



LIVED EXPERIENCES OF FOURTH YEAR STUDENT NURSES DURING PSYCHIATRIC WARD ROTATIONS

Jamille Floren Keith H. De Gracia,
Gisselle P. Gabbaoan,
Leslyn M. Labbao,
Muhammad P. Pandapatan,
Angelique Verzola,
Rod Vincent Bayongasan

ABSTRACT

This phenomenological study explores the lived experiences of fourth-year nursing students from Medical Colleges of Northern Philippines during their psychiatric ward rotations. Utilizing Patricia Benner's Novice to Expert Model and an Input-Process-Output framework, the research aims to uncover challenges, coping mechanisms, emergent themes, and central phenomena through qualitative inquiry. Semi-structured interviews with 25 nursing students revealed key themes such as dichotomous emotional experiences, transformative encounters, and evolving perspectives on mental health care. Findings underscore the significance of practical exposure in enhancing theoretical knowledge, addressing stigma, and fostering empathy. The study emphasizes the need for targeted pedagogies and systemic support to improve clinical education, ultimately contributing to the development of competent psychiatric nursing practitioners. Implications for educators, policymakers, and future researchers are discussed to promote holistic growth and alleviate challenges in psychiatric nursing education.

Key words: COVID-19, Psychiatric nursing, BSN Students, coping mechanism, nursing knowledge

INTRODUCTION

Over the years, much contribution has been given by the nursing practice to various healthcare systems across the globe. The nursing practice, albeit progressive, still struggles to address systemic issues in terms of personnel shortage, despondency, inconsistent professional capabilities (Bayliss-Pratt, Daley, & Bhattacharya-Craven, 2020), leadership competencies (Heinen et al., 2019), and ethical challenges (Haahr et al., 2019; Rushton et al., 2021). This affected the implementation of universal healthcare in providing quality and efficient services for public health.

Current trends in global healthcare reported the impact of such issues to the nursing practice. For example, the COVID-19 pandemic exposed frontline nurses to conditions that threaten their personal safety, health, and ability to work (Arnetz et al., 2020). Nursing has been considered the first line profession in the prevention of diseases and alleviation of human health suffering during the COVID-



19 pandemic (Buheji & Buhaid, 2020). This permitted nurses to experience drastic consequences such as anxiety and helplessness (Arcadi et al., 2020), job burnout (Manzano-Garcia & Ayala-Calvo, 2021), and job dissatisfaction (Ancheta et al., 2021). Even before the pandemic, nurses have experienced far-reaching outcomes of incompetent systems. Nursing shortage is one of the leading challenges in the nursing practice in which almost majority of the countries suffer from (Marc et al. 2019). This undersupply of personnel contributes to the failure of providing quality care (Dierckx de Casterlé et al., 2020), job dissatisfaction, and intention to stay of nurses (Sapar & Oducado, 2021; Sasso et al., 2019).

Corollary, nurses are greatly vulnerable to despondency. This is caused by the experiences of occupational stress (Kakemam et al., 2019) and prevalence of depression and anxiety (Maharaj, Lees, & Lal, 2019). Nurses also experience change fatigue (McMillan & Perron, 2020) and uncertainty (Nelson, Murdoch, & Norman, 2021) pertaining to the feelings of ambivalence, exhaustion, and powerlessness due to the rapid change in workplace and environment. Issues of moral distress and moral injury are also viable concerns for the nursing practice (Banner et al., 2019; Cartolovni et al., 2021; Silverman et al., 2021). All of these challenges which manifests in the nursing practice contribute to the wide-ranging struggle of nurses to provide quality and effective care. Notwithstanding, the quality of working life of nurses remained significantly high, showing favorable attitudes and performance (Macairan et al., 2019; Navales et al., 2021).

Different pedagogies in teaching have been utilized by various nursing schools in improving and assessing competence for nursing graduates. For instance, problem-based learning has been useful to improve critical thinking, autonomy, and problem solving of nursing students (Santos et al., 2019). Empathy education and intervention has also been used in which it showed to be effective in practically improving empathy of nursing students necessary in providing efficient nursing care (Levett-Jones, Cant, & Lapkin, 2019). Further, nursing schools made momentous transformation in teaching after the COVID-19 pandemic. There has been a demand to utilize online and blended learning programs in schools to continuously teach and train nursing students (Leidl, Ritchie, & Moslemi, 2020; Lira et al., 2020). This transition has been viewed to be successful, with an increase in student accessibility and participation in classes (Haslam, 2020). Other teaching strategies, such as nursing escape rooms (Gomez-Urquiza et al., 2019) and clinical simulations (Koukourikos et al., 2021), also have beneficial impacts in nursing education. These transformations and adaptation in nursing education are deemed essential in forming competent and highly capable students equipped with both theoretical knowledge and practical skills.

Moreover, perspectives from nursing students' personal experiences seem valuable in understanding the state of nursing education. The correlation between nursing students' practical development and psychological well-being appears to be relevant in many researches. Most nursing students report moderate levels of stress (Aslan & Pekince, 2020; Karaca et al., 2019) accompanied by experiences of depression and anxiety (Aloufi et al., 2021; Onieva-Zafra et al., 2020; Savitsky et al., 2020). Although alarming, some researchers suggest the essential feature of stress in nursing students' life indicating



that there is high interaction between resilience and stress (Li & Hasson, 2020). Resilience has a protective role in the quality of life of nursing students especially in times that they experience varying conditions that threaten their well-being (Guillasper, Oducado, & Soriano, 2021). On top of that, nursing students also report high degree of burnout (Sveinsdottir et al., 2021) and reduction of sleep quality (Romero-Blanco et al., 2020). These experiences put forth the need for nursing educators to implement programs and interventions that could facilitate holistic psychological health for nursing students mainly to support them in clinical training.

By and large, nursing students undergo clinical training to provide them opportunities to practice theoretical knowledge that they acquired during previous years. This allows students to directly develop their professional values and competence. Accordingly, nursing students have the desire to learn and motivation to fulfill clinical expectations (Soler et al., 2021) in which creates meaning and essence to their whole experience which is helpful in viewing their formative exposure as positive (Santos, Ortigoza, & Barrios, 2023). In this case, it is common for nursing students to be confronted with varying challenges in clinical training. For example, nursing students face confusion in their identity as a result of inadequate educational environment, ambiguous responsibilities, and unclear instructions (Kalyani et al., 2019). They also mostly experience stress and anxiety from these clinical trainings which leave them with puzzling concerns. Stressors include clinical assignments, workload, patient care, lack of professional knowledge, and social interaction (Ab Latif & Mat Nor, 2019; Waled Ahmed & Badria Abdelhameed, 2019). Interventions and strategies, including high-fidelity simulation (Labrague et al., 2019) and faculty-led behavioral and structural interventions (Cornine, 2020), that reduce anxiety and increase self-confidence for nursing students have been successful in addressing this challenge.

Consequently, the challenges in clinical training also depend on the type of clinical field that nursing students are assigned to. One of these is the field of psychiatric nursing in which many nurses are confronted with multifaceted ethical dilemmas almost daily (Jansen et al., 2019). It is usual for psychiatric nurses to face morally stressful situations that injure their professional integrity. Psychiatric nurses are also not shielded from various stressors and burnout that impact their quality patient care (Kurebayashi, 2019; Wu et al., 2020). As a result, there seems to be a demand to improve the overall system of psychiatric nursing to resolve its issue of being an unpopular career choice for nursing students. This is especially true in the current time of global development of mental health services that demands for greater supply of psychiatric nursing.

