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# CLINICAL INSTRUCTION IN MENTAL HEALTH NURSING: STUDENTS' PERCEPTIONS OF BEST PRACTICES

BY

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Submitted by

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## Abstract

Negative clinical educational experiences for student nurses are predictors of negative attitudes and perceptions towards mental health. In clinical education, instructors take on this important role often with little to no formal training. This qualitative descriptive inquiry was grounded in a constructivist conceptual framework, with the aim of exploring what students perceived as best practices for mental health clinical instructors. Data from semi-structured interviews was collected from 10 Canadian baccalaureate of nursing (BN) students. Through thematic analysis of the data, three themes emerged. First, students valued feeling prepared at the beginning of the clinical placement. Second, students felt empowered when instructors encouraged self-direction. Third, students appreciated positive role modeling by their instructors. Suggestions for clinical teaching strategies are made to mitigate student stress, increase confidence, and address the influence of mental health stigma on learning. The research contributes to the conceptualization of best practices for clinical instruction.


*Keywords:* mental health nursing instructor, best practices in clinical education, qualitative description, constructivism

## Table of Contents

## List of Tables

# Chapter I: Introduction

Clinical education in mental health nursing practicums is designed to offer students the opportunity to integrate learned knowledge and skills in an area that is unique amongst other areas of health care. Mental health nursing is seen to be unique as the skills needed in this area of practice rely heavily on being able to communicate and develop therapeutic relationships with patients (Choi et al., 2016). As such, students can find this area of nursing difficult and stressful. Often times, stress is rooted in the student's low confidence in their communication skills and prejudicial or biased views of mental illness (Knaak et al., 2017). As this clinical placement is unique for students, the same can be said for the clinical instructor's facilitation of learning in these important placements. Unlike other areas of nursing, clinical instructors overseeing students during this practicum are tasked with addressing prejudicial views that may paint the clinical experience as a negative or nerve-racking endeavor, while also developing critical thinking, synthesis of knowledge, and professional growth (Hwang et al., 2018). The nursing education community would benefit from understanding the role clinical instructors play in their educational guidance of students and how instructors can integrate students' own perceptions to combat mental health stigma.

## Significance of the Research

Mental illness is seen to be of a substantial medical concern that affects 29.2% of the global population at some point in their lifetime and in Canada it has an estimated economic burden of 51 billion dollars a year (Goh et al., 2021; Centre for Addiction and Mental Health [CAMH], 2019). Despite this, a troubling trend noted by patients seeking treatment for their mental health, is the ongoing stigmatization they observe or experience from healthcare professionals. A survey conducted by the Canadian Psychiatric Association in 2017 found that

79% of participants reported witnessing discrimination against mental health patients from healthcare professionals (Murney et al., 2020). These issues create barriers by delaying help-seeking, discontinuation of treatment, suboptimal therapeutic relationships, patient safety concerns, and poorer quality mental and physical care (Murney et al., 2020).

Nursing students are noted to have some of the highest prejudicial views towards mental health prior to their mental health practicum as they report concerns such as: fear of being hurt by an aggressive patient, saying something wrong, or illiteracy of mental illness (Abraham et al., 2018). These issues only highlight the importance of developing best practices for clinical instructors. Best practice can possess many different meanings depending on what area you apply it to. For the purpose of this study, best practice is defined as existing practices that already possess a high level of widely agreed effectiveness and that are evidenced based (Alber, 2015). The literature provides only minimal direction on how instructors who practice in this specialized area can address the concerns that students may bring to their mental health learning experiences. There is a gap in our understanding of how to guide and support students attending practicums on acute inpatient mental health units. This study begins to address that gap by inviting students who recently completed their practicum to describe the kinds of instructional approaches they felt were meaningful. Additionally, this study's results offer important information for clinical instructors to implement into their own practice so that they can feel prepared when facilitating this important education.

**Purpose of the Research**

The purpose of this research was to explore nursing students' perceptions of best practices for clinical instructors in mental health clinical placements.

**Personal Connections to the Research**

This research project was born through my passion of working with patients living with mental illness. I am currently employed as a registered nurse working in a psychiatric emergency department tasked with providing assessments and interventions for those who are in an acute mental health crisis. I also have a background as a clinical educator for mental health clinical placements at the two local universities in Calgary, AB, Canada. Both of these career roles have influenced this research.

Through my experience working in both frontline nursing and academia, I have witnessed how our healthcare system and education institutions continue to minimize the importance of mental health and the role it plays in the overall health of society. With the growing demand of nurses needed, and the current 2019-2021 global pandemic highlighting the importance of mental health care, student nurses will need to play an integral role in being agents of change. My experiences have led me to question what constitutes an effective clinical instructor and the influence the clinical instructor can have on students' views towards mental health nursing.

Due to my roles in clinical education and my previous knowledge, I used reflexive journaling to capture and reflect on my existing assumptions, possible biases, personal, experiences and decisions throughout the entire research process (Tufford & Newman, 2010). Additionally, I practiced reflexivity through discussing these with my supervisor regularly throughout the study, reflecting on my research interactions, and documenting them for ongoing consideration.

I carefully considered my previous roles in clinical education when choosing a sample population. The recruitment strategy was planned to specifically refrain from including any

previous students of mine which may have potential to create a power imbalance with participants. As an instructor, with the requirement of evaluating students, I may be construed as being in a 'position of power' over participants. Further, I had discontinued all my instructional employment contracts for an entire year in order to implement this project.

**Summary**

This inquiry began with the recognition of a lack of understanding towards clinical education in mental health nursing and stigmatic views health care workers have towards mental health. As a registered nurse and advocate for mental health, I wanted to explore the unique context of mental health clinical education and discover the best practices for clinical instructors.

# Chapter II - Review of the Literature

## Search Methods

A broad search was conducted using three databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL®); MEDLINE/PubMed®; and Academic Search Complete through EBSCO host on Athabasca University's online database. Broad search terms including Nursing Clinical Instructors OR Nursing Clinical Facilitator, Nursing Students Perceptions OR Attitudes, and Mental Health Clinical Placement OR Mental Health Clinical Education were used. These terms were entered separately and in varying combinations to generate the broadest search. Multiple search modes such as, but not limited to, Boolean/Phrase, and applying related words were used. To get the most accurate and succinct results, studies were limited to full text, scholarly (peer reviewed) journals, and published dates of 2014 to 2021.

This search generated 970 title matches. To further narrow the number of articles found, other search terms including effective education, and clinical education were applied, and the new results were 90 title matches.

A critical review of the abstracts was completed, and articles were deemed relevant if they discussed concepts regarding nursing students or nursing clinical instructor's perceptions of effective clinical education. Nineteen articles were found to meet this inclusion criteria. The results included eleven qualitative studies, four quantitative studies, three studies using mixed methodology and one qualitative integrative review. Of the nineteen articles only three pertain to mental health clinical education, one of which is from 2010 (Janse van Rensburg, 2019; Stuhlmiller, & Tolchard, 2019; Grav et al., 2010). Though this study falls out of the time parameter it was included in this review due to the strong relevance it had regarding the research question. Three interconnected main themes with multiple sub themes regarding clinical

instruction were identified; they are competence of the instructor, teaching style, and personality of the instructor.

## Competence of the Instructor

Competence plays an important role in how students perceive their clinical experiences. Competence of the instructor consists of two areas: knowledge of nursing, and knowledge of education.

### *Knowledge of Nursing*

A consistent theme in the literature was that nursing students preferred clinical instructors who were perceived to be competent in their area of expertise (Collier, 2018; Janse van Rensburg, 2019; Needham et al., 2016; Niederriter et al., 2017; Padagas, 2020; Reising et al., 2018; Sadeghi et al., 2019). This was particularly important for mental health clinical placements, as the nursing competencies in mental health settings are quite different compared to other areas (Janse van Rensburg, 2019). Sadeghi et al. (2019) interviewed 17 nursing students to determine characteristics of clinical instructors that hindered or inhibited their learning. These researchers found instructors who lacked mastery in the science and practice of nursing had problems developing clinical competence in students. Being competent in a particular area of nursing is associated with having a higher degree of confidence (Niederriter et al., 2017; Reising et al., 2018), therefore, clinical instructors who are confident in their own practice transfer confidence to students, which in turn translates into a more meaningful learning experience (Collier, 2018; Ismail et al., 2015; Janse van Rensburg, 2019; Needham et al., 2016; Niederriter et al., 2017; Padagas, 2020; Reising et al., 2018; Sadeghi et al., 2019). With the previously noted anxieties and apprehension towards mental health experienced by students, favorable instructors

would be individuals who possess a comprehensive knowledge in this field, as well as several years of clinical experience (Collier, 2018; Niederriter et al., 2017).

### *Knowledge of Education*

Effective clinical instructors understand how the theoretical underpinnings of teaching and learning can be applied in clinical settings (Needham et al., 2016). Clinical instructors who demonstrate competency as educators can positively impact students' learning (Needham et al., 2016; Niederriter et al., 2017; Sweet & Broadbent, 2017). Clinical instructors are not typically exposed to the complexities of teaching adult learners in clinical settings during their undergraduate baccalaureate of nursing (BN) programs, often leaving them inadequately prepared for the role (Needham et al., 2016). Instructors who appear to be out of their depth in this academic arena will typically present as disorganized and inefficient in their delivery of education (Needham et al., 2016; Padagas, 2020). This can be troublesome as illustrated in Sweet and Broadbent's (2017) study, where 43 undergraduate nursing students were polled, and found that instructors who appeared disorganized in their teaching assignments and who lacked skills in time management were shown to have a negative influence on students' entire clinical experience.

Janse van Rensburg (2019) explored what students' view as effective support from educators during a mental health clinical placement. A key finding was that instructors who assess students' individual needs, and then respond by adapting their teaching approaches to those needs were considered especially supportive which, subsequently, had positive educational outcomes (Padagas, 2020; Janse van Rensburg, 2019). They asserted that a strong predictor of a competent instructor was having a background (formal education) in education theory.

## Teaching Style

Teaching style, or pedagogy, refers to the method of teaching an instructor utilizes throughout their academic career (Collier, 2018). Within this theme, three interconnected sub themes emerged from the literature reviewed: communication, availability, and engagement.

### *Communication*

Communication was seen to play a major role in being an effective clinical instructor with seven out of ten studies focusing on it. Feedback was one aspect of communication that was an identified as a priority for students and instructors to engage in during clinical education (Collier, 2018; Ismail et al., 2015; Janse van Rensburg, 2019; Martin et al., 2014; Muthathi et al., 2017; Niederriter et al., 2017; Reising et al., 2018; Sweet & Broadbent, 2017). Feedback that is perceived to be appropriate by students is constructive in both delivery and content (McSharry & Lathlean, 2017). It must be timely, professional, and objective, so that students can learn from their mistakes while not feeling belittled or invalidated (Sweet & Broadbent, 2017). Good feedback strengthens students' confidence and self-efficacy, an important factor in creating supportive learning environments (Elhami et al., 2018; Ismail et al., 2015). Martin et al. (2014) concluded that constructive feedback is the "most powerful but under used strategy in supervision" (p. 203).

However, while the value of constructive feedback delivered by instructors to students is emphasized consistently throughout the nursing education literature, it is also noted that feedback needs to be a two-way street. Instructors must also solicit student feedback on their teaching practice regularly, whether formal or informal, to further reflect and build on their own practice with the goal of improving students' educational outcomes (Collier, 2018; Janse van

Rensburg, 2019; Martin et al., 2014; Muthathi et al., 2017; Niederriter et al., 2017; Reising et al., 2018; Sweet & Broadbent, 2017).

Communication between instructors and students is stated as being important, but the reviewed literature also makes note that the communication between the educational institution and nursing unit are equally important. Janse van Rensburg (2019) discussed how clinical educators found that communication with the unit staff and other parties involved in students' education, such as explaining students' roles and scope of practice, was key to their success. This created a more supportive environment within the unit by promoting cohesiveness among the multidisciplinary team. This also allowed instructors to utilize all the resources available to them which in turn translates into being more aware of students' progress while on the unit and having access to timely and appropriate support (Queck & Shorey, 2018).

***Availability***

For the purpose of this thesis, availability is defined as being physically or virtually present/accessible for the students to interact with at any point during their education (Janse van Rensburg, 2019; Niederriter et al., 2017). Within mental health clinical placements, students place a high value on instructor availability. With the nature of the patient population being treated, and the anxiety and fear so often associated with the mental health clinical area, instructors who were physically present were seen to reduce these fears and put students at ease (Grav et al., 2010; Janse van Rensburg, 2019; Niederriter et al., 2017).

Five out of the ten studies reviewed identified that effective instructors demonstrate a teaching style where they make themselves available to their students. In Muthathi et al. (2017), students found the physical presence of the instructor during clinical placements alleviated confusion of student roles, as well as provided confidence within the students. This was echoed

by Sweet and Broadbent (2017), where they noted instructor availability as being one of three main qualities instructors possess that has a positive influence on learning (Collier, 2018; Janse van Rensburg, 2019; Muthathi et al., 2017; Niederriter et al., 2017; Sadeghi et al., 2019). Availability online was also seen to be effective in Muthathi et al.'s (2017) study, where findings indicated students felt that instructors who answered their emails in a timely manner were seen as favorable to their learning experience.

