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Abstract

**Title**

Experiences of pre-registration student nurses during mental health clinical placements that enhance practice learning: An Integrative Literature Review

**Purpose**

The aim of this review was to explore empirical literature on the experiences of pre-registration student nurses during mental health clinical placements and identify factors that enhance practice learning.

**Design**

An integrative mixed-methods approach and constant comparative synthesis were chosen. Eligible studies were from 2009 onwards sampling student experiences of mental health placements within undergraduate and postgraduate degree entry to practice nursing programmes, excluding academic only experiences. The search was last conducted on 14th August 2021 and included MEDLINE, CINAHL, and APA PsycINFO databases.

**Findings**

The search strategy identified 579 studies, of which 10 met the eligibility criteria. Seven of the articles reported qualitative research, two were based on quantitative studies, and one had a mixed-methods design. There was international representation across six countries. All studies examined the experiences of pre-registration student nurses during mental health clinical placements. The total number of participants was 447, comprised of students, nongovernmental organisations (NGOs), and community members.

**Originality**

The review identified four influential themes that enhance practice learning: immersion in the nursing role; relationships that empower autonomous learning; opportunity for defined and subtle skill development; and student experiences of people with mental health needs. Further research is required on culture, subtle skill development, and the socialisation process of students with the mental health nurse professional identity.

**Keywords**

Education, Nursing; Students, Mental Health; Clinical Placement Experience; Integrative Review

## 1. Introduction

Developing a sustainable and resilient nursing workforce has been an international focus following the COVID-19 pandemic. The pipeline of newly qualified nurses is central to strengthening the workforce, but in the UK capacity to accept students on pre-registration programmes is restricted by opportunities to undertake clinical placements, which form an essential component of nurse education.

In the UK, students must undertake 2,300 hours of clinical placement experience to meet the Nursing and Midwifery Council (NMC) standards of proficiency for registered nurses (NMC, 2018a) and enter qualified practice. Supported by practice supervisors, assessors, and academic assessors, clinical placements are a critical component of pre-registration nursing training, both in the UK and internationally, ensuring real-world application of learnt clinical skills in practice settings. In the placement context, students have the opportunity to apply their knowledge to practice, develop key skills and achieve the competencies that are required for registration (NMC, 2018b). The introduction of the NMC Standards for student supervision and assessment has enabled creativity and innovation in placement design; however, expansion designs must also embed best practice in clinical education to maintain quality (NMC, 2018b).

All UK nursing degree programmes include placements in clinical environments tailored to speciality nursing fields. Traditionally, mental health placements include inpatient wards, residential care, and community mental health services. The extent of the clinical component of the UK pre-registration programmes enables students to experience clinical immersion from an early stage. The importance of high-quality clinical placements in mental health settings is well recognised. They are acknowledged as crucial in developing mental health nursing skills and knowledge, increasing confidence of students to work in mental health settings and improving attitudes toward patients with mental illness (Happell et al., 2015; Chadwick and Porter, 2014; Moxham et al., 2015). Students are exposed to the reality of the nursing role and begin socialisation into the profession within the first six months of their studies. Exposure to the clinical environment does, overall, support students to feel more prepared for qualified practice, however, there are exceptions as some students have been found to experience increased anxiety, and decreased confidence (Jiang, et al., 2012; Cantrell et al, 2005). Although the clinical experiences provided

meaningful opportunities to increase knowledge base and skill level, students may experience reality shock (Kramer 1974) much earlier by participating in the clinical placements.