In light of the foregoing, it is necessary to explore the perceptions and experiences of nursing students in psychiatric clinical training. Nursing students still struggle to maintain favorable views of people with mental illness despite prior mental health education (Stuhlmiller & Tolchard, 2019) which is detrimental to both their professional development and to psychiatric patients. To relieve this issue, direct contact intervention (Martinez-Martinez, 2019) and psychodrama (Beauvais, Ozbas, & Wheeler, 2019) showed to be successful in reducing stigma to nursing students with regards to mental illness and also improved their clinical confidence. In accordance with this, strategies to augment clinical rotation experience have



also been utilized. This includes standardized patients (SP) which offered greater help in providing realistic experiences to nursing students for psychiatric assessments and communication in both face-to-face and virtual setting (Davis et al., 2022; Weidlich et al., 2024). Certain strategies have also been successful in improving communication skills and positive attitudes, reducing fear and anxiety, and highlighting empathy (Chen, 2024) for nursing students assigned in psychiatric wards.

Notwithstanding, there is still scant literature that focuses on the challenges and well-being of nursing students that are assigned in psychiatric wards. This paper intends to fill this research gap by investigating the lived experiences of nursing students in psychiatric nursing. The awareness of their personal experiences is essential in understanding the issues and dilemmas that nursing students encounter from their psychiatric clinical training. This may help nursing educators to reassess their training pedagogies to further improve the learning curve of the students. This will also be beneficial in extending discussions for psychiatric nursing and create popularity to alleviate nursing shortage in psychiatric field.

METHODOLOGY

This chapter provides a detailed description of the research approach and design employed in this study. The following sections discuss the research design, research participants, data gathering materials, data gathering procedure, and the method of analysis that will be done in the conduct of this research.

Research Design

This study focuses on understanding the lived experiences of nursing students undergoing clinical training in psychiatric wards. To primarily achieve this purpose, this study will take an insider's perspective in the collective narratives of nursing students in psychiatric ward rotations regarding their challenges, coping mechanisms, and other emergent themes. Considering the focus of this paper, a qualitative descriptive phenomenological research design will be utilized.

Descriptive phenomenological design specifically revolves on exploring the essence or structure of experiences as they occur in the perception of individuals. The primary intention is to transform the statements from the participants into categorized themes to reveal a comprehensive description of phenomena. Qualitative studies have been used in the field of nursing in order to determine, describe, and explicate related concepts and experiences to improve the nursing knowledge and practice (Sanjari et al., 2014). Hence, this qualitative design is employed to make sense of the responses of the nursing students in describing and understanding their challenges, coping mechanisms, and other related concepts that will reveal central phenomenon regarding their experiences.

Respondents of the Study



To achieve the overall intent of this study, a total of twenty-five (25) nursing students from the Medical Colleges of Northern Philippines will be selected to participate. Nursing students in the country are required to undergo approximately 700 hours of clinical training before completing their bachelor's degree and taking their licensure examinations. They are also required to rotate in different hospital settings including psychiatric wards.

Using the purposive sampling technique, participants will be purposively selected based on the following inclusion criteria: a) fourth year nursing student undergoing clinical training, and b) must have rotated in psychiatric wards. Nursing students from Medical Colleges of Northern Philippines undertaking clinical training in other year levels and those who have not experienced psychiatric ward rotations will be excluded from this selection.

Data Gathering Materials

To successfully capture the essence of experiences of nursing students undergoing psychiatric clinical training, this study will utilize a semi-structured interview guide. The interview guide will be separated into three parts, specifically the informed consent, the demographic profile, and the interview questions. The first two parts will be filled out by the participants themselves, while the last part consisting the questions will be dictated by the interviewers.

The interview questions seek to address the central research questions on the challenges, coping mechanisms, emergent themes, and the central phenomena of their individual experiences. The interview questions will also determine the level of acceptability of the formulated emergent themes. Further, to ensure the validity, comprehensiveness, and cultural appropriateness of the generated questions in the interview guide, professionals will validate the whole research instrument. This is to ensure that the interview questions fully capture the essence of the participants' lived experiences and to fulfill the purpose of answering the research questions in order to reveal significant findings.

Data Gathering Procedures

The data collection procedure will begin after the endorsement and approval of the conduct of the research were achieved from the panel and professors. First, participants will be recruited using the purposive sampling technique, until the required number of participants are achieved. Next, participants will be interviewed one-by-one depending on their availability and convenience. During the interview, informed consent will be secured from the participants to ensure that the participation is voluntary and that no coercion or intense incentives were offered. Participants will be made aware of the nature, purpose, and procedure of the study, as well as their right to decline or withdraw from the data gathering process.

Afterwards, the narratives of the participants about their lived experiences as nursing students undertaking psychiatric clinical training will be finally acquired using a semi-structured interview. Elicited



responses will be audio-recorded, transcribed, coded, and analyzed using thematic analysis to reveal emergent themes and central phenomena.

Data Analysis

The data collected from the personal interviews will be analyzed using thematic analysis. Recorded and written interviews will be transcribed to easily reveal common themes from the statements. Coding of the statements of the participants will be done to help with data reduction techniques.

A repertory grid will be used to identify the categories and themes from the statements of the participants. This technique is helpful in ensuring that the emergent themes fully captures the collective experiences of the nursing students regarding their psychiatric clinical training. Afterwards, themes will be arranged and organized according to the structure of answering the research questions.

This study attempts to delineate the lived experiences of fourth year nursing students during their psychiatric ward rotations in terms of their personal experiences, challenges, coping mechanisms, and perceived themes that may emerge from these experiences. Upon analyzing the collective narratives and expressions of nursing students, subsequent themes were rendered to explicate the intersectionality and interconnectedness of their personal experiences in psychiatric ward rotations. In what follows, thirteen emergent themes were introduced to describe the multifaceted aspects of their lived experiences: *experiences as dichotomy of emotions, transpiration of meaningful encounters, transformation of mental health perspectives, from theoretical to practical knowledge, arising of patient crises, distress in psychiatric patient behavior, threat to safety, self-care practices as willingness and motivation, fortifying effects of support system, perceived importance of patient care, stigmatization and deterrence to recovery, recurring pattern or nursing care crises, newfound vision to mental health care, and the acceptability of relevant themes*. The following sections will discuss the emergent themes per research objective.

RESULTS AND DISCUSSIONS

From the shared narratives of the participants, majority of them described their experiences in psychiatric ward as depictions of dual emotionality. These feelings and emotions are felt in two-way varying in intensity that connote either positive and negative states. Participants expressed that experiencing these feelings and emotions at once bring some sense of significance to their encounters with patients and clinical situation:

(P1) A very overwhelming yet fulfilling experience.

(P2) I was excited and curious every time we get to handle patients.

(P3) At first, I was nervous and anxious, but during the exposure I felt pure excitement.



(P4) It was challenging, and I felt sad towards patients' struggles. But it was also insightful and I felt a sense of fulfillment when witnessing progress.

(P6) Sometimes I feel overwhelmed, especially in tough situations. But it's rewarding when I can help someone feel supported.

(P9) It was tiring but it's all worth it.

(P13) It was challenging because it was hard managing my own emotions. But I enjoyed interacting with them.

(P14) I feel a deep sense of empathy, but at times, I also feel frustrated.