***Engagement***

Engagement with students is an essential component of teaching, however for the purpose of this thesis, I am referring to what is considered high-level engagement. This type of engagement is defined as an active or assertive position towards students' learning (Collier, 2018; Froneman et al., 2016; Grav et al., 2010; Muthathi, et al., 2017; Needham, et al., 2016; Niederriter et al., 2017; Reising et al., 2018; Sweet & Broadbent, 2017). Using this definition, six out of ten studies included in this review discussed the importance of instructors who actively engaged their students. Needham et al. (2016) and Sweet and Broadbent (2017) found students preferred instructors who took on a role of asking them situational based questions to elicit responses and to build their clinical reasoning skills within the intended clinical context. This concept is well supported in the literature elsewhere, with Snowdon et al.'s (2017) systematic review of clinical supervision models, showed that effective questions are built around not just eliciting an answer to a question but utilizing a more abstract approach while focusing on an evidence-based rationale to further develop clinical reasoning skills (McSharry & Lathlean, 2017; Niederriter et al., 2017; Pront et al., 2016).

Active engagement with students in mental health clinical placements is a necessity as there can often be downtime. During this downtime, or seeming lack of specific tasks to

complete, students have reported being bored and can disengage mentally from the learning environment. This disengagement impacts their already limited learning time in this clinical environment (Grav et al., 2010). This problem can be mitigated according Grav et al.'s (2010) study who found that if instructors are able to keep the students' attention and be aware of this phenomenon happening, a richer learning experience takes place.

## Personality

Within the literature reviewed, the personality of the clinical instructor is mentioned often and is noted to be a significant influence among learners. In Collier's (2018) literature review, they defined personality as "the totality of the individual's attitudes, emotional tendencies, and character traits, which are not specifically related to teaching, nursing, or interpersonal relationships, but may affect all three" (p. 3). Within the main theme of personality, three sub-themes emerged that further defined what a favorable personality for clinical instruction is within mental health; approachability, being supportive, and passionate.

### *Approachability*

Four out of the ten studies discussed that clinical instructors who seemed to possess an approachable personality trait were able to create learning environments that students viewed as favorable (Collier, 2018; Elhami et al., 2018; Niederriter et al., 2017; Reising, et al., 2018; Sweet & Broadbent, 2017). Approachability refers to someone who is typically friendly and has a respectful disposition (Froneman et al., 2016; Sweet & Broadbent, 2017). Sweet and Broadbent (2017) noted approachability as playing a large role in how students interact with instructors. They discussed how possessing effective skills in developing inter-professional relationships were important. This meant that students valued being able to connect with their instructors which led to an increase in their self-worth, self-esteem, and self-confidence, which are all

metrics that demonstrate or predict a more desirable and relaxed learning experience (Collier, 2018; Ismail et al., 2015; Meyer et al., 2016; Niederriter et al., 2017; Padagas, 2020; Reising, et al., 2018).

***Passion***

Passion was seen to take many forms within the literature, but primarily refers to two things, effective clinical instructors displayed a passion for their field and a passion for teaching (Collier, 2018; Ismail et al., 2015; Meyer et al., 2016; Niederriter et al., 2017; Padagas, 2020; Reising, et al., 2018; Sadeghi et al., 2019; Stuhlmiller, & Tolchard, 2019). Students expressed concerns with their instructors when they appeared to be lazy or apathetic towards the quality of their work, which negatively impacted students' self-efficacy within the learning environment (Reising et al., 2018).

Passion for an instructor's respective field was seen to be important for not just clinical instructors, but as well, it was held in high regard among the students (Stuhlmiller & Tolchard, 2019). As previously discussed, stigmatization within the healthcare field towards mental health patients is a growing problem that is significantly affecting healthcare delivery in this area. As a clinical instructor, passion for mental health and being a strong advocate for this area of healthcare was seen to be ideal, and in Stuhlmiller and Tolchard's (2019) study, this particular attitude was shown to be contagious among the students, and reduced negative student views and attitudes towards mental health (Stuhlmiller & Tolchard, 2019).

***Supportive***

The last personality trait could perhaps be the most influential, especially for mental health nursing, as seven out of the ten studies noted a supportive personality being a foundational piece to clinical instruction in all areas of nursing (Collier, 2018; Elhami et al., 2018; Froneman

et al., 2016; Grav et al., 2010; Ismail et al., 2015; Janse van Rensburg, 2019; Meyer et al., 2016; Needham et al., 2016; Niederriter et al., 2017; Padagas, 2020; Reising et al., 2018; Sweet & Broadbent, 2017). Grav et al. (2010) noted that students entering mental health for a clinical placement experience significant fear and anxiety. Due to this, students have been known to avoid this area all together, which further contributes to the false or negative view of not only mental health nursing, but towards patients in other areas that may have mental health comorbidities (Blomberg et al. 2014). This phenomenon is a continuing factor that persistently contributes to the ongoing stigmatizing of mental health and mental health patients (Grav et al., 2010). Janse van Rensburg (2019) found that clinical instructors who supported their students through the act of normalizing their fears/anxiety, as well being patient in their approach within the mental health clinical placement, was the biggest influencer in determining a positive clinical experience. Janse van Rensburg's (2019) study found students echoed this as students verbalized that within mental health, nurturing behaviors that clinical instructors demonstrated, such as individual support and being emotionally available were key components of a successful clinical learning experience.

## Summary

Competency, teaching style and personality were themes found to accurately identify characteristics of best practices. Personality traits seemed to have played the largest role in influencing students' perception of whether or not clinical instructors were perceived as effective educators. The literature reviewed for this study demonstrates that clinical instructors can impact the way students view their mental health clinical experiences. Clinical instructors act as role models, and they mentor students while ensuring that the nurses of tomorrow are prepared and capable of delivering the high level of care patients deserve.

This literature review also exposed how mental health clinical placements are a unique setting compared to other areas of nursing. The instructor is seen to have different challenges such as addressing high rates of anxiety among students while challenging prejudicial or stigmatic views towards mental health nursing. Though limited in the research, it seems that effective instructors provide students with a positive learning experience through being advocates for patients, championing therapeutic relationships and modeling empathy. However, the current state of the literature is limited in this field and no Canadian studies were located. A large gap remains in the literature which fails to provide an in-depth understanding of the specific teaching strategies that clinical instructors can use to address the specific challenges instructors in Canada experience while facilitating mental health clinical education.

# Chapter III - Conceptual Framework

## Constructivism

Within the constructivist paradigm, experiential learning is seen to be the preferred method of learning (Adom et al., 2016). As Confucius described, “I hear and I forget. I see and I remember. I do and I understand” (Adom et al., 2016, p. 2). Experiential learning is fundamental to clinical education where students’ knowledge and understanding of their environment is constructed through a complex process of forming meaning based on their personal experiences (Kte’pi, 2017; Thanh & Thanh, 2015).

Constructivist researchers strive to establish respectful relationships with participants; to understand participants’ subjective experiences and unique ways of constructing knowledge; and to implement studies in participants’ own natural settings (Guba & Lincoln, 1994; Lincoln & Guba, 1985). This focus on participants’ individual experiences and unique contexts results in an expected absence of generalizability (Lincoln & Guba, 1985). In this study, nursing students described their experiences on a mental health unit with a researcher who has experience teaching in the setting.

Research grounded in a constructivist paradigm aims to understand the world that the participants live and learn in, and to comprehend how their experiences have contributed to their ways of looking at their world (Creswell, 2013). Through my interviews with student nurses, I was able to listen carefully to their perspectives, and then co-construct suggestions for best practices that will resonate with and be useful to instructors in the mental health clinical area. Qualitative descriptive methodology, explained in the section which follows, aligns with a constructivist conceptual framework by using accurate and context specific description to give voice to students’ experiences and perspectives.

Guided by constructivist thinking, which emphasizes reflexivity, I reflected on my own beliefs, assumptions, and values about clinical instruction, and I followed Adom et al. (2016) suggestion to pursue an open inquiry, where I welcomed the unique perspectives and insights shared with me

The constructivist paradigm is based on a relativist ontology which asserts that there are multiple realities (Adom et al., 2016). Reality is not singular, and rather is uniquely understood by the individual who is experiencing it. By sharing their knowledge, the nursing students who participated in this research project provided meaning and guidance on clinical education, both for themselves and others. From a subjective epistemological view, knowledge can be extended when researchers co-create new understanding and reconstruct existing perceptions with studies rich in authenticity and trustworthiness (Adom et al., 2016).

In keeping with the axiological beliefs that are fundamental in constructivist thinking, the participants' values were acknowledged, honored, and respected throughout the research activities (Creswell, 2013). This intention produced an informed description, and interpretation of the experience at the point that it existed in the real world for these nursing students.

## Summary

Constructivist thinking provides researchers with a lens through which they can hold participants' experiences and perspectives in high regard. This worldview offers researchers an opportunity to understand the unique ways individuals construct knowledge and meaning from their experiences. A constructivist conceptual framework aligns with the qualitative descriptive methodology implemented in this study.

# Chapter IV - Design

## Qualitative Description

Qualitative descriptive methodology applies inductive processes of exploration to build on existing knowledge and expand what is already known (Lambert & Lambert, 2012). This study implemented a qualitative approach to first investigate and understand students' unique experiences while on a mental health clinical unit and then to accurately describe these perspectives. The emphasis on describing students' views is an appropriate and effective way of informing best practices for clinical instructors.

This methodology was favored over other qualitative methods such as ethnography as the goal was not to provide evidence for a theoretical construction but rather allowed for a naturalistic inquiry (Bradshaw et al., 2017). Qualitative description attempts to find the relationship between subjectivity and objectivity. Fuster (2019) asserted that "transcendence is not reduced to the simple fact of knowing the stories or physical objects; on the contrary, it tries to understand these stories from the perspective of values, norms and practices in general" (p. 204). Qualitative description strives for an in-depth understanding by emphasizing a literal description to provide a vehicle for the voices of participants using their own language (Bradshaw et al., 2017).

Qualitative descriptive studies explore a phenomenon with no prior focus, agenda or commitment to one particular theoretical view (Alase, 2017; Lambert & Lambert, 2012). It is important to acknowledge that I bring my own experiences and views of what constitutes best practices in mental health practice and education. However, I began the study with no preconceived ideas about how students might view effective instruction. There was no plan to

make the study more than mere description or to emulate another qualitative methodology but indeed to produce a valued end product that can inform the future practice of clinical instructors.

Interpretation of the data was low inference through inductive reasoning to provide a comprehensive summation of the students' experiences and subsequent views that postulates the who, what, where and how (Bradshaw et al., 2017). A literal description is the foundation of the study with concepts built through the researcher's interpretation of the particular context and previous knowledge. The advantage of qualitative description was to provide a comprehensive understanding of a unique context within clinical education that in turn could stimulate future theory-based research (Bradshaw et al., 2017).

Given the specific context of this study and the subjective nature of how the data was analyzed, there will be no attempt to apply these interpretations toward different contexts of nursing clinical education, which can be seen as a limitation of this methodology. Though this approach may seem to be of a simpler origin, it is felt that qualitative descriptive studies can offer a new way of looking at topics while using different perspectives (Bradshaw et al., 2017).

**Research Question**

The research question for this inquiry focused on exploring and describing students' experiences in mental health clinical education.

- What are nursing students' perceptions of best practices for clinical instructors in mental health clinical placements?

**Sample**

The purposeful sampling for this study included current students enrolled in a BN program at one university located in Calgary, Alberta, Canada. To be included in the study, these

students must have completed a mental health clinical placement on an acute unit in either their second, third or fourth year of study. Recruitment primarily targeted Mount Royal University (MRU). Unlike some universities, where attendance in mental health placements is optional, MRU curriculum requires all nursing students take a mental health clinical placement at some point in their education. Therefore, the potential pool of participants was increased. It is of note that students take their mental health theory course concurrently during their mental health clinical placement. Students who primarily had community mental health experience were excluded as the environment for students is considerably different than an inpatient unit.

Purposeful sampling was used to select the information-rich participants needed for this study while maximizing use of limited resources (Palinkas et al., 2015). This specific population was chosen so that the experience was still fresh in their minds, maximizing their ability to recall important details. As a range of eight to twelve participants can provide complete and adequate data for qualitative descriptive studies (Sandelowski, 1995), the target sample size for this study was 10 participants.

***Recruitment***

Various recruitment strategies to access baccalaureate nursing (BN) students who completed their mental health clinical placement were considered. General recruitment strategies using posters, memos, and advertisements were unlikely to be effective in reaching the target population as most students were not on campus. Rather, they were completing their education via online studies due to the COVID-19 pandemic affecting Canada from 2020 through 2021. Recruitment efforts primarily focused on having my recruitment poster distributed electronically through university email. After receiving approval from Athabasca University (AU) Research Ethics Board (REB) and MRU REB, I emailed the faculty Director of Nursing and Midwifery

explaining my study and my intention to use MRU nursing students. Appropriate permissions were obtained from the Dean, Associate Dean of Research, the Chair, and Director of the faculty. My recruitment poster was forwarded by the Chair to all current third- and fourth-year BN nursing students. Participants who were interested in taking part in my study were directed to email me back. Once a student expressed their interest and emailed me, I forwarded the information letter and informed consent form to them (Appendix C) and arranged an interview date and time at their convenience. Participants received a $20 gift card for Chapters Indigo after the interview as a thank you for participating.

### *Sample Characteristics*

Ten participants consented to participate in this study. All were from Mount Royal University and were currently enrolled in the nursing program. Eight students were female, and two students were male. Eight students were in their third year of education, and two were in their fourth year of education at the time of this study.