There is little extant literature specific to factors that enhance placement experience in the mental health nursing setting. Drawing on wider literature, factors related to clinical placements that influence students' learning include the physical space of the clinical environment, teaching and learning components, psychosocial and interaction factors, and organisational culture (Flott and Linden, 2015). Students can find placements anxiety provoking, potentially affecting performance or leading to attrition from programmes (Labrague, et al., 2017; Moscaritolo, 2009; Deary, 2003). In particular, the initial clinical experience has a key influence on perceived stress (Alzayyat and Al, 2014). Placements are an important component of decisions to leave a programme, and key contributors are unpleasant placement experiences, attitudes of placement staff, and perceived lack of support (Eik, et al., 2012). Relationships with clinical staff are important for nursing students (Labrague, et al., 2017) with effective supervision and a supportive environment acting to mitigate and promote a sense of empowerment (Bradbury-Jones, et al., 2010). Additionally, peer mentoring and peer assisted learning may be an effective mechanism to decrease stress and anxiety of undergraduate nursing students (Carey, et al., 2018; Kachaturoff et al., 2020). Positive relationships support the development of social capital, social networks, and a sense of belongingness, which is a pre-requisite for learning (Levett-Jones and Lathlean, 2008) and also engenders organisational loyalty and retention in roles post qualification (Heinen, et al., 2012).

It is evident that student experience in clinical placements is important to their development as nurses and progression on the pre-registration programme. It is particularly important in the context of expanding placement provision that learning environments across programmes are appropriate, balanced, and lead to rich learning and high calibre nurses entering the register. Poor student experience can negatively impact learning, increase the risk of attrition from pre-registration programmes (HEE, 2018), impact on confidence, or result in sub-optimal clinical skill development (Levett-Jones, et al., 2009), and low quality of care provided as students qualify. If mental health nursing student placement provision is to expand to meet the demands of increased student numbers and workforce deficits, it is vital that we understand the factors that influence a positive experience.

There is a notable gap in the literature related to systematic reviews focused on clinical placements in mental health nursing contexts. Limitations in knowledge hinder work by academics and clinical

education practitioners to design high-quality clinical placements that enhance learning and skill development. This integrative review aimed to further understanding about experiences that enhance student nurses' learning in mental health nursing contexts, and answer the question: what are the factors that facilitate learning in mental health nursing student clinical placements? The objective was to inform clinical placement design and develop recommendations for future research. For this review, the term 'student nurses' refers to those on either undergraduate or post-graduate entry to practice (pre-registration) programmes, excluding those on all other training routes.

## 2. Methods

### 3.1 Eligibility Criteria

Included were empirical studies published in English from 2009 onwards sampling students on undergraduate and postgraduate degree entry to practice nursing programmes. Nursing students on other preregistration programmes were excluded to ensure international comparability, standardisation, and relevance to the United Kingdom all-degree training introduced in 2009 (Watson and Shields, 2009). Studies of mental health clinical placements across various environments were eligible, although studies that focused on a single feature of clinical placements were excluded, for example, experiences of supervision in mental health clinical placements as a stand-alone element.

### 3.2 Information Sources

Electronic databases searched were EBSCOhost MEDLINE Complete, EBSCOhost CINAHL, and EBSCOhost APA PsycINFO. Searches of Google Scholar and OpenGrey were completed to extend the range of evidence and fill gaps in academic literature (Adams et al., 2016). Citation and reference tracking of identified studies was conducted to determine further relevant studies.

### 3.3 Search Strategy

The search strategy was developed through an iterative process. Keywords were combined with Boolean operators, such as 'OR', in varying combinations to maximise results. Aside from index terms, 'AB' was applied to searches to ensure keywords were included in abstracts. All possible suffix combinations of words were used to capture variances in terms, such as 'undergrad\*', 'nurs\*', 'placement', 'experience\*', and 'percepti\*'. Supplementary file 1 details a complete list of keywords

and index terms used. The final search strategy is recorded in Supplementary file 2, which was adapted for Google Scholar and Open Grey. Databases were last searched on 14th August 2021.

### 3.4 Selection Process

Studies identified from searches were exported from the databases to RefWorks and screened per the PRISMA (Page et al., 2021) process (Figure 1). Before extraction, duplicate articles were removed. The remaining papers were screened initially by title, then abstract, then full text. Two authors (JP and EM) reviewed results independently to reduce potential bias. Disagreements were resolved through discussion, and mediation from a third review author was not necessary. Intercoder reliability was checked using the formula described by Miles and Huberman (1994).