(P18) I was nervous and pressured, but there's a mix of excitement and fulfillment especially when I am able to help the patients.

In this context, participants are introduced to a dichotomy of states of their feelings and emotions which seemingly appears to be some sort of exchange between its duality. When participants feel emotions that are often dismissive (e.g., anxiety, nervousness, sadness), it is implicitly compensated by optimistic feelings that are rewarding and fulfilling. On the other hand, when participants feel positive emotions, it is converted into a despairing internalization. This exchange in the feeling and expression of emotions are manifested as a significant part of clinical encounters, allowing themselves to find amusement, create fulfillment, and alleviate challenges.

This finding is contrary to most existing literature on the experience of nursing students in clinical training. In previous studies (Aloufi et al., 2021; Kalyani et al., 2019; Li & Hasson, 2020), it was explained that nursing students only felt unfavorable emotions and circumstances during their clinical training including stress, anxiety, frustration, confusion, and dissatisfaction. This is inconsistent to the present finding which reveals that nursing students feel both positive and negative emotions which oftentimes manifest in manners of dichotomy and duality. This dissimilarity in findings may be explained by difference in cultural context, as previous existing literature are conducted in western individualistic nations.

To make sense of this, participants expressed that the dichotomy of emotions influence their performance in clinical training and their way of interacting to the patients. Both positive and negative emotions manifest as a eustress, serving as motivators which contribute to their professional values and practical conducts. Participants noted the significance of these dual emotionality as a catalyst to fulfill their responsibilities and make sense of their roles as student nurses:

(P2) I think because of my curiosity I am being more proactive when interacting with them.

(P3) I was able to do my part and I was motivated.



(P4) These emotions enhance my performance by fostering genuine connections with our patients, allowing for more effective communication and support.

(P6) When I feel these emotions, it motivates me to encourage and help them in their journey.

(P10) I am more active and more interested to interact with my patients.

(P13) It's hard to handle my emotions but it enhances my performance in being therapeutic towards them.

(P15) These emotions broadened my innermost awareness and deepened my understanding and perspective.

(P18) The nervousness is sometimes distracting, but it helps me become more careful.

(P20) My emotions made me want to help them more.

(P24) My emotions help me connect with my patients because I care about them and want to see them get better.

These emphasizes the essence of emotions, either positive or negative, in enhancing behavior among the participants, which in turn, contributes to their performance during clinical training. Emotionality that are internalized and expressed also highlight nurses' humanness, which becomes essential in nursing care. This is supported by the findings of Su et al. (2019) that nursing students perceive and characterize emotion as an integral part of the nursing practice. These dichotomies of emotions almost always manifest as compassion and empathy which are helpful in alleviating patient suffering, addressing individualized care, and using therapeutic communication. Nursing students viewed their emotions as crucial in delivering their responsibilities and exhibiting their sense of purpose.

Transpiration of Meaningful Encounters

Encounters with patients that bring meaning, essence, and reflection to the nursing students have also been a common experience for the participants. These encounters, in the form of behavioral interaction, conversation, and latent situations, create emotional sensitivity to the student nurses. During clinical training, participants expressed that meaningful encounter with patients often occur in instances of improved behavior or witnessing progress in their treatment process. As conveyed by the following participants:

(P3) We had a patient who cannot communicate properly because he is schizophrenic. But as time goes by, we eventually gained his trust. My partner and I realized that we can actually help them just by understanding them and not judging their condition.



(P6) I experienced gaining and establishing trust with a patient who was initially quiet and kept to themselves. They slowly started showing their feelings, and it was rewarding to be part of their journey.

(P7) Seeing a withdrawn patient slowly open up and engage through small, supportive interactions highlighted my whole experience.

(P10) I handled a mute patient, so I needed to learn sign language. At first it was really hard for me to communicate but as time goes by, we can already understand each other.

(P11) I experienced interacting with a patient who was initially withdrawn and hesitant, and gradually opened up to me after several visits. Hearing him speak so openly about his past was deeply moving, and reminded me of the humanity in every diagnosis.

(P17) When one of the patients said that she's very thankful that there are student nurses who visit them because that's the only time they are happy and forget their problems.

(P25) I had a patient who wouldn't talk at first. I simply stayed beside her showing I was there if needed. Slowly, she began to open up, and it felt like a breakthrough.

These encounters result to feelings of fulfillment and emotional connection of the participants towards the patients and to the role they are exhibiting to their treatment process. In this context, student nurses and patient meet halfway as individuals and human-beings that actively play an important role during the process. Participants felt that their clinical training bring significance to the lives of their patients which validate their purpose as student nurses. According to Holopainen, Nystrom, and Kasen (2019), the concept of caring encounter has been regarded in many existing nursing literatures, which explains that meaningful encounters between nurses and patients are often found in nursing care which enables each other to see themselves beyond the sickness.

This is also supported by Subke, Downing, and Kearns (2020) which notes the importance of caring encounters as the core of nursing students' being. Participants in this study first experience nursing care tasks as duties to fulfill during clinical training, yet it becomes an opportunity for them to create a moment of healing through meaningful encounters. These meaningful encounters positively impact both the student nurses—which validates their purpose and role—and the patients—which significantly enhance their aspiration for treatment.

Transformation of Mental Health Perspectives

Interestingly, it is a common experience for nursing students to alter their initial perceptions on patients with mental illnesses. Majority of the participants still hold unfavorable views and feelings towards mental illnesses, specifically in the form of fear, inhibition, and danger. Encounters with patients with mental illness facilitated the alteration of their stigmatizing perspectives which becomes helpful in effectively practicing compassionate nursing care.



(P3) Before the exposure I was nervous and anxious because I did not know how to handle psychiatric patients. But during my encounters with them, I realized they are not dangerous, and we just needed to understand their situation.

(P4) I first thought that a psychiatric patient would always sense things that do not make sense, but I was wrong. Some of them would really inspire you.

(P13) Before I was afraid of the psychiatric ward because of the expectations. But after the rotation, I realized I want to become a psychiatric nurse.

(P16) Before I really disliked psychiatric ward especially when it comes to medication. But when I went to Manila and meet the ward itself, I was exposed to nurses making interventions with psychiatric patients and that was when I got really into it. It was fun being a psychiatric nurse.

(P23) At first, I was really scared and nervous. But after the rotation my perspective was changed.

The manner in which direct exposure to patients with mental illnesses and the psychiatric wards become essential in changing prejudicial attitudes towards mental illness and resolving issues with stigmatization. This issue of stigma among healthcare practitioners is not new in the nursing practice. In fact, many existing nursing studies have highlighted the prevalence of stigma among nurses resulting in a decreased access to mental health care (Tyerman, Patovirta, and Celestini, 2020). It was then revealed that the nursing education from many countries lack in theoretical and clinical practice focusing on mental health. This in turn contribute to the stigmatization of mental illness which enables nurses to practice the caring encounter.

This finding in this present study is supported by Martinez-Martinez et al. (2019) that direct contact intervention of nursing students to psychiatric patients proved to be effective in reducing their feelings of fear and avoidant attitudes. Similarly, a systematic review by Palou, Vigue, and Tort-Nasarre (2019) indicated that clinical placements had stronger impacts than theoretical education in the improvement of attitudes toward mental health among nursing students. As expressed by the participants in this study, encounters with psychiatric patients increased their positive feelings toward them and to the psychiatric nursing itself which gave them motivation to pursue the field.