## Data Collection

Each participant was invited to participate in an interview conducted via a Zoom meeting (video calling). In-person face-to-face contact is preferred as a way of developing a more personal interaction between the participant and the researcher. However, due to the aforementioned COVID-19 pandemic and public health measures in place, this desired method of data collection was prohibited. Video calling on a safe platform such as Zoom was a viable alternative as social distancing can be maintained, while still having some resemblance to a face-to-face interview. The date and time of the interview was pre planned and mutually agreed upon to ensure, convenience and comfortability. Informed consent was confirmed prior to the interview. This was done by having participants complete the consent form (Appendix C) and

then scan and email it back to me prior to the interview date. Consent was then reviewed and confirmed again at the start of the interview.

A semi-structured interview guide using both closed and open-ended questions was followed (Appendix D). This approach is widely accepted as being appropriate for a qualitative descriptive methodology as it creates a structured interview while remaining flexible to allow discussion between the participant and researcher (Bradshaw et al., 2017; Thomas, n.d.). Each interview was scheduled for one hour; with a possible extra thirty minutes allotted if needed to review the participant's responses.

An experienced transcriptionist was hired to transcribe the interview audiotapes. In accordance with suggestions from Bradshaw et al. (2017) and Thomas (n.d.), accuracy of data representation and sequencing was assured by comparing transcripts to audio recordings; and inviting participants to review their transcripts and to retain a copy.

**Data Analysis**

Qualitative descriptive studies, as the name implies, emphasize description. For this project the collection of interview data continued into the thematic analysis and reporting of themes and findings. Thematic analysis was chosen for its systematic approach to organizing and identifying common themes across multiple interviews in qualitative data and fits well in a constructivist paradigm (Braun & Clarke, 2006).

Field notes can help researchers create links among their initial reactions and text in transcribed interviews (Akinyode & Khan, 2018). During the interviews, I discretely jotted down field notes to identify my thoughts, assumptions, and emerging ideas. Similarly, as I reviewed transcripts, I recorded field notes. These field notes were advantageous to use during the coding

process as it helped me establish the kinds of connections within the data that would eventually lead to establishing themes.

I used an inductive, open coding approach to identify themes in three phases of data reduction (Alhojailan, 2012). Using Nvivo 12 (QSR International PTY LTD, 2018), three levels of themes were organised and titled respectively; basic themes, organizing themes, and global themes (Akinyode & Khan, 2018; Bradshaw et al., 2017).

To identify basic themes, the interview transcript was reviewed numerous times while highlighting text that was deemed relevant to the research question. Basic themes are described as rudimentary micro understandings of the data within the text, which are not to be read exclusively to properly discern any valued meaning of the context (Akinyode & Khan, 2018).

The second level is defining organizing themes, which are made up of two or more basic themes that possess similarities and fit under a broader definition that looks to provide a deeper meaning of the text and relevance to the research question (Akinyode & Khan, 2018). When the organizing themes were identified, the goal was to provide the most homogeneity and the greatest heterogeneity among the organizing themes (Akinyode & Khan, 2018).

Lastly, the third level is global themes which were created by summarizing and consolidating the macro and micro themes previously identified. The outcome was a comprehensive explanation of the "what" students experienced and "how" it has affected them in a contextual format (Alase, 2017).

**Budget**

As a student researcher I was supported with funding from the Athabasca

University Graduate Student Research Fund (GSSRF) that covered the costs related to transcription, and incentives for participants (see Appendix E). There were no other extra costs noted.

**Ethical Considerations**

As per the current structure and methodology of this study, I was required to interact with participants and retrieve personal and sometimes vulnerable views. As Thomas (n. d.) discussed, researchers have an "obligation to respect the rights, needs, values, and desires of informants" (p. 325). This raised several ethical issues that needed to be addressed before, during, and after the research had been conducted. I completed the Tri-Council Policy Statement (TCPS 2): Ethical conduct for research involving humans tutorial in preparation for this study (Government of Canada, 2018).

An ethics application for this study was approved by the AU REB as this was my affiliated institution, and by the MRU REB to gain permission and support for using their nursing students as participants. Any participant recruitment or data collection was not initiated until all ethical approvals were granted.

As a part of informed consent, participants received detailed information on the purpose of the project, as well any risks, benefits and how their personal information would be protected to ensure confidentiality. My role as researcher and former mental health nursing instructor was disclosed to participants during the initial contact and reviewed again at the start of the interview. Participants needed to provide written informed consent prior to being involved with any research activities. Participants were made aware that they could withdraw from the study during the interview and before they returned their reviewed transcripts to me without giving a

reason and without consequence to him/her. They were also made aware that once I had received their returned transcripts and had initiated my analysis, it was not possible to remove participants' data. Following the study, participants were informed of the results.

Only the researcher, supervisor and transcriptionist had access to the identifiable data. The transcriptionist signed a confidentiality agreement (Appendix F).

To ensure anonymity and confidentiality, all published research findings from this study have no participant identifying data. All contextual identifiers that could threaten, or even potentially threaten participant confidentiality have been masked.

With using Mount Royal University for recruiting participants, and with the small number of clinical instructors who work in facilitating clinical placements in mental health, the confidentiality of the clinical instructors needed to be protected as well. During implementation of the research, I was committed to ensuring that none of my descriptions could be associated with a particular individual instructor. At the beginning of my interviews with participants, I made it clear that I was not seeking information about individual instructors. During the interviews, I did not ask for names (or any other identifiers) of the instructors they may be referring to. If a participant inadvertently disclosed an instructor's name, it was promptly deleted from the transcript. In disseminating my findings, I will take care not to include any information that might lead readers or audience members to determine that my descriptions refer to a specific individual and I will very intentionally mask any contextual identifiers.

Importantly, I am aware that my affiliation as an instructor with Mount Royal University had the potential to create a power imbalance with participants. As an instructor, with the requirement of evaluating students, I could be construed as being in a position of 'power over' participants. To avoid any conflicts of interest or perceived imbalance of power with

participants, previous students who I have taught were not used in the study. Further, I had discontinued all my instructional employment contracts for an entire year while conducting this project.

## Trustworthiness

In qualitative research, trustworthiness is the term used by researchers to measure the quality of the research (Lincoln & Guba, 1985). Four different strategies were used in this study to establish the trustworthiness of the study; credibility, transferability, dependability and confirmability (Bradshaw et al., 2017; Lincoln & Guba, 1985).

### *Credibility*

For this investigation, credibility was strengthened through various ways. Regular debriefings throughout the entirety of the project with my supervisor and thesis committee was instrumental in ensuring proper procedures were being considered and followed. Qualitative research methodology required close interactions with participants. In essence, the credibility of a study will largely come from the rapport established between the researcher and participant. Allowing the students to speak freely and ensuring their comfortability was instrumental in establishing that rapport.

Further strategies I implemented to strengthen credibility included member checking. Member checking is the process of validating the results with the participants to ensure that the proper interpretation or understanding is derived from what was described by the participants (Birt et al., 2016). At the completion of my analysis, a summary of the research findings was sent to each participant for member checking and validation of the findings. Member checking, also known as member reflection, allows for a direct affirmation of the research findings and

interpretations (Bradshaw et al., 2017; Lincoln & Guba, 1985). Eight out of ten students replied agreeing with my analysis and summary of the data collected, the other two did not respond.

As much as possible, I applied triangulation, which encourages integration of multiple observers, theories, methods, and data sources as a way of avoiding bias associated with a single-method, single-observer, single-theory approach (Denzin, 1978). Integrating information from similar studies also enhances triangulation (Statistics Solutions, 2020a). As my literature review illustrated, I considered multiple perspectives gleaned from robust and ongoing literature reviews.

### *Transferability*

Transferability is synonymous with generalizability, meaning how applicable the study is when applied in different contexts (Statistics Solutions, 2020b). To strengthen the transferability, it was important to ensure transparency with my research process. This was done through bracketing or setting aside my prior assumptions about students' experiences in mental health nursing and using reflexivity to examine and remain aware of the influence my current position and past experiences may have had on this study. I acknowledged and documented my prior knowledge of clinical education as well as potential for conflicts of interest or power over relationships with participants. Being open and transparent regarding my past experiences within mental health nursing and clinical education with the participants was done prior to starting each interview.

### *Confirmability*

Reflexive journaling also enhances confirmability. As I began my journal, I made every effort to identify and bracket my own preconceptions about how students' might view instructional best practices in mental health. Bracketing is used to both lessen the influence that

researchers' personal preconceptions can have on the trustworthiness of a study and to protect researchers from the effects of exploring what may be emotionally challenging material (Tufford & Newman, 2010). Through regular journal entries, I was able to continue to explore how my experiences as a nursing instructor may influence my analysis and description of the data. My journal can serve as an audit trail if requested. As Bradshaw et al. (2017) explained, when researchers create audit trails by incorporating bracketing and reflexive journaling throughout their projects, their thinking is descriptively recorded, and they are able to account for all the ways that data has been recorded and presented. Additionally, bracketing my prior knowledge and assumptions at the outset of the study provides a more robust understanding of who I am and my philosophy towards scholarship (Lincoln & Guba, 1985).

### *Dependability*

Dependability was achieved through emphasis on literal description while remaining close to the data via the use of direct quotations (Bradshaw et al., 2017). Confirmation of transcripts through member checking strengthens dependability and ensures the data was accurately captured and defined.

## Limitations

Limitations for this research project included a lack of both prolonged engagement with participants and triangulation of multiple data sources. While my sample size is consistent with other descriptive studies, provided rich description, and allowed for data saturation, a larger sample size would strengthen the research.

The data collection strategy was limited to one interview interaction with each participant and did not allow for repeat conversations. Due to this study's methodology, interpretation of the

data was restricted to conveying the ‘facts’ accurately and in proper sequence in the participants’ own language (Bradshaw et al., 2017; Sandelowski, 2000).

Transferability is limited given the specific context of this study and the subjective nature of how the data was analyzed. There was no attempt to apply these interpretations toward different contexts of nursing clinical education. Additionally, as previously noted, the sample size was appropriate for this inquiry but small for true maximum variation sampling further hindering the transferability (Lincoln & Guba, 1985).

## Summary

This research design used a qualitative description methodology to answer the research question: What are nursing students’ perceptions of best practices for clinical instructors in mental health clinical placements? A purposeful sampling technique resulted in a diverse sample of ten nursing students engaging in this project. Data was collected through a semi-structured interview process and analyzed using themes and categories driven from the data. Budget impacts and ethical considerations have been discussed, and the trustworthiness of the study established. Limitations of the research design with regards to lack of prolonged interaction with participants and plans for only low inference interpretation of the data have been recognized.

## Chapter V – Results

The findings from the data analysis were categorized to align with the research question and revealed three themes in support of the significance of this inquiry. First, students' valued feeling prepared at the beginning of the clinical placement. Second, students felt empowered when instructors encouraged self-direction. Third, students appreciated positive role modeling by their instructors.

### Theme One: Students' Valued Feeling Prepared at the Beginning of the Clinical Placement

Participants identified a spectrum of emotions leading up to the commencement of their mental health clinical placement. Emotions such as fear, stress, anxiety, and excitement were amongst the most cited. There was a consensus amongst the participants that these emotions were fueled by the general lack of knowledge about mental health nursing. This student highlights that gap in understanding mental health nursing:

> I knew that it would really rely on my communication skills and just knowing that like in [medical] nursing where you have to be super technical, check IV placement, do your safety checks, you know? Like they don't have safety checks here. It's more that your safety checks are all through your non-verbal and your verbal communication. (Participant 2)

When asked about their perception of mental health nursing prior to starting, participants described having very little idea about what mental health nursing entailed other than what they had been exposed to through either the media, their peers, or personal/familial experiences. The most common concerns expressed by the participants surrounded personal safety and feeling unprepared or ill-equipped to handle crises such as an aggressive patient. This was seen to be a

unique issue exclusive to mental health nursing as all the participants denied having these types of concerns prior to entering previous clinical placements.

With participants indicating that their knowledge of mental health nursing was limited, they repeatedly described having an increased level of anticipatory anxiety regarding working with unique mental health disorders leading up to the placement. This was evidenced by this student:

> I think I was pretty nervous going into it. Just because I didn't have like a lot of experience with mental health. Well, more specifically like psychosis or schizophrenia … I had no real experience with except for maybe like what I saw on the street and like in the media right? I feel like I was really uncomfortable with schizophrenia going in, and I feel like the mainstream media and like overall like society's perceptions on schizophrenia or like bi-polar is very different than what it actually is in reality. (Participant 3)

In discussion with the participants, they found the clinical instructor played an important role in mitigating this anxiety leading up to, and at the beginning of the clinical placement, which was helpful for their educational experience. In particular, instructional strategies that helped students feel prepared at the beginning of clinical were pre-placement contact and addressing safety concerns. These are discussed in the following section.

***Pre-Placement Contact***

Pre-placement contact is defined as the clinical instructor contacting the students via email prior to the clinical placement beginning. All ten participants noted that their instructors had contacted them via email prior to the first day of clinical. The contact typically happened between seven-to-fourteen-days prior to the first day of clinical. The participants noted the

content of the email greeting varied in terms of what was communicated. Participants found it the most helpful when the clinical instructors would send various resources to prepare the students before starting clinical. Typical resources that were cited consisted of brief explanations of the unit, commonly used medications, and unit schedule. Participants endorsed that all the clinical instructors took this opportunity to introduce themselves, which the participants appreciated as they noted students tend to worry about who their instructor is and whether they are going to be a good fit. One participant described how students will sometimes request last minute changes of their placement based on their perception of the clinical instructor.

