



Educators: Are you adequately supporting nursing students during mental health placements?

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ABSTRACT

Students need support to adjust to mental health placements. Inability to adjust may hinder learning, resulting in negative experiences that may influence mental health as a career choice. A gap in literature exists on approaches used by educators to support students during mental health placements.

This article aims to explore effective student support by the educators during clinical placements of students in mental health.

A qualitative design was used. Ethical approval was obtained and permission from stakeholders was received. Educators from higher educational institutions were purposively and conveniently sampled. Data was collected through semi-structured interviews with ten participants until data saturation. Data was thematically analysed.

Participants identified mental health training as context specific and highlighted the educators' role during knowledge and skills development. Participants generated student support by preparing students for placements, facilitating adjustment, identifying barriers to support and student referrals.

Recommendations for nursing education include training for educators in the provision of structured student support and the development of a support model with regulatory and nurturing components to be applied by educators during placements in mental health.

1. Introduction

According to the [World Health Organization report \(2011\)](#) 13% of the total global burden of disease relates to untreated mental disorders. Nurses are the largest professional group providing care to mental health care users in the mental health context ([WHO report, 2011](#)). However, 58 low and middle-income countries identified a shortage of 128 000 nurses ([WHO, 2011](#)). Nursing students should be encouraged to consider mental health as a career choice in order to fill this gap. Students' experiences of placements for practical experience in mental health facilities influences their career choice ([Appleton, Singh, Eady & Buszewicz, 2017](#)).

This study included undergraduate nursing students that are trained at higher educational institutions for a comprehensive degree in nursing that includes a midwifery and mental health qualification. A component of their training involves clinical exposure during mental health placements. They are expected to complete practical assignments and summative assessments during these placements. The educators, who comprise of faculty staff, fulfil the role of preceptors during mental health placements. One or two educators (depending on the budget) per higher educational institution visit the students at least once a week during mental health placements for clinical accompaniment

(preceptorship). The educators (also known as faculty staff) teach the theoretical component and perform clinical accompaniment and summative assessments of practical assignments during placements. The role of the educators during clinical accompaniment is to support the students during placements, create learning opportunities and perform clinical demonstrations and assessments. There is no specified support model used by educators in this context. Support is provided as the educator see fit and according to student needs in South Africa. The mental health component is included as part of the curriculum of a nursing degree. The focus of this article is to explore student support provided by educators during clinical placement in mental health.

Students experience stress and anxiety during mental health placements ([Ganzer & Zauderer, 2013](#)) and seek social support as a coping skill ([Sritoomma & Domkrang, 2017](#)). A study done by [Blomberg, Bisholt, Kullén Engström, Ohlsson, Sundler Johansson and Gustafsson \(2014\)](#) indicated that 43% of nursing students experienced high levels of stress during clinical placements. According to a literature review done by [Happell, Gaskin, Byrne, Welch and Gellion \(2015\)](#), anxiety experienced by undergraduate students and created by negative stereotypes inhibited both learning and choosing a career in mental health.

In a study done by [Happell, Gaskin, Byrne, Welch and Gellion](#)

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(2015), students indicated that they were not adequately supported by educators and hospital staff during mental health placements. Students voiced the need for support during mental health placement in a chronic setting, working with mentally challenged individuals (Janse van Rensburg, 2010). Despite the need for support voiced by students, there is limited information available on student support provided by educators. A model for educators to support students during mental health clinical accompaniment is lacking.

The global disease burden necessitates a competent and committed workforce to provide care in the mental health context. Appleton et al. (2017) indicate that stigma and negative attitudes prevent mental health as a career choice. Hastings (2017) highlights that support during mental health placements improved students' competencies and attitudes towards choosing mental health as a career. Benner (1982) in Ganzer and Zauderer (2013) recommended structure, guidelines and rules to enhance student learning. Structure, authority and influence can be linked to the regulatory support component. The nurturing components include acknowledgement and taking an interest in students.

This article seeks to explore effective student support by educators during clinical placement in mental health.

2. Methods

A qualitative, explorative and descriptive design was used to provide in-depth data regarding student support by educators during clinical placement in mental health within the South African context.