From Theoretical to Practical Knowledge

During clinical training, participants also noted that their experiences in psychiatric ward rotations provided new learnings and realizations about psychiatric nursing that are different from the theoretical knowledge they acquired inside their classrooms. In its most sense, it is the ultimate purpose of clinical training to improve the skills and practical knowledge of nursing students beyond their theoretical education. It is interesting to acknowledge in this finding that nursing students recognize the objective of clinical placement which contributes to the evidence of its effectiveness to their nursing practice.



(P1) I realized that each area of nursing requires a specific specialization and commitment.

(P2) I realized that every ward has their differences on how they provide care to each patient.

(P6) Seeing patients' strength made me realize that psychiatric nursing is about connection and compassion, not just skills.

(P10) I learned that psychiatric nursing has its deeper goals, not just to heal physically but also emotionally and mentally.

(P11) I've come to understand that recovery often extends beyond the clinical symptoms.

(P14) It taught me that psychiatric nursing is not just about managing symptoms, but also about supporting patients' dignity and sense of self.

(P25) These experiences have given me a deeper understanding for the compassion and patience required in psychiatric nursing.

It is obvious to note that nursing students in clinical training gain new knowledge about the nursing practice and nursing care. However, these learnings do not serve as an addition to their previously acquired knowledge from their classroom discussion, but a substitution of their theoretical education to practical skills. In a study conducted by Santos, Ortigoza, and Barrios (2023), it was shown that most nursing students in clinical placement perceive and rate the teaching and learning process as negative. This is supported by the findings of Soler et al. (2021) which revealed that there exists some sense of mismatch between nursing students' theoretical knowledge and the practical experience during their clinical training. This discrepancy between nursing theory and practice is deemed to be confusing for nursing students. This finding is highlighted in this study in which participants expressed that they gained learnings and realizations that are different from previously acquired knowledge.

Challenges, Crises, and Distress in Psychiatric Clinical Training

Arising of Patient Crises

In conjunction to the mismatch of classroom learning and practical training of nursing students, it is a common experience for the participants in this study to struggle with the strange and challenging demands of psychiatric nursing. Majority of the participants are challenged with managing and handling unpredictable patient crises different from other wards. These crises range from behavior outbursts of patients, panic attacks, aggressive tendencies, and other situations that may bring frustration to student nurses. Participants expressed that these experiences challenged them to quickly think de-escalation strategies and techniques for the immediate and effective resolution of the crises:

(P6) I've encountered several difficult situations. For example, we had a patient who was experiencing severe anxiety, became agitated, and was threatening self-harm. I had to apply quick de-escalation techniques while maintaining calm presence.



(P7) My most significant challenge I encountered in psychiatric wards is managing diverse and complex patient needs.

(P8) When a patient was having an episode of their disorder.

(P9) When I'm talking to my patient and it's hard because he's not grounded in reality.

(P11) On difficult situation involved a patient experiencing a severe panic attack, who was visibly distressed and unresponsive to initial calming techniques. It was challenging to de-escalate the situation without exacerbating his anxiety.

(P14) I was assigned to a patient who had perseveration. It was challenging because it was hard to move forward with the conversation and communicate effectively.

(P18) It was hard handling unpredictable behavior of the patients.

(P25) One challenge is dealing with the unpredictability of the ward. Sometimes you don't know what to expect from one moment to the next.

It is understood that nursing students struggle to contribute in the crisis management of psychiatric patients. They were demanded to manifest some level of skills in crisis management that are lacking in a novice practitioner. Within the conditions of the nursing practice, patient crisis management in psychiatric nursing is deemed to be more challenging as it requires more professional training to be effectively handled. In Benner's Novice-to-Expert Model, it was described that nursing students as novice practitioners require rules and directions from instructors to accomplish their clinical task (Chandler, 2020). This theory aligns closely with the challenges of nursing students in managing and handling patient crises during their clinical placement (Graf et al., 2020), especially in the field of psychiatric nursing.

Distress in Psychiatric Patient Behavior

It is also a common challenge for the participants in this study the unprecedented behaviors of psychiatric patients that hinder them to fulfill their caring responsibilities effectively. They are challenged with patients' uncooperativeness manifested through means of not participating in activities, communication disturbance and hindrance, and unresponsive to the treatment process. Participants encounter this instance as another different form of crisis in managing behaviors of psychiatric patients that maintain their level of frustration and struggle as student nurses.

(P1) We had a difficult situation when one of our patients was being uncooperative and was left out of the activity.

(P2) One patient that we've handled was admitted for not complying to his medications. So during our NPI he said a lot of things about his military history and family stories. Upon hearing his stories, I got curious if it was real or all in his head.



(P5) I've seen patients who refuse to take his medications given by a student nurse. And I had a patient who won't answer my questions and would give me different answers.

(P13) It was hard communicating with them because they are sometimes in denial or having hallucinations.

(P16) I had a patient who won't talk to me because he was afraid. And there are others who would just stare at me and won't talk at all.

(P18) There are patients who won't communicate or won't eat. That's why you need a lot of patience and strategies to encourage them.

(P21) One time we had a patient who had a tantrum for losing a game. She doesn't want to cooperate anymore with the activities we prepared for them.

(P24) Another difficult moment was when we had to comfort a patient who was completely hopeless. It was hard helping them see there was a way forward.

The experienced uncooperativeness and hindrance to communication encountered by nursing students with psychiatric patients made it hard for them to fulfill their responsibilities. To negotiate the challenge in handling patient behavior, participants actively ensured that they uphold the values expected in the nursing practice, especially in the field of psychiatric nursing. In addition to these encounters, participants also experienced distress in the perceived aggression and volatility of the psychiatric patients. Nursing students expressed that they were apprehended by encounters with psychiatric patients who were hostile towards them.

(P3) I had negative thoughts about my patients hurting me. First interaction with them I was very nervous, because what if I say something wrong and they suddenly punch, spit on, or slap us.

(P11) We had a patient who became verbally aggressive which required us to ensure the safety of everyone in the room.

(P19) In NCMH, we encountered a patient who would run amok when getting stared at, but I can't control because my eyes suddenly stare at him.

(P25) One difficult situation I faced was when a patient became aggressive.

The perceived threat to safety of nursing students towards their psychiatric patients gave them feelings of apprehension and uneasiness. This factor in managing patient behavior is different from other crisis management that they endure, creating aspects for them to belittle their roles and dismount their connections. In a study conducted by Rahmani, Mohammadi, and Fallahi-Khoshknab (2021), they found that one of the reasons for the lack of interest of nurses to work in psychiatric setting is patient concern wherein they fear over patient assault and unfamiliarity of psychiatric crisis management. This



finding supports the experience of participants in this study over apprehension on managing patient behavior which contributes largely to their distress and dissatisfaction in psychiatric work.

Similarly, according to Niu et al. (2019), psychiatric nurses have twenty times higher rate of experiencing violence from patients than public health nurses. Nonetheless, this phenomenon is perceived by psychiatric nurses as normal resulting to non-reporting of incidents. This experience of participants in this study contributes to the longstanding issue of psychiatric nursing with regards to patient stigmatization, as previously discussed in prior themes, and staff shortage.