Participants also noted that in addition to a simple greeting, and providing learning material, the clinical instructors took this opportunity to ask information of the students that they deemed important for the instructor to know. This was found to be critical by the participants as they were given an opportunity to privately describe their personality, interests, and most importantly their individual learning styles. Participants found the most advantageous questions being asked were around discussing how they learn in the clinical setting and whether there are potential barriers in the student's personal life that might hinder their learning. The participants equated this gesture with feeling supported, which helped them prepare, relax, and trust that the clinical instructor valued their education.

One participant gave an example of during their clinical placement, they were going through a difficult time in their life related to family stressors which could potentially affect their education. Having an opportunity to explain that to the clinical instructor privately was found to be tremendously beneficial for both the student and the clinical instructor as it created a collaborative safe learning environment that makes the student's education a priority. They also noted that the clinical instructor would follow up with them throughout the clinical placement to

ensure that they were doing okay. For the participant, it made them feel that the clinical instructor cared about their education which promoted confidence in themselves and their instructor.

Receiving resources on mental health nursing prior to starting their placement gave students the opportunity to prepare and educate themselves about what this clinical experience entailed. Resources such as a description of the unit, commonly used medications, and a weekly schedule for assignments were cited to be helpful. Feeling unprepared was often cited as something that increased the level of stress and anxiety among the participants. For example, one participant described how beneficial it was for them to receive a schedule that outlined what a typical day looked like on the unit as well a schedule of the overall clinical placement. This participant described struggling with being able to conceptualize what a nurse's role was on the mental health unit which further increased their stress. Participants viewed this approach as a valued strategy for their learning as it gave them an opportunity to prepare their own schedule over the course of the placement and which increased their level of control and confidence. It also gave them a good first impression of the instructor to which they equated as being competent. This was evidenced by this participant's comments:

> They were like super specific with the details which helped us because some clinical instructors don't say anything like until the last minute, but they were quite like prepared I guess ahead of time. So that really helped the students get organized before meeting as a group. (Participant 9)

It was interesting to note that two participants discussed this strategy of pre-placement contact being anxiety provoking for them. They cited the issue of receiving too much material from the clinical instructor in preparation for the clinical placement. The participants described feeling

overwhelmed when they received the large amount of literature, which increased their levels of stress making them disengage from material that was sent.

> My first introduction to them, like there's so much information, so much to know. There's a reason they do things that way, but it can be very overwhelming for like nursing students. (Participant 4)

As evidenced by the above statement, for this method to be effective, the clinical instructor must strike a balance between adequately preparing students without overwhelming them with learning material.

### *Addressing Safety Concerns*

During the first week of the clinical placement, the clinical instructor often takes the first day(s) to engage in orientating students to the unit and discussing pertinent information that the students need to know prior to going on the unit. This practice is universally done by clinical instructors in most areas of clinical practice as students require some form of orientation to the unit before they start. However, for mental health clinical education, there is a unique obstacle for the student's education.

When participants were asked to reflect on their feelings leading up to the beginning of the clinical placement, six participants noted personal safety being a concern for them. Personal safety was described by participants as having concerns that the patient population was perceived as being unpredictable and dangerous. Three participants admitted that their perception of mentally ill patients being dangerous was often fuelled by how the media portrays criminals or violent people suffering from an acute mental illness. Participants denied having these same perceptions toward patients in other areas of nursing which highlights this issue being primarily exclusive to mental health nursing. Additionally, unlike other areas of nursing, mental health in-

patient units are constructed to support communal environments where patients and staff interact in common areas as opposed to patients being in their rooms all day. This creates alternative challenges for students. Developing situational awareness regarding their placement on the unit is crucial to avoid putting themselves into potentially unsafe situations such as the patient being between them and the door.

Participants found that during this orientation phase, their anxieties of personal safety were best mitigated by strategies such as the clinical instructor facilitating group discussions around safety protocols while inviting students to discuss their potential fears, and clinical instructors having the students participate in a short course offered by the hospital titled Non-Violent Crisis Intervention (NVCI) training.

Participants identified taking an NVCI course during the first week of their placement as being the most effective as it gave them tangible tools that they could utilize if a patient becomes violent with them. This again promoted an increased feeling of preparedness for the participants which was seen to be important for them to feel more comfortable and confident prior to entering this learning environment.

**Theme Two: Students Felt Empowered When Instructors Encouraged Self-Direction**

Self-directed learning was defined by the participants as an approach where the instructor allows students to have an increased amount of autonomy in their own learning development during the mental health clinical placement. Six of the participants described how they found a self-directed approach was beneficial for their learning needs in this environment. In discussion with the participants, they used the term “hands-off” interchangeably with self-directed. The participants appreciated this in particular because of how the students internalized this approach of being trusted by the instructors. This sense of trust was seen to be empowering for the

students own learning as they described feeling a sense of personal responsibility to deliver high-quality care for the patients. This was also found to promote a positive student-instructor relationship as there was more collaboration between students and instructors.

Having autonomy in their learning was observed to help build their confidence of their own abilities and give them a glimpse into what it is like to be a nurse as evidenced by this student:

> I didn't expect to enjoy it as much as I did and then I really did enjoy it. I loved the independence that students got. It felt like I was a real nurse… that kind of was unexpected. (Participant 4)

Another student discussed that this approach was really transformative in affirming their decision in choosing nursing as a career:

> It also helped me see like what I want to do because I found myself like more self-advocating then I was like subconsciously I was starting to determine like, "Oh wow! Like I actually really love this because I'm putting more effort into it and I actually care about this!" And I didn't realize that until I started to become more self-advocating for myself versus second and first year. (Participant 2)

Six students described how a self-directed approach afforded them independence that was unprecedented in previous clinical placements. They described enjoying this as it promoted their confidence and self-efficacy, especially when it came to communicating with the patients and staff members. Participants had discussed having fears and anxiety about being able to communicate effectively with the patients. Reducing their anxiety by allowing students to be more independent with talking to patients and allowing time and space for personal growth at a

comfortable pace was found to be effective compared to being watched intently by the instructor. This was evidenced by this participant's comment:

> But in terms of actual like presence, I think on a more acute unit, an instructor might come in and watch you do your head to toe, watch you have your interactions with your patient, but on the mental health unit, when you're doing your MSE [Mental Status Examination], your one to one, obviously the clinical instructor is not going to be there because that could be intimidating [for both the patient and student] and you might not get the same answers that you would if I was just having the one to one conversations. I really appreciated the ability to just go in and have that conversation with my patients without having the added pressure of an instructor listening in and being present. (Participant 1)

Having confidence in their communication skills made participants feel more competent and comfortable in establishing stronger therapeutic relationships with their patients which is highlighted as being a key aspect of mental health nursing.

Prior to entering the placement, two participants voiced concerns on how patients would perceive the student's level of competency in delivering care. In previous clinical placements, participants observed how the clinical instructor would "babysit" students in a patient's room or follow them around the unit. Participants noted that this practice made patients feel awkward as well as evoking increased anxiety and self-doubt in students. These two participants became concerned that the patients would interpret them as needing to be babysat because they were incompetent. With their mental health clinical instructor's approach being more hands off during their placement, the participants appreciated the feelings of independence without the extra stress of feeling like they were being evaluated all the time.

Participants described that despite this hands-off approach being used, they knew the instructor was available on the unit as they regularly checked in on them throughout the day and were noted to watch the students "from afar". In lieu of hovering around students while they were talking with their patients, participants described how the clinical instructor used other methods for evaluating students' performance such as looking at the charting, talking with the primary nurses, or speaking with the patients. It was clear that students want some independence, but at the same time still require a certain level of presence from the instructors to ensure they feel supported and not alone.

***Collaborative Goal Setting***

Participants commented on how they felt especially empowered when instructors engaged them in collaborative goal setting. Students felt that their autonomy was enhanced when their instructors collaborated with them to create individual learning goals that targeted what students themselves wanted to learn, and the areas where they want to improve. The process of co-creating goals provided structure and helped students express their personal learning needs. Additionally, it gave the clinical instructor a chance to evaluate the student's learning and assess whether they were meeting their goals at different times throughout the placement. Participants found that having the privilege to choose their own learning objectives such as focusing on specific disorders, intrinsically motivated them, and kept them engaged throughout the placement.

Though the clinical instructor's role may seem passive, participants disagreed and endorsed feeling supported throughout the placement. Participants found collaborative processes such as students picking their own patient assignments as being a valuable way of maintaining a self-directed approach while supporting learning.

> Like I'd say [to the instructor], I couldn't handle a depression patient, then I would steer towards like more a schizophrenia patient or whichever. I got to set those boundaries and I got to say like, "Yes, I'm still learning. Yes, I'm just taking it at my own pace. I'm not expected to be a nurse right now. I'm just expected to be a student." Every time we chose a patient, they asked like, "You guys always have the right to let me know when you're uncomfortable and when you want to switch patients." They always made that very clear. Like when our boundaries were pushed and when we felt uncomfortable. (Participant 2)

Setting learning goals is not a universal skill that all students equally possess, and some may require more support than others. One participant noted that during their mental health placement, they had difficulties with identifying goals for their learning which manifested in them picking nonspecific "generic goals". Upon reflection during the interview, they wished they would have been more disciplined in setting more specific learning goals as they believed it negatively affected their learning while on the unit. This highlights how the instructor needs to be an active and collaborative participant in this process for it to be an effective strategy. No specific way of goal setting was identified other than participants reiterating the importance that students need to be accountable to the goals they develop. They discussed how reflexive assignments throughout the clinical placement provided opportunities to receive valuable feedback from the instructor. This aided participants in developing their goals so that they could be confident in meeting them as well as the overall objectives of the clinical experience.

**Theme Three: Students Appreciated Positive Role Modeling by Their Instructors**

All ten participants in this study identified how significant it was for their professional development and education that the clinical instructor be a positive role model throughout the

clinical placement. Characteristics of a positive role model that were noted by the participants were professionalism, organization, having a positive disposition, and demonstrating an engaging demeanor.

Role modelling is not a new term in clinical education literature, however, the nuance of how it is executed is felt to be unique in mental health clinical education. As previously mentioned, participants discussed mental health nursing being an unknown enigma to them, especially when it came to understanding the role nurses play in providing care on mental health units. This was evident by this participant's comments:

> I know a lot of people don't really know what to expect before going into it and can be maybe a little shell shocked once they do get in. (Participant 1)

Predominantly the most common concern noted by participants with delivering care, was being able to communicate effectively with patients. Specific concerns that were found regarding communication was being able to ask difficult questions on topics like suicide, trauma, and psychosis. This student highlights some of those concerns:

> Like I was just kind of worried of like how I might interact with people … with patients on the mental health unit because I was worried that I wouldn't be able to like to connect with them in the way that I would on regular acute units. (Participant 10)

Another participant described being worried that they would say something wrong and potentially harm the patient.

> I think that part [communication] scared me a little bit where it was like I could easily trigger a patient or especially when I'm being just introduced to the patient, I don't know anything about their background. Like obviously I get a brief history, but you don't fully

> know their triggers and that kind of scared me a little bit, like offsetting a patient just because of my lack of knowledge. (Participant 2)

In response to this, participants described strategies the instructor used to mitigate these concerns while concurrently improving student morale and confidence. Role playing was cited as being effective as it gave students a chance to "test" their skills in simulated scenarios where the clinical instructor would model appropriate behaviour in situations like when a patient would get upset or is in a psychotic episode. Additionally, participants described the immense value of being able to watch their clinical instructor while on the unit, communicating with the patients as a way of showing them the "how to" as this student highlighted:

> Some of us got to observe how they [instructor] communicated with them [patients] so it kind of helped me with like what I should do … like prompt me with what I should do when I'm talking to my patients… I just remember they would be you know, on the same level … like same eye level as the patient, making sure that you're being … your body posture is like open and interactive with the patient so you're not looking away but you're looking towards them. You're not crossing your arms. (Participant 10)

This participant also discussed how the clinical instructor would utilize role playing and modelling to show students how to complete mental status exams by being less clinical when talking to patients "informally."

> They encouraged me to step out of my comfort zone, but also still be safe with that. Step out of my comfort zone and go communicate and talk to these patients where they're sitting in the common area and just kind of like sit down with them … like talk to them as like they're your friends I guess and like rather than going there and asking specific questions about like, "How are you feeling today?" (Participant 10)

By normalizing a less formal approach in conversing with patients, participants reported feeling less pressured to "say the right thing" as the emphasis is more on engaging with the patient rather than assessing the patient. This was described as helpful because it reduced the student's level of anxiety and afforded them the confidence to interact with patients more frequently in less formal ways which in turn supported stronger therapeutic student-patient relationships.