2.1. Population, sample and sampling

The population included all the nurse educators involved in teaching mental health at higher educational institutions in South Africa that offered nursing degrees. All-inclusive sampling was applied as all the higher educational institutions in South Africa that offer mental health as part of the undergraduate nursing degree were included. Non-probability, purposive and convenient sampling was applied to invite nurse educators who complied with the inclusion criteria to participate in this study. Convenience sampling was applied as those participants that were willing and available took part in the study. The inclusion criteria were nurse educators working at higher educational institutions who performed teaching and/or clinical accompaniment for at least a year during mental health placements and who were willing to participate. A total of ten nurse educators from 7 higher educational institutions were willing to participate in the study. Seven higher educational institutions present under graduate nursing programmes with a mental health component and were willing to participate in the study.

2.2. Ethical issues

Ethical approval (HSHDC/330/2014) was obtained from an Ethics Committee registered with the National Health Ethics Research Council. Informed consent was obtained from participants before data collection commenced. Ethical principles of respect for persons, beneficence, non-maleficence and justice were applied. Privacy and confidentiality were maintained, and participation was voluntarily.

2.3. Data collection

Educators teaching mental health at all the Higher Educational Institutions in South Africa who offered undergraduate nursing degrees were purposively and conveniently sampled and contacted telephonically by the researcher. They were informed about this research and invited to participate in the study. Informed consent forms were e-mailed to them with a request for return in one week after e-mail delivery. Signing and returning the consent forms to the researcher,

indicated a willingness to participate. Arrangements for data collection at a venue convenient for participants were made. The researcher collected data during 2014 through semi-structured interviews and field notes. Interviews lasted between 45 and 60 min. Field notes were written during interviews to capture non-verbal communication as well as after interviews when the researcher reflected on the interview process.

Data was collected from participants until data saturation was reached. According to Polit and Beck (2016) data saturation is when no new themes or categories emerge from the data. All participants had to be interviewed to reach data saturation. Participants gave permission for audio-voice recordings of interviews and these were transcribed verbatim.

2.4. Data analysis

The data was analysed by the researcher through thematic coding, using Tesch's descriptive method of open coding (Creswell & Poth, 2017). Transcripts were read to identify similar aspects, data was grouped together in themes, categories and sub-categories. An independent coder was used to analyse the data to enhance credibility. The independent coder was an expert in qualitative research with a doctoral degree and experience in coding qualitative data. At a consensus meeting, agreement between the researcher and independent coder was reached in respect of the identified themes.

2.5. Reflexivity and Rigor

Rigor was ensured by applying Lincoln and Guba's (1985 in Polit & Beck, 2016) framework with the criteria for dependability, credibility, transferability, confirmability and authenticity (Polit & Beck, 2016). An independent coder ensured dependability of the data and consensus was reached between the independent coder and researcher to ensure the themes reflected the data collected. Credibility was maintained through triangulation of data collected by doing interviews and taking field notes. According to Liamputtong (2013) transferability is the extent that the findings can be applied to another context. As purposive sampling was used, the findings apply to the specific context of this study only. Some aspects of the research process may however be used for other studies in similar contexts. Confirmability was applied by providing an audit trail and applying reflexivity. The researcher used direct verbatim quotes to ensure the voices of participants were heard and their views reflected, and thereby ensuring authenticity (Liamputtong, 2013).

3. Results and discussion

Participant demographics reflected nine females and one male between the ages of 41 and 60 years of age. Experience of working at a higher educational institution varied from one to 20 years. The higher educational institutions were located in urban and rural areas in 4 different provinces of South Africa.

Two themes were identified (i) Training is context specific in mental health and (ii) Generating student support (Table 1).

3.1. Theme 1: Training is context specific in mental health

Participants indicated that placement in the mental health context differ from the general hospital setting:

"... it's a new environment... a new context..." (Participant # 5)

"... because ... the psych institutions are different from just general... psych nurse is at the level of everybody we are using a team approach, so the multi-disciplinary team [approach]..." (Participant # 6)

Categories from this theme reflected on (i) Educator roles and (ii) Knowledge and skill development.

Table 1
Educators' student support practices during mental health placements.