Strategies and Coping Mechanisms in Overcoming Challenges

Self-care Practices as Willingness and Motivation

To alleviate the challenges in psychiatric ward rotations, participants facilitated various self-care practices that would help them cope with distressing situations. Coping mechanisms include mindfulness, self-reflection, and self-care activities that allow space for experiencing positive feelings and attitudes. From the shared verbalizations of the participants, they actively rise above their challenges in order to continue fulfilling their roles and responsibilities. In what follows, participants expressed strategies to immediately cope with a present challenging situation in psychiatric ward rotation:

(P1) Whenever I'm stressed out or burned out, I detach myself from everyone to keep a clear mind and breathe.

(P2) I have specific techniques that I've learned to be effective. I do deep-breathing exercises to calm my mind during stressful situations.

(P8) Allowing myself to feel my emotions and reflect after that.

(P11) I find mindfulness techniques such as deep-breathing exercises and grounding exercises effective in managing my stress and staying present during challenging moment.

(P13) I calm myself before facing my patients and communicate with my groupmates to lessen my anxiety.

(P14) I find deep-breathing exercises and staying calm helpful, especially when things get stressful.

(P21) Deep-breathing techniques reduce my anxiety before I handle my patients.

(P24) I found that taking a step away after a tough interaction even for a few minutes helps me reset and approach the next challenge with a clearer head.

These short-term coping strategies help nursing students in handling their present feelings and emotions when encountering stressful situations. Majority of these short-term strategies center around



mindfulness activities (e.g., breathing exercises) that perceived to be effective by most participants. This proactive approach in handling personal struggles creates a driving force among nursing students to strive for competence and move forward. Correspondingly, participants also shared long-term coping strategies that help them overcome challenges in many facets of nursing practice, not just in psychiatric clinical training.

(P4) I do regular exercises and meditation for stress relief. I also do journaling to help me process my emotions and reflect.

(P6) I prioritize self-care by maintaining a healthy routine, including regular exercise.

(P11) I employ regular self-reflection to process my experiences and emotions.

(P14) I make sure to take a break and find a way to recharge.

(P21) Journaling on my phone is such a big help for me to process my emotions and reduce stress.

(P24) Reflecting on positive outcomes from past experiences keeps me motivated.

These instances of long-term coping strategies are ways for the participants to encourage themselves to maintain composure in handling challenges. In this manner, nursing students learn to respond to their struggles that would help them reflect on their personal well-being. This displays a tendency for nursing students to display care for themselves beyond the caring responsibilities they fulfill in clinical training. This finding is good, especially since according to Chaabane et al. (2021), perceived stress level among nursing students in clinical training is relatively high, which considers assignments, workloads, and patient care as primary stressors. Onieva-Zafra et al. (2020) also redounded that senior nursing students, i.e. those who are near graduating, perceive higher levels of stress than freshmen.

In this context, several coping strategies that are evident to be effective in alleviating their stress have been beneficial. Chaabane et al. (2021) also stated that nursing students report both problem-focused and emotion-focused coping to be impactful in managing their challenges in clinical training. This is similar to the findings in this study wherein participants report both short-term (emotion-focused) and long-term (problem-focused) strategies to be helpful in dealing with their stressful situations. For Ab Latif and Mat Nor (2019), coping with challenges for student nurses serve as a dynamic and ongoing process that contributes to the development of professional integrity. This approach in overcoming challenges is perceived to be a core feature of willingness and motivation essential for the competent fulfillment of nursing care and practice.

Fortifying Effects of Support System



For the participants, overcoming challenges encountered in psychiatric ward rotations is enveloped as a collective effort. Nursing students find themselves obtaining support from immediate family members, friends, and colleagues to process their distress, allowing for the facilitation of notion that challenges are within their professional control. Participants expressed that it is important to gather emotional support from significant people and have debriefing sessions to collectively process emotions:

(P4) I have supportive colleagues who share experiences and provide emotional support, along with my family members who offer encouragement and understanding.

(P6) I find it beneficial to participate in debriefing sessions with my peers and instructors, allowing us to discuss difficult experiences and provide mutual support. I maintain open communication with my instructors, who provide mentorship and guidance, helping me navigate complex situations and build my confidence.

(P7) I find debriefing sessions with my peers helpful in processing my experiences and managing stress.

(P14) I talk to my friends for support and advice.

(P20) I just have a chat my groupmates and enjoy our rotation.

(P24) My colleagues are big part of my support system. We share experiences, give advice, and lean on each other when things get tough.

(P25) We have a supportive team, so sharing experiences and talking through tough moments helps.

Driven by the fortifying effects of support system, participants find themselves along the thresholds of collective effort to navigate stressful spaces. They turn to supportive individuals within their social contexts to move forward and advance their capacity in handling stresses prevalent in the nursing practice. According to Jafarian-Amiri, Zabihi, and Qalehsari (2020), supporting students in clinical placements create a positive atmosphere of clinical experience which could in turn increase nursing students' interest and performance. This remains to be true especially in a setting wherein the practice of care continues to provide stress and work dissatisfaction among personnel. In relation to this, most of the participants in this study reported debriefing sessions with colleagues and instructors to be most helpful in establishing support. This is similar to the findings of Lee et al. (2019) where it is revealed that clinical learning outcomes of nursing students are correlated with debriefing methods. Structured debriefing helps nursing students to develop their ability for emotional competence and extend their capacity for cognitive thinking.

Emergent Themes in Psychiatric Clinical Training



Perceived Importance of Patient Care

From the narratives of the participants, their experiences illuminate central themes in psychiatric nursing care. They perceived the importance of patient care as crucial feature in fulfilling their roles and responsibilities as future nurses. Nursing students highlighted the profound advancement of their professional values, such as empathy, compassion, resilience, connection, and other ideals, to become competent in their clinical practice. When asked about key themes that they observed during their psychiatric clinical experience, participants noted these insights as emerging themes to their psychiatric clinical training experience:

(P4) The importance of empathy and compassion, the value of effective communication, need for teamwork in crisis situations, and significance of creating a safe and supportive environment for patient recovery are all vital elements in my experience.

(P5) Key themes in my experience include resilience, connection, and self-discovery. I learned the power of community and support.

(P6) Communication, empathy, compassion, resilience, teamwork, and support systems are highlighted to be important in my experience.

(P7) Key themes for me are empathy in patient care, necessity of teamwork among healthcare professionals, and the profound impact of building trustful relationships.

(P11) Necessity of resilience in the face of challenges, and critical role of teamwork and support.

(P14) Empathy, patience, and the importance of seeing patients as individuals.

(P21) Building trust and rapport is crucial for effective care.

Highlighting the significance of moral values that transcend their professional roles remain as driving forces for effective nursing care. It is understood, then, that psychiatric nursing extends beyond the usual duties of healthcare and manifests in the context of humanness of psychiatric nurses. The multifaceted role of psychiatric nurses in patient care refer not just to their treatment process but also on the integrative and holistic principles about meaningful connections. This is essential in the face of ethical dilemmas, especially in the possible development of moral distress, as redounded by Jansen et al. (2019). Being in close proximity and consistently exposed to patient suffering influence the morality and values of psychiatric nurses, which in turn becomes impactful in nursing quality care. It is, then, crucial for psychiatric nurses to maintain their moral values to maintain their emotional connection towards the patients. As what participants in this study emphasize, holistic care for the psychiatric patients is non-negotiable when it comes to this field of nursing.

Stigmatization and Deterrence to Recovery



As previously discussed, stigmatization on mental health, particularly to psychiatric patients, is a growing concern over healthcare personnel. Participants in this study acknowledge this prevalent issue surrounding psychiatric nursing care wherein the practice is influenced by prejudice and stigma contributing to the hindrance of treatment process. Few of the participants shared that this stigmatization deters them to effectively provide the caring responsibilities:

(P2) Most of the patients are still stigmatized when they're out in public which people should stop doing.