### 3.5 Data Collection Process

Data were collected from the final article selection independently by one reviewer (JP) using a standardised form. Emergent themes were collected concurrently to initial coding as suggested by Chun Tie (2019) and were constantly compared to the original articles. Extracted themes were secondary data obtained from the primary research articles. A second reviewer (EM) checked extracted data against the full-text articles for accuracy. Disagreements were resolved through discussion.

### 3.6 Data Items

Data items collected were citation, location, recruitment and sampling, sample size, phenomenon of interest, aim, data collection, data analysis, effect measures, results, key conclusions, recommendations, eligibility criteria and quality appraisal. One study was fully mapped onto the standardised form to test whether all relevant items were included prior to complete data extraction.

### 3.7 Study Risk of Bias Assessment

The Joanna Briggs Institute (JBI) Quality Appraisal Tool was used to assess the methodological quality of the studies in the review and to gauge the extent to which each study addressed issues related to bias in the methods and approach to analysis employed. Across the eight criteria in the tool, studies were rated as high quality where they met the threshold seven times or more, medium quality where they met the threshold between four and seven times, and low quality where they met the threshold less than four times.

### 3.8 Effect Measures

Combined effect measurement approaches were selected to measure the effect of mental health clinical placements on pre-registration student nurse learning. The primary measure was qualitative experiential accounts of student nurses, which evaluated the phenomena by identifying implementation and intermediate outcomes and unintended outcomes. Quantitative effect measurement was via Likert scales evaluated using p-values to determine statistical significance, with values less than 0.05 statistically significant.

### 3.9 Synthesis Methods

A data matrix table was developed using four categories hypothesised to be forces and elements that impinge on and influence students' learning. These categories were physical space of the clinical environment, teaching and learning components, psychosocial and interaction factors, and organisational culture (Flott and Linden, 2015). Findings were then open coded into these headings and compared with the full-text articles to ensure codes reflected the original meaning. Once initial open codes had been developed, the hypothesised headings were disregarded, and initial codes were revised and redeveloped. Axial coding was conducted to develop new categories, which were compared with the original hypothesised categories and the full-text articles. Hypothesised categories were either integrated or disregarded depending on meaning from original data and emergent themes. Selective coding was then applied to the revised categories and the process repeated until a strong theoretical understanding emerged.

### 3.10 Reporting Bias Assessment

The JBI Critical Appraisal Checklist for Systematic Reviews and Research Synthesis was applied to this review to ensure methodological quality and minimisation of bias. Two independent authors (JP and EM) carried out the review to reduce bias and improve reliability. Eligibility criteria relating to the design of included studies was deliberately broad to reduce bias. Finally, the Miles and Huberman (1994) formula was used to check intercoder reliability to improve the rigour of the study.

## 4. Results

### 4.1 Study Selection



Studies were selected following the PRISMA (Page et al., 2021) process described in Figure 1. Studies were predominantly excluded if they did not focus on the student's experience of the placement (n = 54).

#### 4.2 Study Characteristics

The included studies (n = 10) included qualitative studies (n = 7), quantitative (n = 2) and mixed-methods (n = 1). All studies examined the experiences of pre-registration student nurses during mental health clinical placements. Studies originated in Australia (n = 4), Canada (n = 2), United States (n = 1), Ireland (n = 1), Scotland (n = 1) and England (n = 1).

Table 1 provides a comprehensive overview of characteristics and findings of included studies.

#### 4.3 Risk of Bias in Studies

Application of the JBI quality appraisal tool identified that nine studies were high quality and one medium quality. The most common methodological issue in the high-quality category was the failure of the researcher to account for the researcher's influence on participants (n = 4).

The medium quality mixed-methods paper (Fiedler et al., 2012) only detailed methods to analyse the quantitative component and there were confounding factors identified.

#### 4.4 Results of Synthesis

The findings from the synthesised studies were four overarching emergent themes: (1) immersion in the nursing role; (2) relationships that empower autonomous learning; (3) opportunity for defined and subtle skill development; and (4) student experiences of people with mental health needs.

