Theme 2: Satisfaction

Students can acquire clinical skills through their active participation in the learning process. Interactive methods include small group studies, group discussions, case studies, brainstorming, demonstrations, role play, problem-based learning, and video and simulation applications.[20] Videos and simulations that reflect the characteristics of mentally impaired individuals and provide a psychiatric environment can help to relieve or reduce students' fear and anxiety before an encounter with a real patient.[21] The findings of this study indicate that simulation training and film evaluations, in which students learn about patient profiles, and group evaluations, in which

they actively participate in the learning process, are effective pre-clinical learning methods.

This study found that the students had a more satisfactory practice internship than other branches due to using independent roles such as having communication skills as well as planning and organizing activities. Similarly, in Zhang et al.[11] (2021)'s study, nursing students reported that the sense of nursing performance was satisfied. However, in interviews, Karimollahi[9] (2012) found that students were overly dependent on the teacher, and this had negative effects, including higher anxiety and dissatisfaction. In the present study, the independence of participants may have increased their responsibility, which may have resulted in their more satisfactory separation from clinical practice.

Theme 3: Maturation

In the present study, the participants indicated that their prejudices were allayed during psychiatric clinical practice, and this was a positive experience. Demir and Ercan[5] (2018) found that, in clinical practice, participants assumed that psychiatric patients were dangerous and uncontrollable. They later discovered that the patients were 'normal' people and that they were no different from themselves. Similarly, in the study by Wu et al.[10] (2019), students reflected that their perceptions of old age and mental illnesses changed positively after caring for elderly schizophrenia patients. In addition, in Zhang et al.[11] (2021)'s study, students stated that their understanding and acceptance of mental illnesses and their confidence in psychiatric studies are strengthened through interaction and communication with patients. In this study the participants' prejudices might be replaced by satisfaction and experiences of mutual relationships upon getting to know the patients. This situation has caused them to maturation.

Some student stated that her relationship with the patients enabled her to experience a different world. Clinical psychiatric practice is a field in which understanding and communicating human behavior comes to the fore.[22] For this reason, clinical practice may contribute to the personal development of students and to improving their perspective. In short, it may provide an opportunity for maturation.

In the present study, one of the participants stated that she was thinking of choosing psychiatric nursing in the future. In the study by Cha et al.[8] (2020), the students felt that clinical practice provided them with the opportunity and motivation to pursue careers as psychiatric nurses. In the study of Zhang et al.[11] (2021), most students reported that they were unwilling to work as a psychiatric nurse after graduation.[8] Positive or negative psychiatric clinical experiences can be decisive in determining their career choice.

Theme 4: Requirements

Most of the participants described the negative attitudes and behaviors of the healthcare professionals as negative psychi-

atric clinical practice experiences. Therefore, they expressed that the staff needed training. Karimollahi[9] (2012) found that inadequate staff support was the reason for the students' inability to achieve their clinical goals. In the present study, the healthcare professionals' negative attitude toward the patients and students might have resulted from their lack of professionalism and interest in and desire for the profession. There may also have been a lack of institutional supervisory structures, poor communication among the professionals, and inadequate education for the health personnel.

Some students declared the need to increase the number of psychiatric hospitals and to regulate the physical environment. The mental health action plan includes studies on ensuring the integration of mental health services with primary health care institutions and regulating the number of psychiatric beds.[1] In this plan, rather than increasing the number of beds, the treatment of patients in the community has started to be given priority.[1] However, feedback from the students shows that the transition process is ongoing. Students suggested that the iron bars be removed, the number of activity rooms be increased, which can be an environment wherein patients could spend time with their families on certain days, and that the building be improved aesthetically. A study by Song[2] (2015) found that students' fear and anxiety increased when they worked in an old building. The existing prejudices of the students' pre-clinical period are supported by outdated, neglected, and overcrowded buildings. In addition, students' feelings of helplessness were eliminated when communication environments for families of patients were arranged and a therapeutic environment was created. Similarly, in the study of Gunaydin and Coban[12] (2022), some of the students stated that they felt alienated and/or lonely in mental health clinics, perhaps due to the indifference of nurses and the fact that the clinic doors were closed. This lowering of patient helplessness may also contribute to the development of positive relationships between students and patients.

Although some of the participants in the current study stated that the conditions were satisfactory, some suggested that group therapies and simulation training should be increased. Similarly, in the study by Gunaydin and Coban[12] (2022), some students reported that the choice of teaching methods is important and that methods such as role playing and case studies are effective in the development of clinical practice. In a study by Kunst et al.[23] (2017), students who participated in a simulation activity significantly increased their confidence, knowledge, and skills in mental health care. Such changes require a reconsideration of the pre-clinical preparation curriculum. In addition, students need the implementation of approaches that will reduce their prejudices, as prejudiced attitudes can cause fear or anger toward psychotic patients. While this situation complicates students' clinical learning process,[6] it may be an indication that new training techniques should be developed for practice and that existing practices should be increased. Students who earlier requested taking the psychiatry course in the nursing curriculum often feel unprepared.