(P7) I frequently notice the ongoing struggle with stigma around mental health.

(P24) Another pattern is the stigma many patients face, which can make them hesitant to seek help or fully engage in their treatment.

Participants, albeit considered as novice healthcare practitioners, have been challenged in providing caring responsibilities to their psychiatric patients due to this stigmatization. They acknowledge this recurring issue which is associated with the inaccessibility of mental health care. This is reported by the systematic review of Tyerman, Patovirta, and Celestini (2020) which claim the stigma and discrimination towards psychiatric patients as root sources of inaccessible and compromised care. Fontesse, Rimez, and Maurage (2021) also noted that many psychiatric nurses still hold negative attitudes and views toward their patients. The dehumanization of patients is maintained in psychiatric setting especially when associated with work dissatisfaction and perceived high levels of stress. Participants in this study recognize this growing concern, highlighting the increased challenge of nursing students to provide care and pursue psychiatric nursing.

Recurring Pattern of Psychiatric Nursing Care Crises

Generalized crisis in nursing care is another theme that is emerging and recurring as perceived by most of the participants. For the nursing students, the various crises and struggles faced by many nurses have been exposed during their clinical training. This is considered an essential factor in the nursing practice, which exposes nursing students to the current reality and trends in the field of nursing and strips them away from expectations. In the following narratives, participants noted the pattern of nursing care crises that relate to their experience:

(P4) I noticed challenges with medication adherence, frequent crises with anxiety and depression, and conflicts between patients and patterns of resistance to treatment.

(P8) Challenge with medication compliance.

(P11) I notice recurring issues such as prevalence of co-occurring disorders, and challenges of adherence to treatment plans.



(P18) There are instances that patients have repetitive behaviors, like relapsing to their delusions and hallucinations, which requires consistent approach in handling.

Consequently, few of the participants also acknowledged the unfavorable conditions of psychiatric wards. Nursing students expressed their dismay on the hostility of psychiatric wards that seem to be detrimental to the treatment process of patients.

(P5) The facility where the patients are staying, I think they are not comfortable with it.

(P13) I understand that inadequate spaces are inevitable due to patient population, but I noticed that the facilities are not conducive to patient healing which may contribute to their relapse and threat to their own safety.

(P20) Medication deficiency from the facility. Not all patients are given enough amount or dosage of medications.

Lastly, nursing students have become cognizant of many pressing issues and concerns about the nursing practice. Participants are exposed to the many challenges that nurses experience from day-to-day duties.

(P6) Burnout and compassion fatigue among staff are common.

(P14) Self-care is challenging for both patients and staff since the work is both emotionally and physically draining.

(P21) Understaffing is an issue, leading to increased workload and stress to nurses.

(P25) Burnout among nurses especially during long shifts and particularly challenging patient interactions.

These recurring patterns of concerns, i.e. patient crises, unfavorable hospital conditions, and understaffing, are consistently perceived and experienced by nursing students during their psychiatric ward rotations. It is asserted that various nursing care crises are deemed to be realistic in the lives of many nurses, especially in settings with adequate healthcare policies. According to Marc et al. (2019) and Bayliss-Pratt, Daley, and Bhattacharya-Craven (2020), the issue of nursing shortage and understaffing remains to be a global concern, caused by underfunding and lack of personnel diversification. Many studies also report the prevalence of perceived burnout, dissatisfaction with work, and occupational stress among nurses across different setting (Kakemam et al., 2019; Maharaj, Lees, and Lal).

These contexts provide a seemingly consistent pattern of crisis among the nursing care practice. The experience of participants in this study during their clinical training elucidate the many realities encountered by nurses. Further, this emerging theme among nursing students in psychiatric ward



rotations demonstrate the perceived predicament in the nursing care practice, highlighting the many issues and concerns of global healthcare.

Central Phenomenon in Psychiatric Clinical Training

Newfound Vision to Mental Health Care

Much is known about the emergent themes of the experience of nursing students in their psychiatric ward rotations from the previous discussion. From these narratives, the participants derive the phenomenon of acquiring a newfound vision towards mental health care as central to their experience. This illuminates the essence and meaning-making of their psychiatric clinical training as a result of their encounters and reflection with patients and with the field. In what follows, participants shared their deep emotional sentiments about mental health which encapsulates their whole experience in their psychiatric ward rotation:

(P1) It gave us the experience of becoming of the reasons why our patients overcome such ordeals.

(P3) As student nurses, I can navigate my own bias and social stigma associated with mental illness. This awareness encouraged me to advocate for patients and promote understanding within our community.

(P4) The essence of my experience is rooted in developing empathy and understanding while supporting patients with their challenges.

(P5) The journey of empathy and growth. As we navigate the complexities of mental health care, we developed a deeper understanding of resilience in both our patients and ourselves.

(P6) The profound journey of connecting with patients through empathy and active listening.

(P7) I have learned the valuable role of empathy and connection in fostering healing in mental health care.

(P8) Developing empathetic resilience, where students learn to balance compassion with professional boundaries while adapting to the complexities of mental health care.

(P13) True compassion is not only understanding someone's pain, but being a steady source of hope through their darkest and sorrowful moments.

(P14) It's about finding the balance between supporting them and taking care of myself to provide the best care possible.

(P15) They learn from us and we learn from them and I call that a success when something is a two-way process.



(P21) It is the tension between the desire to provide compassionate care and the practical challenges of working within a demanding system.

(P22) It was life-changing and it brought deeper understanding on how beautiful and colorful life can be in different spectrum.

(P24) Learning to understand people's struggles while finding ways to help them feel supported. It's shown me how small, kind actions can make a big difference.

(P25) Learning to connect with patients on a deep, human level while navigating the emotional and mental challenges that come with care.

These insights remain consistent with previous emergent themes that have been previously discussed in the prior sections. Learning significant moral and professional values, acquiring knowledge and practical nursing skills, connecting with patients beyond their roles, and coping with distressful situations are all common experiences of nursing students in psychiatric clinical training that cohere with the larger context of nursing care practice. Nursing students situate themselves in procuring relevant knowledge and skills in mental health care. With this circumstance, we find these experiences relevant in the present reality and trends of nursing in the global sense.

This has been supported by many existing literature, including texts that explicate the nursing care encounter (Holopainen, Nystrom, and Kasen, 2019), effectiveness of clinical training pedagogies (Koukourikos et al., 2021), empathy education in nursing care (Levett-Jones, Cant, and Lapkin, 2019), and general experience of nursing students in clinical placements (Kalyani et al., 2019). These findings show the universality of experience among nursing students, allowing for the actuality and inherence of ward rotations in the development of practical skills. Participants in this study expressed the achievement of many objectives and purpose of psychiatric clinical training that influence their practice as future nurses who may pursue the field of mental health.

The Acceptability of Relevant Themes

Ultimately, the discussion of relevant emergent themes and derivation of central phenomenon of psychiatric ward rotation as perceived by nursing students lay foundation for the overall acceptability of these experiences. It is in this sense that participants warrant their experience in psychiatric ward rotation as essential, meaningful, and aspirational to the development of many practical skills and professional values demanded for a future nurse. Participants note these themes as 'acceptable', 'relevant', and 'crucial' which provides significance to the overall objective of this study. When asked if the following emergent themes resonate with their experience, participants expressed the following:

(P2) It shows the struggles and breakthroughs in healthcare.