##### 4.4.1 Immersion in the nursing role

Immersion in the nursing role was a prominent theme across nine of the studies and encompassed findings about defining the nursing role in mental health, professional nursing behaviours, and managing work-life balance. Defining the nursing role in mental health was challenging for students as a lack of focused tasks left them questioning the role (Booth et al., 2017; Fiedler et al., 2012). Acute hospital experience skewed student perspectives by focusing on ward routine and primary diagnosis (Ward and Carter, 2020). 'Buddying' with clinicians provided a greater insight into what some mental health nursing roles entailed (Ross et al., 2014). Experiences reflected integrated clinical and theoretical learning (Boardman et al., 2019), immersion in non-traditional placements (Pearlman et al., 2020; Patterson et al., 2018), and simulation (Booth et al.,

2017) enhanced learning about the nursing role.

Clinical immersion supported insight into professional nursing behaviours. Students witnessed nurses having one-to-one conversations with patients and felt positive behaviours were conversations with patients throughout the day rather than staying in the office (Booth et al., 2017). Simulation prior to placements supported students to identify positive behaviours, which meant that when students witnessed substandard practice in clinical environments, it was in stark contrast (Booth et al., 2017). Simulation supported students to identify how poor practice impacted the nurse-patient relationship and their own learning (Booth et al., 2017).

One of the most challenging aspects of immersion in the nursing role was managing work-life balance, particularly for mature students (Keogh et al., 2009). Students spoke about financial concerns and worry about supporting themselves and their families (Keogh et al., 2009; Boardman et al., 2019). Rigid block placements and coursework during placements made this particularly difficult, though flexibility in shifts and self-rostering enabled students to manage competing demands better (Keogh et al., 2009; Boardman et al., 2019).

#### 4.4.2 Relationships that empower autonomous learning

Nine studies referred to relationships that empower autonomous learning, which was integral to student learning. Relationships were influenced by the quality of supervision and opportunities to learn from peers and the multidisciplinary team. Supervisors who participated in teaching students were highly regarded and generated positive experiences (Keogh et al., 2009; Booth et al., 2017). Ross et al. (2014) found particularly positive experiences of supervision in the community, although synthesis suggests antecedents were likely related to supervisor willingness, preparation, workload, and continuity (Keogh et al., 2009; Wareing et al., 2018). Students reported particularly negative experiences when supervisors were unprepared and lacked understanding of their role (Keogh et al., 2009; Wareing et al., 2018). Facilitating learning was not limited to supervision by registered nurses, with four studies reflecting peers and multidisciplinary team members as essential learning relationships.

Learning from peers and the multidisciplinary team occurred both on an ad-hoc basis and via structured coaching and peer-assisted learning supervision models (Wareing et al., 2018). Student satisfaction increased when they felt embedded into the multidisciplinary

team (Boardman et al., 2019; Ross et al., 2014), and students valued peer learning to develop skills in building professional relationships (Wareing et al., 2018).

All learning relationships identified as supportive to autonomy were found to benefit the students in developing their identity as an independent practitioner (Wareing et al., 2018). Students reported positive experiences of greater involvement (Keogh et al., 2009) which afforded increased confidence (Wareing et al., 2018) and improved perceptions of being prepared for practice (Perlman et al., 2020; Patterson et al., 2018). Although increased autonomy was daunting as students were inexperienced (Keogh et al., 2009; Wareing et al., 2018), autonomous working created developmental learning opportunities (Ward and Carter, 2020).

#### 4.4.3 Opportunity for defined and subtle skill development

All ten studies referred to opportunity for defined and subtle skill development, often interlinking with experiences relating to immersion in the nursing role. The studies identified that students primarily focused on practical tasks related to competence sign off and development (Townsend et al., 2016; Wareing et al., 2018). Although task-related competence is a necessary aspect of nursing, non-traditional placements supported students to recognise the importance of more subtle skills, such as communication and therapeutic relationships (Boardman et al., 2019; Townsend et al., 2016). Non-traditional placements created social and experiential learning that enabled skill consolidation and deeper rapport with service users (Boardman et al., 2019; Ross et al., 2014; Townsend et al., 2016), allowing students to use their innate skills and display abilities beyond task-orientated competencies (Townsend et al., 2016). They were more positively received by students, though lack of structure and student preparation were unsettling at placement outset.