Themes	Categories
1. Training is context specific in mental health	<p>1.1 Educator roles <i>"...different roles ... we are the educators, but we are the therapists ... a mother figure..." (Participant # 6)</i> <i>"... educator role and sometimes the disciplinarian role, plus the support role ... " (Participant # 7)</i></p> <p>1.2. Knowledge and skills development <i>"...skills in the clinical practice we have standardised patients...it makes students realise the value of knowing the theory before going to the practice...the standardised patients are just actors other students drama students they find the feedback how the patient experience students as a nurse its valuable to them...they have a case study..."(Participant # 7)</i> <i>"...[During reflection] ... that you also see how they actually from being nervousness and how they growing up in the whole processes in their journey to become professional nurses." (Participant # 8)</i></p>
2. Generating student support	<p>2.1. Preparing students for mental health placements <i>"...prepare them as much as possible... have role play and experiential exercises in class ... movies ... most of my students ... haven't been ... face to face with a [mental health care user] ..." (Participant # 9)</i> <i>"They need consistency ... they need some structure, they need to know uh this is what I am expected to do while I'm placed in this area, this is the outcomes that I have to reach, this is what I'll be assessed on... how I will be assessed ... dates and times and those kind of things will give them a bit of safety..." (Participant # 1)</i> <i>"... we...orientate the students with the placement uhm through taking them...for visits the year before they do the practical...we set out guidelines for them, safety guidelines...different ways to manage dealing with...difficult or aggressive patients...orientate them to the physical setups so that they understand how the hospital or clinic functions, what's expected from them, what learning objectives they supposed to reach...we...provide...a workbook so that they know exactly what assignments expected with the date...when to hand it in..." (Participant # 2)</i> <i>"... they ... first [have] to get over the fear, the initial fear...there's a perception...mental health care user is violent...fear that they would come to some sort of harm...they also feel they don't have the skills..." (Participant # 1)</i> <i>"...mentally ill patients are unpredictable...it's hard for them to communicate with patients...because they are even scared for their lives..." (Participant # 10)</i></p> <p>2.2. Facilitating adjustment <i>"... We debrief them depending on what their needs are, especially in the first week of placement ... they tell us what is it that they are struggling with, they tell us how they need to be supported ... done on a weekly basis ... support is done within the whole group ... " (Participant # 8)</i> <i>"... the students support each other ... I can see that when we have those open discussions ... they listen to the others' experiences ... try to give some advice from their own experience ... support each other in practice ..." (Participant # 2)</i></p> <p>2.3. Barriers to student support <i>".... work load definitely, and time. The program is extremely full ... focus is on assessments ... two hundred students and its seven clinical supervisors and they need to do assessments ..." (Participant # 4; 9)</i> <i>"...the numbers of student[s], those would really be the barrier the number of student and assessment[s]..." (Participant # 5)</i></p> <p>2.4. Student referrals <i>"...We have a referral system...where they can go for counselling..." (Participant # 9)</i> <i>"... students support services ... underutilized. I ... asked the students why didn't they go? The times that they are given doesn't suite them and there is one psychologist for over eighteen thousand students ..." (Participant # 4)</i></p>

3.2. Category 1.1 Educator roles

Participants indicated that different roles are required for the specific context of mental health. These roles include lecturer, mother figure, disciplinarian, supporter and examiner. Although similar roles are required from the educator during clinical placements in general hospitals, limited exposure by students to the mental health context creates anxiety and uncertainty. The educator needs to adapt her role according to the students' needs to contain anxiety and uncertainty in a challenging placement context. Participants' roles included a 'mother figure' and 'disciplinarian'.

"...different roles ... we are the educators, but we are the therapists ... a mother figure..." (Participant # 6)

Field notes for Participant # 6 supported the educator's role as mother figure as the participant spoke in a soft, nurturing tone of voice when referring to this aspect.

"... educator role and sometimes the disciplinarian role, plus the support role ... " (Participant # 7)

Charleston and Happell (2005) highlighted the role of the preceptor (educator) as a guardian who shields students during the initial period of mental health placements. A mother figure can be viewed as a guardian. Educators' caring role influence the caring behaviours of students positively and students are able to internalise caring and empathy and apply them in interactions with mental health care users (Labrague, McEnroe-Petitte, Papatheasiou, Edet & Arulappan, 2015). Educators played a crucial role in the development of knowledge and

skill of students during clinical placement in mental health.

3.3. Category 1.2 knowledge and skills development

Participants indicated that students need to gain theoretical knowledge and practical skills related to mental health nursing for comprehensive service delivery. Theory-practice integration involved simulation sessions before placements and reflections during clinical placements.