Establishing a meaningful therapeutic rapport fostered a sense of connectedness with the patients which helped the students breakdown their personal barriers and develop a higher degree of empathy towards this population. Through "informal" conversations, participants described having a better understanding of the patient's journey and began to see them as equals. Without the ability of connecting to the patients through communication, creating that essential bond would have been more difficult. This participant's comment highlights that process:

> But going into mental health and talking to these patients and understanding what they went through … which some of them were horrendous … plus them having their illnesses, I really understand that … I felt empathetic towards them. (Participant 6)

This participant added:

> They really emphasized like they're also human beings. They have mental health issues but they're no different from us and like we're all human…so it helped me approach the patients in a way that was just not as like dramatic or not … I wasn't over thinking. I was just kind of as a matter of fact going up and so I think that also helped me… (Participant 9)

Modelling effective communication was demonstrated to be key for the participants' professional development as well as developing therapeutic bonds with the patients which helped students develop empathy towards the patients' experience and their mental illness. The clinical

instructor's behaviour while on the unit was also seen to play a role in the educational experience of the participants, especially in difficult situations.

One participant discussed how during a tense situation on the unit where a patient was required to be physically restrained, the clinical instructor became an imperative part for the students' understanding of what was happening. Modelling a calm disposition and being able to competently explain what was going on while it was happening, provided a rich and transformative educational experience that most health care professionals or students would not see. This highlights the immense professional experience this clinical instructor demonstrated. They were able to calmly and competently navigate students through a potentially disturbing observation. This participant highlighted the benefit of that experience and why it was impactful:

> So, they were very calm… as if this is not a big deal, and I think their humor was reassuring to know that like it wasn't a scary thing. We were in the bubble watching and seeing the escalation and then after, that's when they were like, Okay, so let's walk through that and talk through it. (Participant 2)

This situation happened on the student's first day on the unit, and this participant noted that this was the first time any of the students had witnessed a patient interaction like this. However, the result was a positive one as participants were able to see exactly how in a crisis, nurses in mental health perform and deal with them. This positively impacted the student's ability to feel safe while on the unit, and despite this presenting as a dangerous situation, the way it was handled proved to the students that they are indeed safe.

### *Towards a Conceptualization of Best Practices in Mental Health Nursing*

In Table 1 below, the aforementioned three themes are extended to suggest clinical teaching strategies that can contribute to a conceptualization of best practice in mental health nursing. Each theme is matched with a teaching strategy and explanation/rationale is provided.

**Table 1**

*Teaching Strategies That Are Found to be Best Practices*

| **Theme** | **Teaching Strategy** ***Explanation/Rational*** |
|---|---|
| Preparation of Students | • Pre-Clinical Placement (Contacting students 7-14 days before the start of clinical)<br>  ○ *Provide a brief explanation about the unit, and the roles nurses play in delivering care to patients.*<br>  ○ *Breakdown of typical day for each shift.*<br>  ○ *Schedule of the entire clinical placement (assignments, topics of pre/post conferences).*<br>• Safety (typically takes place in first week of clinical "orientation")<br>  ○ *Have students take Non-Violent Crisis Intervention (NVCI) training as soon as possible. If students have taken it already in previous clinical placements, review practices.*<br>  ○ *Discuss situational awareness (i.e., Don't have the patient between you and the door).* |
| Self-Directed Learning | • Maintain appropriate levels of space for the students<br>  ○ *The clinical instructor should promote student independence and autonomy of their learning.*<br>  ○ *Evaluation of student performance can be achieved alternatively to direct supervision such as, reviewing charting or seeking feedback from primary nurses or patients.*<br>• Regularly check in with students throughout the day to ensure that you are available for any questions and concerns.<br>• Promote collaborative discussions on patient assignments<br>  ○ *Let student identify what kind of patient they would like and help facilitate that to the best you can.*<br>• Have students identify learning goals for their clinical placement<br>  ○ *Learning goals should be specific and follow the objectives outlined in the course syllabus.*<br>  ○ *The clinical instructor needs to be engaged with this process and provide feedback, when necessary, either informally or formally to ensure goals are met or not met.* |

**Table 1**

*Teaching Strategies That Are Found to be Best Practices*

| | |
|---|---|
| Role Modelling | • Demonstrate professional behaviour with respect to organization, positive demeanor, and engaging.<br>• Model communication skills.<br>  ○ *Through role playing, demonstrate how to engage with a patient with an emphasis of being less formal (i.e., discuss weather, play cards).*<br>  ○ *Demonstrate either through role playing or on the unit on how to complete mental status exams (MSE's) or suicide risk assessments.*<br>  ○ *Demonstrate through role playing on how to deal with verbal conflict from a patient.*<br>• Model a calm disposition while on the unit.<br>  ○ *Students take their emotional cues from their clinical instructor therefore, if instructors are calm, the students will be calm.* |

## Summary

The data collected from ten interviews with current nursing students was rich in detail and complexity. Three themes related to best practice for clinical instructors emerged. Students valued feeling prepared at the beginning of the placement; they felt empowered when instructors encouraged self-direction; and they appreciated positive role modeling by their instructors.

Participants outlined how feeling prepared and safe was important for them and impacted their level of confidence and anxiety with mental health nursing. The practice of reaching out to contact the students prior to the commencement of clinical, was seen to be the most helpful for students' introduction to mental health nursing. It also afforded an opportunity for students to explain how they learn best and if any barriers may exist for them that could impact their ability to learn. Safety was an often-cited concern by the participants and though mental health nursing is typically no more dangerous than other areas of nursing, students come into the clinical placement believing that they may be at risk from the patients (Torrey et al., 2008). Having

robust conversations regarding situational awareness and NVCI training prior to or at the beginning of the clinical placement had the most impact on mitigating their anxieties.

Participants also emphasized that a self-directed instructional approach was empowering. Strategies like dynamic goal setting, critical self-reflection and letting students pick their patient assignments were seen as most effective to facilitate autonomy and best support students.

Lastly, role modeling positive skills and behaviours was found to have increased the level of perceived competence of the instructor which was important to students. Additionally, modeling communication skills through interactions with the staff and patients, the clinical instructor shows students how to communicate effectively. Demonstrations of mental status exams or suicide risk assessments by the clinical instructor were identified as the most effective skills modelled which increased the student's level of confidence and competency. This was viewed as important because it reduced barriers for students to engage their patients and build stronger therapeutic relationships while additionally increasing the student's level of empathy and understanding of mental illness in general.

The chapter concluded with a table illustrating teaching strategies that were developed from themes identified in the study. These strategies, generated from students' comments about instructional actions that they believed were meaningful, offer important insight into best practices in mental health nursing.

# Chapter VI – Discussion

This study explored nursing students' perceptions of effective clinical instruction in mental health placements. The goal was to explain best practices for clinical instructors and suggest teaching strategies that could be incorporated into their everyday practice. As the previous chapter illustrated, findings from this study revealed that students value feeling prepared prior to their clinical placement; they felt empowered when instructors encouraged self-direction; and they appreciated positive role modeling by their instructors. In this section, I expand on how these findings can be cast against the broad concepts of mental health stigma, and students' mental health. I underscore the importance of instructional support and personal control of learning.

## Mental Health Stigma

Mental health stigma can exert a negative influence on learning. In Knaak et al. (2017) study of mental illness stigma in healthcare, a lack of awareness regarding mental health nursing was seen to be a strong predictor for fostering stigmatic views or negative bias towards mental illness. The present study demonstrated similar results as participants who identified having little to no knowledge about mental health nursing or mental illness, often endorsed negative perceptions or bias towards mental health nursing.

Mainly, participants voiced concerns regarding safety, and self-doubt about their ability to communicate effectively with patients. This phenomenon is not exclusive to the participants in this study. These concerns were also reported in studies examining mental health stigma among nursing students and other healthcare workers globally (Knaak et al., 2017). For example, in South Korea, Choi et al. (2016) described similar results where nursing students who identified having limited knowledge of mental illness prior to entering their mental health clinical

placement, also endorsed negative perceptions towards mental illness. Etiology of stigma can be complex and likely differs across generations and cultures, however for the participants in this study, their perceptions of mental illness and mental health nursing were often fueled by how mental illness is discussed and portrayed in the media.

When looking at the media and how it depicts mental illness, it is very rarely portrayed in a manner that is either positive or informative. Movies such as One Flew Over the Cuckoo's Nest (though today's generation might not be aware of this film's existence due to age), Split, or Criminal Minds often portray dramatic and inaccurate depictions of mental illness which are negatively contributing to societies overall perception (Knaak et al., 2017). Additionally, mental illness is often tied to negative news commentary such as when violent criminals or mass shooters are anecdotally speculated to having a mental illness as a way of explaining their motives. Unfortunately, this only further stigmatizes the millions of people who have mental illness where they are associated with being dangerous, unpredictable, when, in fact there is no evidence of an increased risk of violence from someone who has a mental illness (Torrey et al., 2008). Over the past ten years, organizations such as the Centre for Addiction and Mental Health in Canada have been diligently trying to break down this stigma, however, there remains a lot of work left to be done.

Consequently, unless people have past personal or work experience with mental illness, the public including nursing students are vulnerable to the negative depictions of mental illness seen in the media. Mental health literacy, which refers to an individual's level of knowledge and understanding regarding mental illness and mental health treatment, was seen to increase with nurses who cared for patients who had mental illness (Knaak et al., 2017). In the present study, this was observed as well where two participants reported having previous experience working

with patients who had mental illness. These participants described having higher levels of mental health literacy and less prejudicial views towards mental illness prior to beginning their clinical placement.

This thesis has consistently highlighted how stigma towards the patient population is unique to mental health nursing, and how these views impact nursing students' education in mental health clinical placements. Participants in this study were concerned about their safety, as they endorsed being influenced by external media which often showed mentally ill patients being dangerous. It is imperative that clinical instructors acknowledge that this issue exists and recognize how stigma impacts their students.

The teaching strategies described in the previous chapter such as, preparing students, using a self-directed approach in teaching, and modeling competent nursing skills all had a degree of impact on educating students about mental illness and mental health nursing. This was found to be helpful in reducing stigmatic views while also increasing their overall mental health literacy. According to Choi et al. (2016) nursing students can largely be unaware of their own personal biases towards mental health nursing. This highlights the need to address possible stigma students possess early on to bring awareness about the issue.

The strategy of contacting students prior to the placement provides a good opportunity for instructors to engage with students on this topic so they can better prepare to address potential biases or perceptions students may have towards mental health nursing. Participants in this study also identified the clinical instructor using examples of stigmatized care while on the unit and pointing it out for the class to discuss during de-briefs or post-clinical conferences as a way of developing awareness. The purpose is to invoke a critical self-reflective process that

creates an internal level of discourse amongst students by encouraging them to question personal assumptions and expectations to achieve a deeper understanding (Tsimane & Downing, 2020).

This study aimed to describe best practices of clinical instructors in mental health clinical education, however, it is important to emphasize that mental health stigma plays a considerable role in this process. Some of the teaching strategies that have been suggested are helpful in beginning to address this stigma. However, clearly additional research on the effect mental health stigma has on nursing education is needed to expand upon my findings. Curriculum planners, clinical instructors and all those involved with nurses' education will benefit from a deeper understanding of the complex etiology of mental health stigma.

This study found that though participants had expressed negative views prior to the clinical placement, after their placement had ended, they all agreed that their clinical experience was positive and that their preconceived biases were completely misguided. They emphasized how impactful and transformative their clinical education was in shifting their world outlook, and professional competency towards caring for this population.

**Students' Mental Health**

Participants in this study welcomed instructors' efforts to get to know them, and to understand barriers that could impede their learning, including issues affecting their own mental health. Nursing students entering mental health clinical placements are vulnerable to stress and may struggle to cope academically and personally when presented with stressors (Galvin et al., 2015; Oner Altiok & Ustun, 2013). Increased levels of stress can create many challenges for students as it impacts their confidence, ability to learn, and decision making (Oner Altiok & Ustun, 2013). It is commonly stated in the educational literature that if not properly addressed,

this emotional distress can worsen and significantly hinder the student's educational experience (Choi et al., 2016).

In this study, participants identified similar concerns of stress and anxiety related to entering their mental health clinical placement. Comments such as: "what if I say the wrong thing?"; "I have to rely on my communication skills to ensure patient safety"; or even "will I be safe?" understandably spoke to the level of stress and anxiety the students were feeling prior to their clinical placement. This is not unique to students, mental health nurses are reported to have some of the highest stress among any group of nurses as well (Galvin et al., 2015). Managing stress as a student can be difficult especially during clinical education where the academic demands are high and concerns about adequately caring for patients are common. Subsequently, it is no surprise that the strategies that were found to be best practice in this study are largely rooted in mitigating students stress and anxiety through promoting concepts of self-efficacy, and confidence prior to, and throughout their clinical placement.

As discussed in the previous chapter, prior to entering the clinical placement, participants commented on having very little knowledge about what mental health nursing was, which left them feeling unprepared, and stressed about what was to come. This can be anxiety provoking for students and leave them feeling as though they have no control over demands made on them. In their seminal research examining occupational stress, Johnson and Hall (1988) identified that when individuals have only limited control over job requirements, but are in jobs that demand a great deal of them (such as nursing students trying to prepare for clinical placements), they experience significant mental strain. In mitigating this strain, Johnson and Hall (1988) found that the high demand being experienced by students is effectively buffered when both feelings of support and control are high (Gavin et al., 2015). These results were similar to the present study,

as the best practices participants described addressed both instructional support and personal control of learning. Next, I comment further on instructional support and personal control of learning.

***Instructional Support***

As explained in Chapter Two, existing literature consistently supports the notion that when students feel supported by their clinical instructors, they are more likely to have positive and successful learning experiences. The present study extends this understanding by articulating specific strategies that instructors can implement to provide needed support in mental health clinical placements. Mental health placements are unique, and instructors must recognize student concerns related to anxiety, stigma and their personal safety in order to support their students.