Students emphasized increasing the efficiency of their time spent in the clinic by reducing homework pressure, increasing activity planning, and increasing the quality and number of instructors. The students participating in this study were required to create an interaction plan, a weekly care plan, and a patient case report and to read a book on psychiatry. While requiring this work may put pressure on the students, the strain may improve the learning process. More data are needed on this subject. In addition, the students must plan activities with patients during the clinical process. Instructors need to provide more support for this planning. Finally, some of the students recommended increasing the quality and number of instructors. Instructors and clinical practice lecturers are critical in alleviating the carelessness of students, increasing self-confidence, promoting role socialization, and fostering independence.[6,8] Instructors should provide assistance and support to their students rather than merely assessing their clinical practice.[8] Similarly, in the study of Gunaydin and Coban[12] (2021) in Türkiye, students emphasized the needs such as student support needs, teaching methods and inadequate clinical practice time, lack of role model nurses, and insufficient teaching staff in clinical practice. In this study, the lack of a sufficient number of quality instructors may indicate that the university is inadequately prepared for an increase in the number of students admitted to the school. Finally, new work plans should be devised for trainers so that they can use their clinical time more efficiently and effectively.

Strengths and Limitations

The participants were selected from only one university. Given that this is a phenomenological study, generalizations cannot be made. The students' behavior in clinical practice was not recorded. Thus, the relationship between the evaluation results and the students' behavior was not investigated. Despite these limitations, this study's data is rich in terms of a holistic comment about psychiatric and mental health nursing course for nursing students' clinical experience. In particular, the inferences that were made from the students' experiences can be important in terms of practice and application.

Implications for Practice

Clinical practice is one of the most important stages that improve the practical skills of students in nursing education. The fact that students perform their clinical practice training effectively increases the quality of their skills that they can use in their professional life. Psychiatric clinical practices are different from other nursing clinical practices due to the characteristics of the patient group and the physical conditions of psychiatric hospitals. Therefore, students may experience fear, prejudice, and stress before clinical practice. In this study, while students talked about their clinical practice experiences in psychiatry, they mentioned four themes: challenges, satisfaction, maturation, and requirements. These themes can guide nurse educators, healthcare professionals, and hospital administrators. Nursing

educators will guide students to redesign the curriculum so that they can develop methods that facilitate competence and confidence to reduce their prejudice, fear, and stress. From a clinical practice perspective, healthcare professionals can gain awareness of positive or negative care practices from students' experiences. With this awareness, they can reduce or eliminate situations that cause students to experience challenges during clinical practice and increase situations that contribute to satisfaction and maturation. These changes may contribute to the students having positive clinical practice experiences and to increasing the quality of care of the patients. In addition, the results of this study may help hospital administrators provide the services required for psychiatric hospitals to serve in a more therapeutic environment, especially through the recommendations stated in the theme of requirements.

Conclusion

This study enabled nursing students to present their experiences of psychiatric and mental health nursing clinical practice. The results suggest the need for curriculum changes to reduce the students' pre-clinical prejudices. It should be noted that the use of prejudicial images and warnings about patients should be avoided in pre-clinical courses. The inclusion of activities such as clinical practice simulations, structured psychoeducation programs, and movie screening should be increased. Closer working relationships among the students, educators, healthcare staff, and hospital administration would be beneficial to the patients. In addition, in-hospital control systems need to be improved. Satisfaction and positive attitude changes in the post-clinical period indicate that clinical practices are effective despite negative conditions.

The students contributed to the following general recommendations of this study: increase time spent in the clinic, improve internship preparation by including activities to reduce student prejudice, reduce homework pressure, increase in-clinic activity planning, increase communication skills practices in the first years of nursing education, meet the training needs of health personnel, increase the quality and number of educators, and increase the number of psychiatric hospitals and physical environments available for internship experiences. Therefore, it can be concluded that the cooperation of the students, faculty, staff, and healthcare teams can contribute to positive clinical practice experiences.

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COREQ (Consolidated Criteria For Reporting Qualitative Research) Checklist

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
Personal characteristics			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	4
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	4
Occupation	3	What was their occupation at the time of the study?	4
Gender	4	Was the researcher male or female?	4
Experience and training	5	What experience or training did the researcher have?	4
Relationship with participants			
Relationship established	6	Was a relationship established prior to study commencement?	4
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	4
Interviewer characteristics	8	What characteristics were reported about the inter viewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	4
Domain 2: Study design			
Theoretical framework			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	4, Table-1
Participant selection			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	3
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	4
Sample size	12	How many participants were in the study?	4
Non-participation	13	How many people refused to participate or dropped out? Reasons?	-
Setting			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	4
Presence of non- participants	15	Was anyone else present besides the participants and researchers?	4
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	5
Data collection			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	3
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	-
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	4
Field notes	20	Were field notes made during and/or after the interview or focus group?	4
Duration	21	What was the duration of the inter views or focus group?	4
Data saturation	22	Was data saturation discussed?	4
Transcripts returned	23	Were transcripts returned to participants for comment and/or correction?	4
Domain 3: analysis and findings			
Data analysis			
Number of data coders	24	How many data coders coded the data?	4
Description of the coding tree	25	Did authors provide a description of the coding tree?	4
Derivation of themes	26	Were themes identified in advance or derived from the data?	4, Table-3
Software	27	What software, if applicable, was used to manage the data?	4
Participant checking	28	Did participants provide feedback on the findings?	4-5
Reporting			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	5, Table-2
Data and findings consistent	30	Was there consistency between the data presented and the findings?	5, Table-3
Clarity of major themes	31	Were major themes clearly presented in the findings?	5, Table-3
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	6-11