Learning opportunities within placements were important to support skill development. Opportunities varied across the studies depending on environment, duration, and model of supervision. Inpatient settings only offered an acute perspective and did not support the recognition that many people with mental illness live in the community (Ross et al., 2014), although opportunities in the community were more difficult as patients were engaged in various outside activities (Fiedler et al., 2012). Simulated experiences offered a limited range of clinical condition scenarios (Booth et al., 2017), whereas immersive placement experiences increased clinical exposure and offered opportunities to follow service user pathways from referral

to discharge (Boardman et al., 2019). found Increased placement hours did not equate to higher perceived confidence in clinical skills (Fiedler et al. 2012), suggesting an optimum level of exposure.

Seven of the studies used confidence as a measure of placement impact either as part of statistical analysis indicated significant improvements in confidence from pre- to post-clinical across various domains (Patterson et al., 2018; Perlman et al., 2020; Fiedler et al., 2012) or highlighted confidence when supporting patients with mental illness and mental health assessment (Booth et al., 2017; Ross et al., 2014; Townsend et al., 2016). Additional benefits were preparedness for practice, reducing negative stereotypes, and reducing anxiety surrounding mental illness (Hayman-White and Happell, 2005; Patterson et al., 2018; Perlman et al., 2020).

#### 4.4.4 Student experiences of people with mental health needs

Student experiences of people with mental health needs was a prominent theme across eight studies. The theme was reflected in findings pertaining to holistic care, health inequalities, and views towards mental health.

Holistic care referred to experiences where students' focus transitioned from primary diagnosis to personalised approaches. Historically, traditional environments focused on primary diagnosis in acute physical health hospital settings (Ward and Carter, 2020). Mental health placements in community settings generated student awareness that holistic care was central to mental healthcare (Ross et al., 2014). Students began to value personalised care and realised that they needed to acknowledge culture, age, and respect service users' belief systems and ways of being in the world (Ward and Carter, 2020).

Caring for patients as people rather than focusing on primary diagnosis led to transformative experiences (Townsend et al., 2016) and developing awareness of health inequalities. Students began to understand socio-cultural factors that impacted mental health, realised that there were flaws in service provision (Townsend et al., 2016), and identified barriers to accessing services (Ward and Carter, 2020). Stigma and judgemental attitudes changed significantly, and students on general nursing programmes expressed a greater desire to pursue mental health nursing (Boardman et al., 2019; Ross et al., 2014; Townsend et al., 2016).

## 5. Discussion

This integrative review reflects the experiences of pre-registration student nurses during

mental health clinical placements that enhance practice learning. The most critical elements of practice learning were relationships that empower autonomous learning and opportunity for defined and subtle skill development. Students preferred experiences where they felt empowered to lead their learning and were welcomed within the team (Ross et al., 2014; Wareing et al., 2018).

These findings echo the results of previous systematic reviews into clinical placements. Eick et al. (2012) found that lack of support was one of the most common reasons for leaving programmes. Kaihlanen et al. (2018) identified that perceived development in nursing skills and achieved competence were essential in student nurses transition to registered nurses. Together these elements underpin clinical learning and facilitate the translation of theory into practice. This review offers new knowledge about the importance of subtle skills development. The person-centred nature of mental health nursing (Sharp et al., 2018) requires greater emphasis on subtle skills, such as active listening and awareness of nonverbal cues. However, findings also indicate that some nursing programmes do not adequately focus on this, and skill development remains concentrated on defined tasks.

References to immersion in the nursing role were made across the majority of included studies. Findings indicated that acute hospital placements skewed perspectives on the role of a nurse in the mental health context (Ward and Carter, 2020). Encompassed within this are broader cultural and philosophical issues interwoven with the professional identity of mental health nurses (Barker and Buchanan-Barker, 2011), which need explicit definition and debate to raise the profile of the role.