Supportive teaching strategies, such as instructors contacting students prior to to their clinical placement is a simple but very important first step. The information solicited by this type of contact provides the clinical instructor with important insights about the students. It opens the door to better understand who they are as nursing students, what their goals are, how they plan to achieve them and the kinds of challenges they face in other areas of their lives. In keeping with the constructivist thinking that guided this research, the clinical instructor uses that insight to tailor their approach and construct an environment which better meets the needs of their students. This study was able to demonstrate that when clinical instructors aim to understand the student experience, such as their mental health concerns, the students felt more supported and ultimately had positive educational experiences.

### *Personal Control of Learning*

A striking finding from this study was how empowered students felt when instructors supported self-direction and provided opportunities for them to feel a sense of personal control over their learning. When instructors remained present and accessible, but still very 'hands-off,' they communicated their confidence in students' abilities. When they invited students to choose their own patients, they conveyed their respect for students' capacity to think critically.

Teaching strategies that facilitate personal control of learning are well documented in the nursing education literature. However, limited direction exists for mental health clinical instructors, particularly on acute inpatient units. Findings from this study, which present specific strategies, such as remaining 'hands-off' (when in other clinical areas this strategy may not be advisable) make an important contribution to the field. This study found that in mental health clinical placements, students preferred having more control and independence in their education as it increased their level of performance. In clinical practice on medical units, this approach may be difficult to implement as students require closer supervision in performing skills or interventions such as hanging intravenous medications, as the potential to harm someone is greater. In mental health clinical education, the interventions are mostly communicating with patients and thus are less risky and don't require this level of supervision. Participants in this study clearly identified this difference between these clinical areas and were surprised at how much they enjoyed the independence they received, which positively impacted their view of the overall experience.

Further, students felt a sense of personal control over their learning when instructors worked collaboratively with them to set goals. This strategy created a more harmonious and less hierarchal experience. Participants found that the clinical instructor was less intimidating in this

role as they weren't babysitting them or felt like they were being constantly evaluated, which students internalized as being trusted and competent in delivering care.

## Summary

In summary, this inquiry provided a rich, descriptive picture of what nursing students perceive as effective mental health clinical instruction. Mental health stigma was identified and further explored with regards to how it impacts students' experiences. The importance of attending to students' mental health and understanding their emotional needs was emphasized. Teaching strategies that demonstrate instructional support and help students take personal control of their learning were discussed.

## Chapter VII – Conclusion

Clinical education is an integral part of preparing nursing students for the demands of delivering high-quality healthcare. For clinical instructors, this places immense pressure on them to facilitate this important educational experience. Despite these high demands, clinical instructors receive little to no training on how to be clinical instructors.

Existing literature in this field has described concepts such as competency in education and nursing, teaching style, and personality being foundational in what characteristics or attributes effective clinical instructors possess. The literature fails to provide robust evidenced based strategies that clinical instructors could implement especially within the unique context of mental health nursing where clinical instructors are met with unique challenges not seen in other areas of nursing practice.

Mental health nursing is an integral pillar of healthcare delivery given the impact and burden of disease it can have on society. Issues of stigma towards mental health have plagued society's response and acceptance of this illness which has created barriers for people receiving adequate treatment and support. Healthcare professionals and specifically nursing have not been immune to these problems of stigma. The etiology of mental health stigma from healthcare providers is found to be complex, however education is seen to play an important role. Poor educational experiences in mental health were found to be predictors of negative bias and stigma in nursing students.

Qualitative description within a constructivist framework was used to explore and understand clinical instructor best practices within mental health clinical education, as perceived by nursing students. Ten nursing students participated in semi-structured interviews. Participants

also assisted with member checking by verifying the accuracy of data representation in their transcripts and reviewing the findings.

Thematic analysis conducted from a factist perspective, assuming the data to be truthful in reflecting reality, identified three themes. Nursing students valued feeling prepared at the beginning of the clinical placement; they felt empowered when instructors encouraged self-direction; and they appreciated positive role modeling by their instructors. The present study extends knowledge and understanding of clinical education in mental health by describing specific teaching strategies clinical instructors can implement into their practice. Additionally, this study demonstrated how mental health stigma and the student's mental health played significant roles in how students learned during their clinical placement.

Trustworthiness for this research was attained through peer debriefing with the supervisory committee, and member checking of transcripts and findings with participants to ensure accuracy. Bracketing and reflexivity were utilized to acknowledge the influence of the researcher's career roles, and to mitigate any potential conflicts of interest or power over relationships with participants through thoughtful recruitment processes. Limitations included lack of prolonged engagement with participants, and transferability given the specific context of the study, subjective nature of how the data was analyzed, and low inference of the data which was in keeping with this study's methodology.

**Implications for Practice**

This inquiry into nursing students' experience of mental health clinical education has given them a voice to describe how they perceive best practices from clinical instructors. By sharing their experience, the students have strengthened their own awareness and confidence in mental health nursing as well as contributed important insights that will have influence on

clinical education. Clinical instructors and the nursing education community can use this knowledge to strengthen their approach to clinical education in mental health and address problems of stigma among nursing students. Collectively, this will have a positive impact on tomorrow's nurse's ability in delivering high quality care to patients with mental illness.

## References

Abraham, S. P., Cramer, C., & Palleschi, H. (2018). Walking on eggshells: Addressing nursing students' fear of the psychiatric clinical setting. *Journal of Psychosocial Nursing and Mental Health Services*, *56*(9), 5–8. https://doi.org/10.3928/02793695-20180322-01

Adom, D., Yeboah, A., & Ankrah, K. A. (2016). Constructivism philosophical paradigm: Implications for research, teaching, and learning. *Global Journal of Arts Humanities and Social Sciences*,*4*(10), 1–9. https://www.academia.edu/download/60883069/Constructivism-Philosophical-Paradigm-Implication-for-Research-Teaching-and-Learning20191012-85439-1fft6xx.pdf

Akinyode, B., & Khan, T. (2018). Step by step approach for qualitative data analysis. *International Journal of Built Environment and Sustainability 5*(3), 163–174. https://doi.org/10.11113/ijbes.v5.n3.267

Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education & Literacy Studies, 5*(2), 9–19. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

Alhojailan, M. I. (2012). Thematic analysis: A critical review of its process and evaluation. *West East Journal of Social Sciences, 1*(1), 39–47. https://fac.ksu.edu.sa/sites/default/files/ta_thematic_analysis_dr_mohammed_alhojailan.pdf

Alyousef, S. M. (2019). Psychosocial stress factors among mental health nursing students in KSA. *Journal of Taibah University Medical Sciences, 14*(1), 60–66. https://0-doi-org.aupac.lib.athabascau.ca/10.1016/j.jtumed.2018.11.006

Al-Zayyat, A. S., & Al-Gamal, E. (2014). Perceived stress and coping strategies among Jordanian nursing students during clinical practice in psychiatric/mental health courses. *International Journal of Mental Health Nursing, 4*, 326. https://doi.org/10.1111/inm.12054

Alber, R. (2015). *Defining "best practice" in teaching*. Edutopia. https://www.edutopia.org/blog/defining-best-practice-teaching-rebecca-alber

Angermeyer, M. C., & Matschinger, H. (2003). The stigma of mental illness: Effects of labelling on public attitudes towards people with mental disorder. *Acta Psychiatrica Scandinavica*, *108*(4), 304–309. https://doi.org/10.1034/j.1600-0447.2003.00150.x

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research, 26*(13), 1802–1811. https://doi.org/10.1177/1049732316654870

Bladon, H. (2019). Mental health nursing and the pursuit of professional equivalence. *Mental Health Practice*, *22*(4), 17. http://0-search.ebscohost.com.aupac.lib.athabascau.ca/login.aspx?direct=true&db=edb&AN=137440538&site=eds-live

Blomberg, K., Bisholt, B., Engstrom, K. A., Ohlsson, U. Johansson, S. A., Gustafsson, M. (2014). Swedish nursing students' experience of stress during clinical practice in relation to clinical setting characteristics and the organization of the clinical education. *Journal of Clinical Nursing*, *23*(15-16), 2264–2271. https://doi.org/10.1111/jocn.12506

Bradshaw, C., Atkinson, S., & Doody, O. (2017). Employing a qualitative description approach in health care research. *Global Qualitative Nursing Research, 4*. https://doi.org/10.1177/2333393617742282

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://0-doi-org.aupac.lib.athabascau.ca/10.1191/1478088706qp063oa

Cavanaugh, S. (2014). Emphasizing mental health in nursing education. *Canadian Nurse.* https://www.canadian-nurse.com/en/articles/issues/2014/may-2014/emphasizing-mental-health-in-nursing-education

Choi, H., Hwang, B., Kim, S., Ko, H., Kim, S., & Kim, C. (2016). Clinical education in psychiatric mental health nursing: Overcoming current challenges. *Nurse Education Today*, *39*, 109–115. https://doi.org/10.1016/j.nedt.2016.01.021

Collier, A. D. (2018). Characteristics of an effective nursing clinical instructor: The state of the science. *Journal of Clinical Nursing*, (1–2), 363. https://0-doi-org.aupac.lib.athabascau.ca/10.1111/jocn.13931

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Sage Publications.

Denzin, N. K. (1978). *The research act: A theoretical introduction to sociological methods* (2nd ed.). McGraw-Hill.

Deventer, I. V. (2013). *Research approach, design and methods. Management strategies for effective social justice practice in schools* [Doctoral dissertation, North-West University] (pp. 175–221). Boloka Institutional Repository.

Edward, L. K., Ousey, K., Playle, J., & Giandinoto, A. J. (2017). Are new nurses work ready-The impact of preceptorship. An integrative systematic review. *Journal of Professional Nursing*, *33*, 326–333. https://doi.org/10.1016/j.profnurs.2017.03.003

Elhami, S., Heidari, M., Ban, M., Mosaviasl, S., & Khavasi, M. (2018). The factors affecting effective clinical education from the viewpoint of students, nursing trainers, and nursing staff. *Middle East Journal of Family Medicine, 16*(3), 246–251. https://doi.org/10.5742/MEWFM.2018.93335

Elliot, V. (2018). Thinking about the coding process in qualitative data analysis. *The Qualitative Report, 23*(11), 2850–286. https://doi.org/10.46743/2160-3715/2018.3560

Freedom of Information and Protection of Privacy Act, RSBC 1996, c 165 (2015). http://canlii.ca/t/529r1

Froneman, K., Plessis, D. E., & Koen P. M. (2016). Effective educator–student relationships in nursing education to strengthen nursing students' resilience. *Curationis*, *39*(1), e1–e9. https://doi.org/10.4102/curationis.v39i1.1595

Fuster, D. (2019). Qualitative research: Hermeneutical phenomenological method. *Propositos y Representaciones, 7*(1), 201–229. http://dx.doi.org/10.20511/pyr2019.v7n1.267

Galvin, J., Suominen, E., Morgan, C., O'Connell, E. J., & Smith, A. P. (2015). Mental health nursing students' experiences of stress during training: a thematic analysis of qualitative interviews. *Journal of Psychiatric and Mental Health Nursing, 10*, 773. https://doi.org/10.1111/jpm.12273

Gelinas, L., Pierce, R., Winkler, S., Cohen, I. G., Lynch, H. F., & Bierer, B. E. (2017). Using social media as a research recruitment tool: Ethical issues and recommendations. *The American Journal of Bioethics: AJOB, 17*(3), 3–14. https://doi.org/10.1080/15265161.2016.1276644

Goh, Y., Owyong, J. Q. Y., Seetoh, Y. M., Hu, Y., Chng, M., & Li, Z. (2021). Exploring pedagogies used in undergraduate mental health nursing curriculum: An integrative literature review. *International Journal of Mental Health Nursing*, *1*, 47. https://doi.org/10.1111/inm.12816

Government of Canada. (2018). *Tri-council policy statement: Ethical conduct for research involving humans*. Panel on Research Ethics. https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2018.html

Grav, S., Juul, L. M. E., & Heilzen, O. (2010). Undergraduate nursing student experiences of their mental health clinical placement. *Nordic Journal of Nursing Research & Clinical Studies, 30*(1), 4–8. https://doi.org/10.1177%2F010740831003000102

Guba, E. & Lincoln Y. (1994) Competing paradigms in qualitative research. In N.K Denzin & Y.S Lincoln (Eds), *Handbook of qualitative research* (pp.105–117). Sage Publications.