"...skills in the clinical practice we have standardised patients [simulation]...it makes students realise the value of knowing the theory before going to the practice...the standardised patients are just actors...drama students. They find the feedback how the patient experience students as a nurse, its valuable to them...they have a case study..." (Participant # 7)
"...[During reflection] ... that you also see how they actually from being nervousness and how they growing up in the whole processes in their journey to become professional nurses." (Participant # 8)

According to the findings from this study, participants facilitated knowledge and skill development during mental health placements by theory-practice integration. This was done through simulation and reflection. According to a study done by Schwindt and McNelis (2015), students reported that simulation provided very effective learning experiences, especially when students were able to reflect on their actions after having received feedback from the simulated patient. Students reported an increase in confidence and motivation during simulation (Schwindt & McNelis, 2015). Al-Zayyat and Al-Gamal (2014) concurred that preparation during the orientation for mental health placements,

including simulation, role-play and field visits, can be helpful in allowing students to lower their stress levels before placements.

According to Hatlevik (2011), theory and practice integration can be achieved by enhancing the theoretical knowledge and reflective skills of students. This author links reflective thinking with acquiring theoretical knowledge and practical experience. Some participants in the current study used reflective journals as a safe platform for students to express emotional discomfort. These findings support the study by Karpa and Chernomas (2013) that indicated that reflective practice refers to an internal process of self-awareness about thoughts, emotions and behaviours. Students require a focused structure and clear expectations as to what to write in reflective journals during mental health placements to facilitate self-awareness and active engagement in learning (Ganzer & Zauderer, 2013).

The mental health context and the specific learning outcomes for skill assessment during placement enhanced the need for student support.

3.3.1. Theme 2: Generating student support

Participants indicated that educators play a crucial role in generating student support by (i) Preparing students for mental health placements; (ii) facilitating adjustment; (iii) [identifying] barriers to student support and (iv) student referrals.

3.4. Category 1: Preparing students for mental health placements

Participants reflected on the need to adequately prepare students for clinical placement in mental health to facilitate adjustment and learning. Preparation included theoretical and practical skill transfer and exposure to the mental health care facility prior to placement.

“...prepare them as much as possible... have role play and experiential exercises in class ... movies ... most of my students ... haven't been ... face to face with a [mental health care user] ...” (Participant # 9)

“They need consistency ... they need some structure, they need to know...what I am expected to do while I'm placed in this area, this is the outcomes that I have to reach, this is what I'll be assessed on... how I will be assessed ... dates and times and those kind of things will give them a bit of safety...” (Participant # 1)

Another participant indicated that exposure to the mental health facility before placement prepared students for expectations during placement.

“... we...orientate the students with the placement...taking them...for visits the year before they do the practical...set out... safety guidelines... different ways to manage...difficult or aggressive patients...orientate them to the physical setups so that they understand how the hospital or clinic functions, what's expected from them, what learning objectives they supposed to reach...we...provide...a workbook so that they know exactly what assignments expected with the date...when to hand it in...” (Participant # 2)

Participants indicated that students should be adequately prepared to contain their feelings of fear and uncertainty during first exposure to the mental health context.

“... they ... first [have] to get over the fear, the initial fear...there's a perception...mental health care user is violent...fear that they would come to some sort of harm...they also feel they don't have the skills...” (Participant # 1)

“...mentally ill patients are unpredictable...it's hard for them to communicate with patients...because they are even scared for their lives...” (Participant # 10)

Positive learning experiences are largely influenced by support provided by educators during mental health placements. Educators play a key role in the preparation of students for mental health placements (Charleston, Hayman-White, Ryan & Happell, 2007). These authors

suggested preparation in the form of orientation that involves structured, frequent and planned support. Participants in this study indicated that students are prepared theoretically and practically for placements. Practical preparation included simulation and role play. According to a study done by Schwindt and McNelis (2015), students reported that simulation provided effective learning experiences by increasing confidence and motivation, especially when students were able to reflect on their actions after having received feedback from the simulated patient. Al-Zayyat and Al-Gamal (2014) concurred that preparation during the orientation for mental health placements, including simulation, role-play and field visits, can be helpful in allowing students to lower their stress levels before placements.

Participants felt that preparing students for placements in mental health enhanced their ability to adjust to the mental health context.

3.5. Category 2: Facilitating adjustment

Adequate adjustment during clinical placement can enhance learning. Participants linked adjustment to management of emotional discomfort and peer support.

“...We debrief them depending on what their needs are, especially in the first week of placement... they tell us what is it that they are struggling with, they tell us how they need to be supported...done on a weekly basis...support is done within the whole group...” (Participant # 8)

Participants linked support to adjustment. They facilitated adjustment through mentoring as they formed a connection with students and facilitating debriefing sessions during clinical placements. These findings support a study done by Al-Zayyat and Al-Gamal (2014) on stress and coping by Jordanian nursing students during mental health placements. Their findings reflected that support by educators and forming a connection with students lowered their stress levels and enhanced learning.