This uncertainty may also reflect the socialisation process students undergo in their transition from novice to competent practitioner (Feng and Tsai, 2012); and emphasises the importance of preparation for the placement experience by academic institutions in parallel with role modelling of mental health nursing by clinical practitioners. Students who have exposure to a variety of placement environments and opportunities to explore the unique nature of the mental health role will potentially gain greater insight into their chosen profession. Findings indicated that students found simulation helpful to identify professional nursing behaviours, and may potentially support understanding of the nursing role in mental health contexts.

Clinical placements allow students to interact with mental health service users and develop confidence with building and maintaining relationships (Kaihlanen et al., 2018; Happell et al., 2015),

Interacting with people with mental health needs reduced stigma and this review also identified that this experience transformed awareness of health inequalities. Non-traditional placements, such as those embedded in the community, or non-governmental organisations, voluntary organisations, and immersive recovery camps, were particularly successful at enabling this learning.

The dynamic nature of models of care, increasingly embedded in private and voluntary organisations in the community (NHS Long Term Plan, 2019), is recognised within standards for nursing proficiency (NMC, 2018a). Although there has been a greater emphasis on community care in mental health for many years, findings reflect the lag in translation of this into practice learning. In contemporary care and the wake of the COVID-19 pandemic, embedding equalities thinking in practice learning is vital (NHS England, 2020). To prepare students for the future of nursing, exploration and wider inclusion of non-traditional environments is needed to ensure that training is fit for purpose. Utilisation of non-traditional placement environments may also unlock much needed placement capacity.

Although the review did not explore experiences of supervisors and clinical education practitioners, issues with the quality of student experience and a priori evidence relating to the influence of supervisors on student learning (Powers, et al., 2019; Chen, et al., 2021), suggests it is critical supervisors are adequately prepared and understand their role (Keogh et al., 2009; Wareing et al., 2018). Supervisors are key influencers of student learning and future research should explore how supervisors are prepared for their role (Kaihlainen et al., 2018). The relationships with supervisors and team members described in the review indicate that students were not always valued in placement areas. Poor quality supervision due to limited time or willingness to supervise (Keogh et al., 2009; Wareing et al., 2018) highlighted that students are at times seen as an additional task and not always viewed as multidisciplinary team members. The supernumerary status of students in the UK may be a contributing factor as they have reported feeling greater integration when able to participate meaningfully (Keogh et al., 2009). As a pragmatic response to the COVID-19 pandemic, student nurses were integrated into the workforce in the UK (NMC, 2020), and deeper evaluation of how this radical and rapid change in student nurse education impacted on the student experience is necessary. The impact of this change in mental health nursing contexts is yet to be explored. Future research should explore organisational culture pertaining to student experience and the interplay between culture, leadership, systems-thinking, and clinical placement expansion.

## 5.1 Limitations

Included studies were from middle-high income, predominantly English-speaking western countries, which may reflect language bias. Arguably results reflect global attitudes towards mental health (Krendl and Pescosolido, 2020), but there may be further global research in this area not represented in the results. The heterogeneity and limited number of quantitative results elicited did not enable meta-analysis.

## 5.2 Recommendations

This integrative review highlights the need for future research into mental health nursing clinical placements. To better understand experiences specific to clinical placements in a mental health context, further research is required on subtle skill development, defining the role of mental health nurses, and the socialisation process of students into the mental health nurse professional identity. New mental health service and care models should be explored and incorporated as placements so that nurse training reflects contemporary practice. Finally, exploration of the interplay between culture, leadership, systems-thinking and clinical placement expansion would further knowledge of the modifiable factors that could enhance student learning.

## 6. Conclusions

The findings of this integrative review indicate four interlinking themes that are influential in enhancing practice learning. Elements that enhance practice learning are immersion in the nursing role; relationships that empower autonomous learning; opportunity for defined and subtle skill development; and student experiences of people with mental health needs. Mental health placements support subtle skill development and student understanding of health inequalities. Non-traditional placements were particularly effective at supporting understanding of health inequalities, and better able to prepare students for the future of nursing. However, findings suggest students were more familiar with acute hospital placements, indicating the need for a significant cultural shift in placement design. There is a need for students to have exposure to a range of placements specific to mental health so that they develop the appropriate skills and are confident to define the nursing role.

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