Hastings, T. (2017). Can completing a mental health nursing course change students' attitude? *Issues in Mental Health Nursing, 38*(5) (2017), 449-454. https://doi.org/10.1080/01612840.2017.1278810

Hwang, B., Choi, H., Kim, S., Kim, S., Ko, H., & Kim, J. (2018). Facilitating student learning with critical reflective journaling in psychiatric mental health nursing clinical education: A qualitative study. *Nurse Education Today*, *69*, 159–164. https://doi.org/10.1016/j.nedt.2018.07.015

İnan, F. Ş., Günüşen, N., Duman, Z. Ç., & Ertem, M. Y. (2019). The impact of mental health nursing module, clinical practice and an anti-stigma program on nursing students' attitudes toward mental illness: A quasi-experimental study. *Journal of Professional Nursing*, *35*(3), 201–208. https://doi.org/10.1016/j.profnurs.2018.10.001

Ingham-Broomfield, R. (2015). A nurses' guide to qualitative research. *Australian Journal of Advanced Nursing, 32*(3), 34–40. http://0-search.ebscohost.com.aupac.lib.athabascau.ca/login.aspx?direct=true&db=a9h&AN=101421284&site=eds-live

Ismail, M-N. L., Aboushady, M-N. R., & Esw, A. (2015). Clinical instructor's behavior: Nursing student's perception toward effective clinical instructor's characteristics. *Journal of Nursing Education Practice, 6*(2), 96-105. https://doi.org/10.5430/jnep.v6n2p96

Janse van Rensburg, E. S. (2019). Educators: Are you adequately supporting nursing students during mental health placements? *International Journal of Africa Nursing Sciences 10*, 43–48. https://doi.org/10.1016/j.ijans.2019.01.002

Jayasekara, R., Smith, C., Hall, C., Rankin, E., Smith, M., Visvanathan, V., & Friebe, T.-R. (2018). The effectiveness of clinical education models for undergraduate nursing programs: A systematic review. *Nurse Education in Practice, 29*, 116–126. https://doi.org/10.1016/j.nepr.2017.12.006

Johnson J., & Hall E. (1988). Job strain, workplace social support, and cardiovascular disease: a cross-sectional study of a random sample of the Swedish working population. *American Journal of Public Health, 78*, 1136–1342. https://doi.org/10.2105/ajph.78.10.1336

Joubert, P. D., & Bhagwan, R. (2018). An empirical study of the challenging roles of psychiatric nurses at in-patient psychiatric facilities and its implications for nursing education. *International Journal of Africa Nursing Sciences, 9*, 49–56. https://doi.org/10.1016/j.ijans.2018.08.001

Karimi, H., & Alavi, M. N. (2015). Florence Nightingale: The mother of nursing. *Nursing and Midwifery Studies, 4*(2), 1–2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4557413/

Kivunja, C., & Kuyini, B. A. (2017). Understanding and applying research paradigms in educational contexts. *International Journal of Higher Education*, *6*(5), 26-41. https://files.eric.ed.gov/fulltext/EJ1154775.pdf

Knaak, S., Karpa, J., Robinson, R., & Bradley, L. (2016). "They are Us-We are Them": Transformative learning through nursing education leadership. *Healthcare Management Forum*, *29*(3), 116–120. https://doi.org/10.1177/0840470416628880

Knaak, S., Mantler, E., & Szeto, A. (2017). Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. *Healthcare Management Forum*, *30*(2), 111–116. https://doi.org/10.1177/0840470416679413

Kte'pi, B. (2017). Interpretive methods. *Nature of Science: Theoretics of Research, 1*. http://0-search.ebscohost.com.aupac.lib.athabascau.ca/login.aspx?direct=true&db=sch&AN=124019812&site=eds-live

Lambert, V. A., & Lambert, C. E. (2012). Editorial: Qualitative descriptive research: An acceptable design. *Pacific Rim International Journal of Nursing Research*, *16*(4), 255–256. https://he02.tci-thaijo.org/index.php/PRIJNR/article/view/5805

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.

Maranzan, K. A. (2016). Interprofessional education in mental health: An opportunity to reduce mental illness stigma. *Journal of Interprofessional Care*, *30*(3), 370–377. https://0-doi-org.aupac.lib.athabascau.ca/10.3109/13561820.2016.1146878

Marcus, M., & Westra, H. (2012). Mental health literacy in Canadian young adults: Results of a national survey. *Canadian Journal of Community Mental Health*, *31*(1), 1–15. https://doi.org/10.7870/cjcmh-2012-0002

Martin, P., Copley, C., & Tyack, Z. (2014). Twelve tips for effective clinical supervision based on a narrative literature review and expert opinion. *Medical Teacher*, 36, 201–207. https://doi.org/10.3109/0142159X.2013.852166

McDermott, R. C., Fruh, S. M., Williams, S., Hauff, C., Sittig, S., Wright, T., Riley, B., Swanzy, D., Graves, R. J., & Hall, H. (2021). Characteristics of negative and positive mental health among nursing students in the United States. *Journal of the American Psychiatric Nurses Association*, *27*(1), 44–53. https://doi.org/10.1177/1078390319865322

McSharry, E., & Lathlean, J. (2017). Clinical teaching and learning within a preceptorship model in an acute care hospital in Ireland: A qualitative study. *Nurse Education Today*, 51, 73–80. https://doi.org/10.1016/j.nedt.2017.01.007

Mertens, M. D. (2019). An introduction to research. In *Research and Evaluation in Education and Psychology* (5th ed., pp. 16-20.). Sage. https://www.sagepub.com/sites/default/files/upm-binaries/29985_Chapter1.pdf

Meyer, G. M., Nel, E., & Downing, C. (2016). Basic student nurse perceptions about clinical instructor caring. *Health SA Gesondheid*, *21*, 444–452. https://doi.org/10.1016/j.hsag.2016.09.004

Mueller, G., Mylonas, D., & Schumacher, P. (2018). Quality assurance of the clinical learning environment in Austria: Construct validity of the clinical learning environment, Supervision and nurse teacher scale (CLES+T scale). *Nurse Education Today,* 66, 158–165. https://doi.org/10.1016/j.nedt.2018.04.022

Murney, M. A., Sapag, J. C., Bobbili, S. J., & Khenti, A. (2020). Stigma and discrimination related to mental health and substance use issues in primary health care in Toronto, Canada: A qualitative study. *International Journal of Qualitative Studies on Health & Well-Being*, *15*(1), 1–11. https://doi.org/10.1080/17482631.2020.1744926

Muthathi, S. I., Thurling H. C., & Armstrong J. S. (2017). Through the eyes of the student: Best practices in clinical facilitation. *Curationis*, (1), e1. https://doi.org/10.4102/curationis.v40i1.1787

Needham, J., McMurray, A., & Shaban, Z. R. (2016). Best practice in clinical facilitation of undergraduate nursing students. *Nurse Education in Practice*, 20, 131–138. https://doi.org/10.1016/j.nepr.2016.08.003

Niederriter, J., Eyth, D. & Thoman, J. (2017). Nursing students' perceptions on characteristics of an effective clinical instructor. *Nursing Faculty Publications, 70.* https://engagedscholarship.csuohio.edu/nurs_facpub/70

Nolan, G., & Ryan, D. (2008). Experience of stress in psychiatric nursing students in Ireland. *Nursing Standard 22*, 35–43. https://doi.org/10.7748/ns2008.07.22.43.35.c6583

Noh, G-K., & Kim, H. D. (2019). Effectiveness of a self-directed learning program using blended coaching among nursing students in clinical practice: A quasi-experimental research design. *BMC Medical Education, 19*(1). https://doi.org/10.1186/s12909-019-1672-1

Oner Altiok, H., & Ustun, B. (2013). The stress sources of nursing students. *Educational Sciences: Theory and Practice*, *13*(2), 760–766. https://files.eric.ed.gov/fulltext/EJ1017246.pdf

Ong, H. L., Seow, E., Chua, B. Y., Xie, H., Wang, J., Lau, Y. W., Chong, A. S., Subramaniam, M. (2017). Why is psychiatric nursing not the preferred option for nursing students: A cross-sectional study examining pre-nursing and nursing school factors. *Nurse Education Today*, 52, 95–102. https://0-doi-org.aupac.lib.athabascau.ca/10.1016/j.nedt.2017.02.014

Padagas, R. (2020). Nursing students' expectations of their clinical instructors: Practical implications in nursing education. *Romanian Journal for Multidimensional Education / Revista Romaneasca Pentru Educatie Multidimensionala*, *12*(4), 393–410. https://doi.org/10.18662/rrem/12.4/353

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health, 42*(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

Pront, L., Gillham, D., & Schuwirth, W. T. L. (2016). Competencies to enable learning-focused clinical supervision: A thematic analysis of the literature. *Medical Education*, 50, 485–495. https://doi.org/10.1111/medu.12854

QSR International Pty Ltd. (2018). NVivo (Version 12), https://www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home

Queck, G., & Shorey, S. (2018). Perceptions, experiences, and needs of nursing preceptors and their preceptees on preceptorship: An integrative review. *Journal of Professional Nursing*, *34*, 417–428. https://doi.org/10.1016/j.profnurs.2018.05.003

Reising, L. D., James, B., & Morse, B. (2018). Student perceptions of clinical instructor characteristics affecting clinical experiences. *National League of Nursing, 39*(1), 4–9. https://doi.org/10.1097/01.NEP.0000000000000241

Ryerson University Research Ethics Board. (2017). *Guidelines for research involving social media.* https://www.ryerson.ca/content/dam/research/documents/ethics/guidelines-for-research-involving-social-media.pdf

Sadeghi, A., Oshvandi, K., & Moradi, Y. (2019). Explaining the inhibitory characteristics of clinical instructors on the process of developing clinical competence of nursing students: A qualitative study. *Journal of Family Medicine and Primary Care, 8*(5), 1664–1670. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6559080/

Samari, E., Seow, E., Chua, B. Y., Ong, H. L., Abdin, E., Chong, S. A., & Subramaniam, M. (2018). Stigma towards people with mental disorders: Perspectives of nursing students. *Archives of Psychiatric Nursing*, *32*(6), 802–808. https://0-doi-org.aupac.lib.athabascau.ca/10.1016/j.apnu.2018.06.003

Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing & Health, 18*(2), 179–183. https://doi.org/10.1002/nur.4770180211

Sandelowski, M. (2000). Focus on research methods: Whatever happened to qualitative description? *Research in Nursing and Health*, *23*(4), 334–340. https://www.researchgate.net/publication/12379711_Focus_on_Research_Methods_Whatever_Happened_to_Qualitative_Description

Simon, M. (2011). *The role of the researcher*. http://dissertationrecipes.com/wp-content/uploads/2011/04/Role-of-the-Researcher.pdf

Snowdon, A. D., Leggat, G. S., & Taylor, F. N. (2017). Does clinical supervision of healthcare professionals improve effectiveness of care and patient experience? A systematic review. *BMC Health Services Research, 17*(1). https://doi.org/10.1186/s12913-017-2739-5

Statistics Solutions. (2020a). *What is credibility in qualitative research and how do we establish it?* https://www.statisticssolutions.com/what-is-credibility-in-qualitative-research-and-how-do-we-establish-it/

Statistics Solutions. (2020b). *What is transferability in qualitative research and how do we establish it?* https://www.statisticssolutions.com/what-is-transferability-in-qualitative-research-and-how-do-we-establish-it/

Stuhlmiller, C., & Tolchard, B. (2019). Understanding the impact of mental health placements on student nurses' attitudes towards mental illness. *Nurse Education in Practice*, *34*, 25–30. https://doi.org/10.1016/j.nepr.2018.06.004

Sweet, L., & Broadbent, J. (2017). Nursing students' perceptions of the qualities of a clinical facilitator that enhance learning. *Nurse Education in Practice*, 22, 30–36. http://dx.doi.org/10.1016/j.nepr.2016.11.007

Tesch, R. (1990). Qualitative research: Analysis types and software tools. Falmer Pr. http://0-search.ebscohost.com.aupac.lib.athabascau.ca/login.aspx?direct=true&db=rfh&AN=ATLA0000038311&site=eds-live

Thanh, C. N., & Thanh, T. L. T. (2015). The interconnection between interpretivist paradigm and qualitative methods in education. *American Journal of Educational Science, 1*(2), 24–27. https://pdfs.semanticscholar.org/79e6/888e672cf2acf8afe2ec21fd42a29b2cbd90.pdf

Thomas, Y. P. (n.d.). Research methodology and design (pp. 291-334). https://pdfs.semanticscholar.org/e741/d370374b0a80310ba7adb3f30241f69bd338.pdf

Centre for Addiction and Mental Health [CAMH]. (2019). *Mental illness and addictions: Facts and statistics*. https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics

Torrey, F. E., Stanley, J., Monahan, J., & Steadman, J. H. (2008). The MacArthur violence risk assessment study revisited: Two views ten years after its initial publication. *Psychiatric Services, 59*(2), 147–152. https://ps.psychiatryonline.org/doi/pdf/10.1176/ps.2008.59.2.147

Tufford, L., & Newman, P. (2010). Bracketing in qualitative research. *Qualitative Social Work, 11*(1), 80–96. https://doi.org/10.1177/1473325010368316

Tsimane, T. A., & Downing, C. (2020). Transformative learning in nursing education: A concept analysis. *International Journal of Nursing Sciences, 7*(1), 91–98. https://doi.org/10.1016/j.ijnss.2019.12.006

Vaismoradi, M., Turunen, H., & Bondas, T. (2014). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Sciences,* 15, 398–405. https://doi.org/10.1111/nhs.12048

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterizing and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology, 18*(1), 148. https://doi.org/10.1186/s12874-018-0594-7

Whitaker, C., Stevelink, S., & Fear, N. (2017). The use of Facebook in recruiting participants for health research purposes: A systematic review. *Journal of Medical Internet, 19*(8), 1–11. https://doi.org/10.2196/jmir.7071

# Appendix A

## Research Ethic Board Approval(s)

Athabasca University
RESEARCH CENTRE

### CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (REB) has reviewed and approved the research project noted below. The REB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2) and Athabasca University Policy and Procedures.