Participants utilized the nurturing components of support, especially during the first weeks of mental health placements, as a caring presence for students. Students in a study done by Fey, Scrandis, Daniels and Haut (2014: e253) associated debriefing with creating a 'safe environment' where they could voice and explore anxieties and fear. They were able to remove the emotional influences from their learning experiences. Debriefing focuses on student needs and incorporates peer feedback and support. Participants applied their therapeutic selves as a method to contain students by creating a safe environment for debriefing and reflection. Participants in the current study used group or individual debriefing sessions, depending on the support needs of the students.

3.5.1. Participants identified peer support as a method to facilitate adjustment.

“... the students support each other... I can see that when we have those open discussions... they listen to the others' experiences...try to give some advice from their own experience... support each other in practice...” (Participant # 2)

The field notes for Participant # 2 indicated that she leaned forward while discussing student support. This can be interpreted that she values student support.

Peer support was recommended by Charleston, Hayman-White, Ryan and Happell (2007) to assist students during initial clinical exposure. Participants identified barriers that hinder student support during placement in the mental health context.

3.6. Category 3: Barriers to student support

Participants identified barriers to student support as workload and time constraints as well as an increase in student numbers.

“... work load definitely, and time. The program is extremely full ...”

focus is on assessments ... two hundred students and its seven clinical supervisors and they need to do assessments ..." (Participant # 4)
 "...the numbers of student[s], those would really be the barrier the number of student and assessment[s]..." (Participant # 5)

These findings correlate with a study done by Charleston and Happell (2005) on preceptorship in mental health placements that indicated that a shortage in preceptors and time constraints created challenges during clinical placement of students.

Some students needed more support than others and the educator had to refer the student for additional support.

3.7. Category 4: Student referrals

Participants indicated that they referred students who needed additional support to support services at the higher educational institutions.

"...We have a referral system...where they can go for counselling..." (Participant # 9)

However, the services were underutilized as it did not fit the timeslots students had available.

"... students support services ... underutilized. I ... asked the students why didn't they go? The times that they are given doesn't suite them and there is one psychologist for over eighteen thousand students ..." (Participant # 4)

A study done by Heagney and Benson (2017) on institutional support for mature-age (21–35 years) students at higher educational institutions in Australia highlighted the need for flexibility and a student-centred approach. Flexibility and student-centeredness were linked to accommodating students' time challenges trying to balance their work and personal lives.

Participants indicated that training was context specific in mental health. Participants reflected on how they facilitate student support through debriefing sessions and peer support during clinical placements in mental health. Participants indicated that students voiced a need for more structured support during mental health placements. The structure provides containment for uncertainty in an unfamiliar context and provides guidance for the development of competencies that are context specific. They also identified barriers to student support that included workload and limited time available to provide adequate support.

3.7.1. Relevance for clinical practice

Shortages in mental health providers decrease the quality of care. Nursing students may not choose mental health as career due to negative mental health placement experiences. Educators can enhance positive placement experiences through student support during clinical placements. Positive experiences may influence students to choose mental health nursing as career choice that will address the shortages in the mental health context.

4. Conclusions

The shortages of educators in the mental health nursing context creates challenges in mental health training and teaching approaches. Shortages enhances workload with time constraints for student support. Effective student support includes regulative and nurturing components of student support. Regulative components enhance planning and preparation for placements in mental health. Nurturing components include debriefing sessions, reflection and a therapeutic connection with students. Students need support, especially during the initial clinical placement when they have negative experiences of fear, anxiety and uncertainty. Student support enhances learning and facilitates positive experiences during mental health placements. Recommendations for nursing education include training for educators in the provision of

structure and creating platforms for support that can include debriefing, reflective journals and peer support. It is also recommended that the development of a model that will include regulative and nurturing components of support that educators can use during clinical accompaniment of students in mental health placements. Clinical accompaniment builds a bridge between the preconceived student perceptions of fear and anxiety and a positive mental health placement experience. The implication for practice is that positive mental health placement experiences of students may result in them choosing mental health as a career that will address shortages in the mental health context.

Conflict of interest

No conflict of interest.

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Ethical approval

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Appendix A. Supplementary data

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