(P4) I feel that the themes discussed are crucial for understanding the complexities of psychiatric nursing as well as it reflects the challenges and rewards of this field.



(P6) I feel that the themes discussed are incredibly significant to my experiences in the psychiatric ward and it highlighted the multifaceted nature of psychiatric nursing.

(P8) It resonates deeply with my journey in psychiatric nursing as they capture both the challenges and rewarding aspects of caring for individuals with mental health needs.

(P13) The themes are very meaningful and reflect real challenges in psychiatric nursing.

(P14) I believe the themes of empathy, patience, and seeing patients as individuals are essential in psychiatric care.

(P21) It accurately represent the significant emotional and practical challenges faced by us student nurses.

These verbalizations acknowledge the emergent themes integrated into one central phenomenon that profoundly encapsulates the essence of experiences of the participants. This phenomenological inquiry registers the intersectionality of psychiatric clinical training as acceptable and relevant insight to their encounters as student nurses. Corollary, participants provided aspects that they viewed were inadequately discussed in their narratives that they wanted to be further explored. Topics of personal challenges in caring, strategies for effective coping, and occupational distress are among of these facets that they mentioned.

(P4) The emotional toll and challenges of managing stress and burnout in psychiatric nursing could be further explored. And more emphasis on self-care strategies.

(P7) I feel that the need for self-care among healthcare workers, as well as the impact of systemic issues in mental health care were not fully captured in our discussions.

(P11) I would suggest incorporating additional insights on the inter-professional collaboration and self-care strategies.

(P13) I suggest some aspects like dealing with personal emotions or learning to manage stress and anxiety while in front of the patient.

(P14) One thing that could be explored more is the emotional impact of work on us student nurses.

(P21) The impact of burnout and compassion fatigue among nurses.

In light of the aforementioned, it is understood that participants in this study felt some sense of comfortability in sharing their narratives to the researchers. Discussing their experiences and perspectives deemed as acceptable and relevant seems to be helpful in reflecting their purpose and the objective of psychiatric ward rotations. According to Nowell et al. (2011), qualitative studies that employ thematic analysis are recognized as appropriate methods in determining the level of



acceptability of emergent themes. It considers the precision, consistency, and rigor of qualitative methods in establishing the trustworthiness of emergent themes through thematic analysis. This is supported by Ayala and Elder (2011) which explains the significance of acceptability research in healthcare studies. Overall, participants in this study provide reliable insights on the relevance and appropriateness of the research objectives through the conduct of personal interviews to further elucidate their experiences in psychiatric ward rotation.

REFERENCES

- Ahmed, W. A., & Mohammed, B. M. (2019). Nursing students' stress and coping strategies during clinical training in KSA. *Journal of Taibah University Medical Sciences*, 14(2), 116–122. <https://doi.org/10.1016/j.jtumed.2019.02.002>
- Alcabedos, M., & Fontanilla, R. (2024). THE IMPACT OF THE MATERNAL AND CHILD HEALTH CARE PROGRAM IMPLEMENTATION OF MEDICAL COLLEGES OF NORTHERN PHILIPPINES – COLLEGE OF NURSING IN SAN ISIDRO, IGUIG, CAGAYAN: A PROGRAM EVALUATION: Reproductive Health, Maternal and Child Health Care, Nutrition, Prenatal Care, Postnatal Care. <https://journal.mcnp.edu.ph/index.php/bsnm/article/view/15>
- Aloufi, M. A., Jarden, R. J., Gerdzt, M. F., & Kapp, S. (2021). Reducing stress, anxiety and depression in undergraduate nursing students: Systematic review. *Nurse Education Today*, 102, 104877. <https://doi.org/10.1016/j.nedt.2021.104877>
- Appiah, S. (2020). Quality of nursing education programme in the Philippines: faculty members perspectives. *BMC Nursing*, 19(1). <https://doi.org/10.1186/s12912-020-00508-9>
- Arcadi, P., Simonetti, V., Ambrosca, R., Cicolini, G., Simeone, S., Pucciarelli, G., Alvaro, R., Vellone, E., & Durante, A. (2021). Nursing during the COVID-19 outbreak: A phenomenological study. *Journal of Nursing Management*, 29(5), 1111–1119. <https://doi.org/10.1111/jonm.13249>
- Arnetz, J. E., Goetz, C. M., Arnetz, B. B., & Arble, E. (2020). Nurse Reports of Stressful Situations during the COVID-19 Pandemic: Qualitative Analysis of Survey Responses. *International Journal of Environmental Research and Public Health*, 17(21), 8126. <https://doi.org/10.3390/ijerph17218126>
- Aslan, H., & Pekince, H. (2020). Nursing students' views on the COVID-19 pandemic and their perceived stress levels. *Perspectives in Psychiatric Care*, 57(2), 695–701. <https://doi.org/10.1111/ppc.12597>
- Ayala, G. X., & Elder, J. P. (2011). Qualitative methods to ensure acceptability of behavioral and social interventions to the target population. *Journal of Public Health Dentistry*, 71(s1). <https://doi.org/10.1111/j.1752-7325.2011.00241.x>
- Banner, D., Schiller, C. J., & Freeman, S. (2019). Medical assistance in dying: A political issue for nurses and nursing in Canada. *Nursing Philosophy*, 20(4). <https://doi.org/10.1111/nup.12281>
- Bautista, J. R., Ducanes, G., & David, C. C. (2018). Quality of nursing schools in the Philippines: Trends and evidence from the 2010–2016 Nurse Licensure Examination results. *Nursing Outlook*, 67(3), 259–269. <https://doi.org/10.1016/j.outlook.2018.12.012>
- Bayliss-Pratt, L., Daley, M., & Bhattacharya-Craven, A. (2020). Nursing Now 2020: the Nightingale Challenge. *International Nursing Review*, 67(1), 7–10. <https://doi.org/10.1111/inr.12579>
- Beauvais, A. M. (2019). End-of-life psychodrama: Influencing nursing students' communication skills, attitudes, emotional intelligence and self-reflection. *Journal of Psychiatric Nursing*. <https://doi.org/10.14744/phd.2019.96636>
- Buheji, M., & Buhaid, N. (2020). Nursing human factor during COVID-19 pandemic. *International Journal of Nursing Science*, 10(1), 12–24. <https://doi.org/10.5923/j.nursing.20201001.02>
- Čartolovni, A., Stolt, M., Scott, P. A., & Suhonen, R. (2021). Moral injury in healthcare professionals: A scoping review and discussion. *Nursing Ethics*, 28(5), 590–602. <https://doi.org/10.1177/0969733020966776>