**Ethics File No**.: **24207**

**Principal Investigator**:
Mr. Chris Wenzel, Graduate Student
Faculty of Health Disciplines\Master of Nursing

**Supervisor**:
Dr. Sherri Melrose (Supervisor)

**Project Title**:
Clinical Instruction in Mental Health Nursing: Students' Perception of Best Practices

**Effective Date:** January 22, 2021 **Expiry Date**: January 21, 2022

**Restrictions:**

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

**Approved by:** **Date: January 22, 2021**

Barbara Wilson-Keates, Chair
Faculty of Health Disciplines, Departmental Ethics Review Committee

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Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.213.2033

February 11, 2021

Christopher Wenzel
Faculty of Health Disciplines Athabasca University

Dear Mr. Wenzel,

**Re: External Application Number 102448**
**Clinical Instruction in Mental Health Nursing: Students' Perception of Best Practices**

You provided us with the certification of ethics approval from Athabasca University, approved application form, consent form, recruitment poster, email to the nursing director, social media recruitment plan, interview script, confidentiality agreement and budget. The submitted documents were found to be in order on **February 10, 2021.**

HREB and Mount Royal University adhere to the Tri-Council Policy Statement, "Ethical Conduct for Research Involving Humans". As such, I am pleased to advise you that ethical clearance for this proposal has been granted to **January 21, 2022.** Please note that this clearance is contingent upon adherence to the submitted protocol submitted on February 3, 2021. Prior permission must be obtained from the Board before implementing any modification(s) to the submitted documentation.

Researchers are required to notify the Mount Royal University HREB immediately if any untoward or adverse event occurs during their research or if data analysis or other review reveals undesirable outcomes for participants (including the researchers).

You are required to submit a progress report by **January 21, 2022.** If this study is concluded before **January 2022**, a study completion report will be required by **January 2022.** Study progress and completion report templates are available on-line on ROMEO under the "events" tab.

**Failure to submit the progress or study completion report by the due date (noted above) will result in the closure of the file for this study and no further data collection can occur after this date.**

Please accept the Board's best wishes for continued success in your research. Yours sincerely,

David Ohreen, PhD
Chair, Human Research Ethics Board

4825 Mount Royal Gate SW, Calgary, Alberta, Canada T3E 6K6

**Appendix B**

**Recruitment Poster**

# *PARTICIPANTS NEEDED FOR RESEARCH*

*We are looking for current nursing students to take part in a research project.*

## *NURSING STUDENTS' CLINICAL EDUCATIONAL EXPERIENCE IN MENTAL HEALTH*

*Have you completed clinical education on an adult in-patient psychiatric unit? Would you like to share your educational experience?*
*Your participation is* ***entirely voluntary*** *and will take approximately 45 minutes of your time: 30 minutes for an interview and 15 minutes to review your transcript. By participating in this study, you will help us to understand the role a clinical instructor plays in the overall educational experience, what traits or teaching styles make up an effective clinical instructor in the unique context of a mental health unit, and how your educational experience influenced your perceptions of mental health.*

*In appreciation for your time, you will receive a $20.00 Chapters Indigo gift card.*

*To learn more about this study, or to participate in this study, please contact:*

***Principal Investigator:***
***Chris Wenzel***
*email: chris.wenzel4@gmail.com*
*Phone: 403-928-4122*

*This study is supervised by: Dr. Sherri Melrose at sherrim@athabascau.ca*
*This study has been reviewed by the Athabasca University and Mount Royal University Research Ethics Board.*

## Appendix C

## LETTER OF INFORMATION / INFORMED CONSENT FORM

*Clinical Instruction in Mental Health Nursing: Students' Perception of Best Practices*

March 2021

**Principal Investigator (Researcher):**
*Chris Wenzel*
*Graduate Student*
*Centre for Nursing and Health Studies*
*Athabasca University*
*403-928-4122*
*cwenzel2@athabasca.edu*

**Supervisor:**
*Dr. Sherri Melrose*
*Associate Professor*
*Centre for Nursing and Health Studies*
*Athabasca University*
*1-888-281-5863*
*sherrim@athabascau.ca*

You are invited to take part in a research project entitled *Clinical Instruction in Mental Health Nursing: Students' Perception of Best Practices.* The information presented should give you the basic idea of what this research is about and what your participation will involve, should you choose to participate. In order to decide whether you wish to participate in this research project, you should understand enough about its risks, benefits and what it requires of you to be able to make an informed decision. Take time to read this carefully as it is important that you understand the information given to you. Please contact the principal investigator, Chris Wenzel if you have any questions about the project or would like more information before you consent to participate.

It is entirely up to you whether or not you take part in this research. If you choose not to take part, or if you decide to withdraw from the research once it has started, there will be no negative consequences for you now, or in the future.

**Introduction**
My name is Chris Wenzel, and I am a Master of Nursing student at Athabasca University. As a requirement to complete my degree, I am conducting this research project to learn about the unique educational experience nursing students have on an adult in-patient psychiatric unit. This project is under the supervision of Dr. Sherri Melrose.

**Why are you being asked to take part in this research project?**
You are being invited to participate in this project because you are a current nursing student who has at minimum completed 96 clinical hours (or 6 weeks of 2 clinical days per week) on an adult in-patient psychiatric unit.

**What is the purpose of this research project?**
The purpose of this research is to describe the students' educational experiences within the unique context of mental health nursing. The aim is to gain a better understanding of the role clinical instructor's play in the overall educational experience, what traits or teaching styles of the clinical instructor make up an effective clinical instructor, and how your educational experience influenced your perceptions of mental health.

**What will you be asked to do?**
You are invited to participate in a one-hour interview to share your educational experience. The interview will be conducted via phone or Zoom; whichever is most comfortable for you. The interview will be approximately 90 minutes in length: 60 minutes for an interview and 30 minutes to review your transcript. Depending on what method you choose, your email or telephone number will need to be collected. The interview will be scheduled at a location, day and time that is convenient for you and will be audio-recorded. Approximately ten participants will be interviewed.

You will be asked to review your transcript for accuracy and to confirm your comments. The transcript will be provided to you in a password protected email within two weeks of your interview, and you will have one week to return it to the Researcher with any changes.

**What are the risks and benefits?**
We do not think there is anything in this study that could harm you. Some of the questions we ask may seem personal and you do not have to answer any question if you do not want to.

We do not think taking part in this study will help you. However, in the future, others may benefit from what we learn in this study.

You will receive a $20 gift card for Chapters Indigo as a thank you for participating.

**Do you have to take part in this project?**
Your involvement in this project is entirely voluntary. You have the right to refuse to participate in this study. If you decide to take part, you may choose to withdraw from the study at any point up until data analysis phase begins. You do not have to give a reason and there will be no negative consequences for you. If you decide to withdraw following the interview, you will not be asked to return the gift card. Prior to the analysis phase, you will receive the transcript of your interview for you to review. If you withdraw during the interview or prior to the review of your transcript, your data will be removed from the project. If your transcript has been reviewed and returned to the Researcher, the data will be kept in the research project.

**How will your privacy and confidentiality be protected?**
The ethical duty of confidentiality includes safeguarding participants' identities, personal information, and data from unauthorized access, use or disclosure. Your confidentiality will be respected. Information that discloses your identity will not be released without your consent unless required by law. Only the Researcher, the Supervisor, and a professional transcriptionist will have access to the data. The transcriptionist will sign a Confidentiality Agreement.

A unique code number will be used to identify your audio-recorded file and the transcribed interview. Your name and all identifying data will be removed at the time of transcription. Participants will not be identified by name or have their names or other personal identifying data associated with any direct quotes used in any reports disseminating findings from the completed study.

**How will my anonymity be protected?**
Anonymity refers to protecting participants' identifying characteristics, such as name or description of physical appearance. Every reasonable effort will be made to ensure your anonymity; you will not be identified in any publications without your explicit permission.

**How will the data collected be stored?**
The audio-recorded interview collected via Zoom and will be uploaded to a private file in Drop Box for the transcriptionist. The text data and consent forms will be stored on a password-protected USB and password-protected computer in the Researcher's home office. The information you submit may be subject to laws in force outside of Canada. As with any information transmitted via the internet, there is some risk that data may be intercepted by unauthorized parties and, therefore, privacy cannot be absolutely guaranteed.

Your consent form and interview transcript will be kept for a period of five years after the research project is finished and the final reports have been presented. At that time, the audio, USB and computer files will be deleted and wiped cleaned from the devices and any hard copy data will be shredded. There will be no future secondary use of this research data.

**Who will receive the results of the research project?**
You may request a copy of the final results of this research project by contacting Chris Wenzel at cwenzel2@athabasca.edu
The final results of this research project will be submitted to scholarly journals for publication and presented at professional conferences.
The existence of the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room and the final research paper will be publicly available.

**Who can you contact for more information or to indicate your interest in participating in the research project?**
Thank you for considering this invitation. If you have any questions or would like more information, please contact Chris Wenzel by e-mail at cwenzel2@athabasca.edu or by phone at 403-928-4122. You may also contact my supervisor, Dr. Melrose by email at sherrim@athabascau.ca or by phone at 1-888-281-5863.

If you are ready to participate in this project, please complete and sign the attached Consent Form and return it by scanning and emailing to Email cwenzel2@athabasca.edu

Thank you.

*Chris Wenzel*

**This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this project, please contact the Research Ethics Office by e-mail at rebsec@athabasca.ca or by telephone at 1-800-788-9041, ext 6718**

**Informed Consent:**

**Your signature on this form confirms that:**

- You have read the information about the research project and understand the risks and benefits.
- You have had time to think about participating in the project and had the opportunity to ask questions and have those questions answered to your satisfaction.
- You understand what the research project is about and what you will be asked to do.
- You understand that participating in the project is entirely voluntary and that you may end your participation at any time without having to give a reason, and without any penalty or negative consequences.
- You understand that if you choose to end your participation **during** data collection, any data collected from you up to that point would be destroyed.
- You understand that if you choose to withdraw **after** data collection has ended, your data can be removed from the project at your request, up to when the data analysis phase begins following your transcript being reviewed and returned to the researcher. If participants decide to withdraw, they will not be asked to return the gift card.
- You have been given a copy of this Informed Consent form for your records.
- You agree to participate in this research project.

| | **YES** | **NO** |
|---|---|---|
| I agree to be audio-recorded. | ◯ | ◯ |
| I am willing to be contacted following the interview to verify that my comments are accurately reflected in the transcript. | ◯ | ◯ |
| I agree to the use of direct quotations from the interview. | ◯ | ◯ |
| I allow data collected from me to be archived in the Athabasca University Library's Digital Thesis and Project Room. | ◯ | ◯ |

_____ _____

Signature of Participant Date

Principal Investigator

I have explained this project to the best of my ability. I invited questions and responded to any that were asked. I believe that the participant fully understands what is involved in participating in the research project, any potential risks and that he or she has freely chosen to participate.

_____ _____

Signature of Principal Investigator Date

## Appendix D

## Interview Questions

### Introductions

Thank you for accepting the invitation to participate in this research interview about your experience as a nursing student on a mental health unit. I would like to confirm that you have read and signed the *Letter of Information and Informed Consent Form*. Your participation is voluntary and at any point throughout this process, you may choose to withdraw from the interview. You may reserve the right in refusing to answer any of the questions asked with impunity. The interview is scheduled to last up to one hour, however, more time can be awarded if needed. Before we begin, do you have any questions?

### Interview Questions

### Demographics

1. Do you have any previous secondary education prior to entering nursing school?
2. What year/semester of nursing education are you currently in?
3. What year/term did you complete your mental health clinical placement?

### Topic Questions

1. Prior to starting your clinical placement on a mental health unit, can you describe your feelings leading up to the commencement of the placement?
2. In your experience during the mental health placement, please explain what characteristics, strategies, or teaching methods your clinical instructor used that you saw to be effective for your educational needs?

3. In your experience during the mental health placement, please explain what characteristics, strategies, or teaching methods your clinical instructor used that you saw to be ineffective for your educational needs?
4. Did you find your instructor's approach different from previous clinical instructors in other clinical practice areas?
5. In your experience, what single aspect of your clinical instructor, did you value the most for your education needs on a mental heal unit.
6. Did your instructor address mental health stigma in any way throughout your experience?
7. How would you describe your overall experience on a mental health unit?
8. Do you think mental health clinical placements should be mandatory for nursing students? (please explain for either yes or no)

## Appendix E

## Budget

| Budget for Research Project<br><br>Clinical Instruction in Mental Health Nursing: Students' Perception of Best Practices |
|---|

| **Item** | **Cost** |
|---|---|
| Transcription<br>10 audio-recorded interviews @ $25/hour | $612.50 |
| Incentives for participation<br>10 gift cards x $20 | $200 |
| **Total Costs** | $812.50 |
| **Funding Grants and Awards** | |
| AU Graduate Student Research Fund (GSSRF) | $812.50 |

## Appendix F

## Confidentiality Pledge

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Name of Study – *Clinical Instruction in Mental Health Nursing: Students' Perception of Best Practices*

Principle Investigator – Chris Wenzel RN BN, Nursing Graduate Student

As a secretary undertaking the transcription of the audiotapes from the above research study, I understand that I will be transcribing interview data directly from the audio taped interviews. I understand that all possible precautions have been undertaken to protect the identity of the research participants. Further, I pledge to keep all the information strictly confidential and agree not to discuss the information with anyone other than the researcher. My signature indicates that I understand the importance of and agree to maintain confidentiality.

Secretary_____ Investigator_____