- Casafont, C., Fabrellas, N., Rivera, P., Olivé-Ferrer, M. C., Querol, E., Venturas, M., Prats, J., Cuzco, C., Frías, C. E., Pérez-Ortega, S., & Zabalegui, A. (2020). Experiences of nursing students as healthcare aid during the COVID-19 pandemic in Spain: A phenomenological research study. *Nurse Education Today*, 97, 104711. <https://doi.org/10.1016/j.nedt.2020.104711>
- Chaabane, S., Chaabna, K., Bhagat, S., Abraham, A., Doraiswamy, S., Mamtani, R., & Cheema, S. (2021). Perceived stress, stressors, and coping strategies among nursing students in the Middle East and North Africa: an overview of systematic reviews. *Systematic Reviews*, 10(1). <https://doi.org/10.1186/s13643-021-01691-9>
- Chandler, Y. (2020). *The Evolution of Nursing Leadership: Novice to Expert*. Doctor of Nursing Practice Projects. https://digitalcommons.jsu.edu/cgi/viewcontent.cgi?article=1006&context=etds_nursing
- Chen, M. (2023). Blended learning for enhancing nursing students' confidence in managing psychiatric nursing problems. *Nursing Education Perspectives*, 45(3), E10–E11. <https://doi.org/10.1097/01.nep.0000000000001211>
- Cornine, A. (2020). Reducing nursing student anxiety in the clinical setting: an Integrative review. *Nursing Education Perspectives*, 41(4), 229–234. <https://doi.org/10.1097/01.nep.0000000000000633>
- Davis, A., Moore, L., Farmer, J., & Lewis, S. (2021). Development and implementation of virtual clinical skills experiences for psychiatric nurse practitioner students. *Journal of the American Association of Nurse Practitioners*, 34(3), 537–541. <https://doi.org/10.1097/jxx.0000000000000669>
- De Carvalho Lira, A. L. B., Adamy, E. K., Teixeira, E., & Da Silva, F. V. (2020). Nursing education: challenges and perspectives in times of the COVID-19 pandemic. *Revista Brasileira De Enfermagem*, 73(suppl 2). <https://doi.org/10.1590/0034-7167-2020-0683>
- De Cassia Silva Vieira Janicas, R., & Narchi, N. Z. (2019). Evaluation of nursing students' learning using realistic scenarios with and without debriefing. *Revista Latino-Americana De Enfermagem*, 27. <https://doi.org/10.1590/1518-8345.2936.3187>
- De Casterlé, B. D., Mertens, E., Steenacker, J., & Denier, Y. (2020). Nurses' experiences of working under time pressure in care for older persons. *Nursing Ethics*, 27(4), 979–990. <https://doi.org/10.1177/0969733019895797>
- Fontanilla, R. C., Catuiza, F. L., Nano, A. B., & Adaya, A. V. (2023). Nutritional Status to Academic Performance of The School-Aged Children: A Basis for Inter-Collaborative Extension Services Program. *The Seybold Report* ISSN, 1533-9211
- Fontanilla, R., Mandac, R. G., Michael, U. J., Florentino, J., & Paracad, N. A. B. (2023). Department of Health Programs: The Perspective of a Geographically Isolated and Disadvantaged Area of Peñablanca, Cagayan. *Herculean Journal*, 1(1).
- Fontanilla, R. (2023). Nourishing Minds: A literature review on the link of nutrition, academic engagement, and student success. *herculeanjournal.com*. <https://doi.org/10.17605/2zdprd70>
- Fontesse, S., Rimez, X., & Maurage, P. (2020). Stigmatization and dehumanization perceptions towards psychiatric patients among nurses: A path-analysis approach. *Archives of Psychiatric Nursing*, 35(2), 153–161. <https://doi.org/10.1016/j.apnu.2020.12.005>
- From novice to expert. (2023, December 9). *Nursology*. <https://nursology.net/nurse-theories/from-novice-to-expert/>
- García, G. M., & Calvo, J. C. A. (2020). The threat of COVID-19 and its influence on nursing staff burnout. *Journal of Advanced Nursing*, 77(2), 832–844. <https://doi.org/10.1111/jan.14642>
- Ge, M., Hu, F., Jia, Y., Tang, W., Zhang, W., & Chen, H. (2023). Global prevalence of nursing burnout syndrome and temporal trends for the last 10 years: A meta-analysis of 94 studies covering over 30 countries. *Journal of Clinical Nursing*, 32(17–18), 5836–5854. <https://doi.org/10.1111/jocn.16708>
- Gómez-Urquiza, J. L., Gómez-Salgado, J., Albendín-García, L., Correa-Rodríguez, M., González-Jiménez, E., & La Fuente, G. a. C. (2018). The impact on nursing students' opinions and motivation of using a



- "Nursing Escape Room" as a teaching game: A descriptive study. *Nurse Education Today*, 72, 73–76. <https://doi.org/10.1016/j.nedt.2018.10.018>
- Graf, A. C., Jacob, E., Twigg, D., & Nattabi, B. (2020). Contemporary nursing graduates' transition to practice: A critical review of transition models. *Journal of Clinical Nursing*, 29(15–16), 3097–3107. <https://doi.org/10.1111/jocn.15234>
- Guillasper, J. N., Oducado, R. M. F., & Soriano, G. P. (2021). Protective role of resilience on COVID-19 impact on the quality of life of nursing students in the Philippines. *Belitung Nursing Journal*, 7(1), 43–49. <https://doi.org/10.33546/bnj.1297>
- Happell, B., Bennetts, W., Tohotoa, J., Wynaden, D., & Platania-Phung, C. (2017). Promoting recovery-oriented mental health nursing practice through consumer participation in mental health nursing education. *Journal of Mental Health*, 28(6), 633–639. <https://doi.org/10.1080/09638237.2017.1294734>
- Haslam, M. B. (2020). What might COVID-19 have taught us about the delivery of Nurse Education, in a post-COVID-19 world? *Nurse Education Today*, 97, 104707. <https://doi.org/10.1016/j.nedt.2020.104707>
- Heinen, M., Van Oostveen, C., Peters, J., Vermeulen, H., & Huis, A. (2019). An integrative review of leadership competencies and attributes in advanced nursing practice. *Journal of Advanced Nursing*, 75(11), 2378–2392. <https://doi.org/10.1111/jan.14092>
- Holopainen, G., Nyström, L., & Kasén, A. (2017). The caring encounter in nursing. *Nursing Ethics*, 26(1), 7–16. <https://doi.org/10.1177/0969733016687161>
- Immonen, K., Oikarainen, A., Tomietto, M., Kääriäinen, M., Tuomikoski, A., Kaučič, B. M., Filej, B., Riklikiene, O., Vizcaya-Moreno, M. F., Perez-Cañaveras, R. M., De Raeve, P., & Mikkonen, K. (2019). Assessment of nursing students' competence in clinical practice: A systematic review of reviews. *International Journal of Nursing Studies*, 100, 103414. <https://doi.org/10.1016/j.ijnurstu.2019.103414>
- Kalyani, M. N., Jamshidi, N., Molazem, Z., Torabizadeh, C., & Sharif, F. (2019). How do nursing students experience the clinical learning environment and respond to their experiences? A qualitative study. *BMJ Open*, 9(7), e028052. <https://doi.org/10.1136/bmjopen-2018-028052>
- Karaca, A., Yildirim, N., Cangur, S., Acikgoz, F., & Akkus, D. (2019). Relationship between mental health of nursing students and coping, self-esteem and social support. *Nurse Education Today*, 76, 44–50. <https://doi.org/10.1016/j.nedt.2019.01.029>
- Karlsson, M., & Pennbrant, S. (2020). Ideas of caring in nursing practice. *Nursing Philosophy*, 21(4). <https://doi.org/10.1111/nup.12325>
- Koukourikos, K., Tsaloglidou, A., Kourkouta, L., Papathanasiou, I. V., Iliadis, C., Fratzana, A., & Panagiotou, A. (2021). Simulation in clinical nursing education. *Acta Informatica Medica*, 29(1), 15. <https://doi.org/10.5455/aim.2021.29.15-20>