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Nursing students' reflections on the learning experience of a unique mental health clinical placement

Abstract

Introduction There exists a need for innovative thinking to identify new clinical placement opportunities for nursing students. Recovery-based clinical placements for mental health nurse students remain unique and require investigation. **Aim** To examine the learning experience of Bachelor of Nursing students who undertook an innovative mental health clinical placement known as Recovery Camp. **Design** This study incorporated qualitative analysis of written reflections. Using Braun and Clarke's (2006) six phases of thematic analysis the corpus of student reflections were reviewed by three members of the research team independent to each other. **Findings** Four themes emerged. The theme of Pre-placement Expectations incorporates participant foci on pre-conceptions of Recovery Camp. The theme of Student Learning incorporates the ways in which participants recognised the experience of Recovery Camp influenced learning. Reflections themed under the title Placement Setting include discussion of the Recovery Camp as a clinical placement. The theme of Future Practice incorporates students' reflections on how they plan to practice as nurses as a result the learning experiences of Recovery Camp. **Conclusions** An immersive clinical placement such as Recovery Camp can influence students' perceptions of people with mental illness, have a positive impact on student learning and influence students' decisions about future practice. The learning experience of nursing students whom attend unique, recovery-orientated clinical placements can be both positive and educative.

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Nursing students' reflections on the learning experience of a unique mental health clinical placement

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ABSTRACT

Introduction: There exists a need for innovative thinking to identify new clinical placement opportunities for nursing students. Recovery-based clinical placements for mental health nurse students remain unique and require investigation.

Aim: To examine the learning experience of Bachelor of Nursing students who undertook an innovative mental health clinical placement known as *Recovery Camp*.

Design: This study incorporated qualitative analysis of written reflections. Using Braun and Clarke's (2006) six phases of thematic analysis the corpus of student reflections were reviewed by three members of the research team independent to each other.

Findings: Four themes emerged. The theme of Pre-placement Expectations incorporates participant foci on pre-conceptions of *Recovery Camp*. The theme of Student Learning incorporates the ways in which participants recognised the experience of *Recovery Camp* influenced learning. Reflections themed under the title Placement Setting include discussion of the *Recovery Camp* as a clinical placement. The theme of Future Practice incorporates students' reflections on how they plan to practice as nurses as a result the learning experiences of *Recovery Camp*.

Conclusions: An immersive clinical placement such as *Recovery Camp* can influence students' perceptions of people with mental illness, have a positive impact on student learning and influence students' decisions about future practice. The learning experience of nursing students whom attend unique, recovery-orientated clinical placements can be both positive and educative.

INTRODUCTION

The expectation of new graduate nurses is to be work ready when they enter clinical practice, albeit at a novice level (El Haddad et al. 2012; Wolff et al. 2010). Work readiness is attained through the combination of on-campus theoretical learning and exposure to the realities of the clinical setting during clinical placements (Walker et al. 2012). There exists a shortage of suitable mental health clinical placements which meet the requirements of undergraduate nursing students (Cowley et al., 2016). Given the pressure of providing mental health clinical placements for nursing students, education providers are developing alternatives to these traditional settings (Barrett & Jackson 2013).

Clinical placements in mental health settings are known to improve nursing students' mental health nursing skills and knowledge of mental illnesses (Happell, Gaskin, Byrne, Welch, & Gellion, 2015) and attitudes toward consumers with mental illness (Chadwick & Porter 2014). Further, exposure to consumers through clinical placements increases confidence of students to work in mental health settings (Moxham et al 2015), reduces anxieties and fears (Happell, et al. 2015) and increases the possibility of the recruitment of future nurses into the mental health setting (Moxham et al. 2011). More exposure to people with a mental illness can increase the desire to work as a mental health nurse (Thongpriwan et al. 2015). Happell et al.'s (2015) review of literature on clinical placements in mental health settings concluded that clinical placements are invaluable to the development of future nurses; however, there exists a challenge to develop more quality opportunities that support student learning.

Location based clinical placements are the most commonly used type of placement model, largely due to availability. They are predominantly rotational within the acute sector. Lauder (2008) suggests that such placements emphasise illness and on people as 'patients'. This thus promotes the medical model rather than person centred, social models of health (Forber, DiGiacomo, Davidson, Carter & Jackson 2015). Recovery-based clinical placements are an emerging focus of clinical placement. Feeney, Jordan and McCarron (2013) identified a positive association between a recovery focused placements and more positive attitudes toward mental illness.

The need for specific training in recovery to facilitate the development of a recovery-oriented mental health system has been recognised (Klockmo et al, 2012; Feeney et al. 2013). Clinical placements in locations where this has not occurred, or where individual staff challenge it, often mean students will likely leave with an equal or higher level of negative attitudes toward consumers with mental health (Moxham, Taylor, Patterson, Perlman, Brighton, Sumskis, Keough & Heffernan 2016). In their study of medical students in psychiatry undertaking traditional placements compared with those who

undertake the different recovery-focussed placement, Feeney and colleagues (2013) found that students in recovery-focussed placements demonstrated greater knowledge of recovery principles. These students also developed more positive attitudes towards people with mental illness (Feeney et al. 2013).

During the undergraduate nursing degree, the importance of the clinical experience is undisputed as a key to professional competence (Courtney-Pratt et al., 2012). It is imperative then, to provide opportunities for students in a variety of placement types that enhance their learning and enable them to develop appropriate professional skills and attitudes, such as understanding of recovery orientated health care. Different clinical placement experiences may promote the acquisition of new knowledge for students (Feeney et al., 2013).

With the availability of clinical placements often identified as a barrier to provision of work integrated knowledge (Happell, et al., 2015), and the need for more recovery-orientated clinical placements, there exists a need for innovative thinking to identify new clinical placement opportunities for nursing students. Recovery-based clinical placements for mental health nurse students remain unique and require investigation. They represent a potential progressive solution to challenges facing nurse education.

Recovery Camp

Recovery Camp is a novel clinical placement program developed to enhance the lives of people with mental health issues whilst educating future health professionals through a unique experiential and immersive learning experience. It was designed to meet the learning and clinical-hour requirements of a pre-registration Bachelor of Nursing program. Such an experience was needed to: address the increased difficulty and expenditure associated with allocating workplace experience to students due to an increase in student numbers and the limited workplaces available; and, provide students with an experience that fitted within curriculum, but challenged traditional understandings of mental illness, approaches to mental health nursing and embraced the principles of mental health recovery (Moxham et al. 2015).

Recovery Camp involves undergraduate students attending a 5-day, 4-night long camp-based recreation experience with consumers who have a mental illness. The placement seeks to enable undergraduate nurses to develop an insight into the lived experiences and needs of consumers with mental illness, and improve their understanding of delivering recovery-oriented care within a therapeutic recreation framework. During the clinical placement nursing students meet certain clinical

competencies as outlined in their clinical placement assessment portfolio. The clinical assessment portfolio also consisted on reflection pieces and it is these reflections that form the foci of this paper.

AIM

The aim of this study was to examine the learning experience of Bachelor of Nursing students who undertook an innovative mental health clinical placement known as *Recovery Camp*. It was hypothesised that analysis of student reflections would provide insight into the learning experiences of an innovative and recovery-focussed clinical placement, such as *Recovery Camp*.

METHOD

Research design

This study incorporated qualitative analysis of written reflections. Basing our approach on Dewey's seminal conception of reflection; 'reflection is an active, persistent and careful consideration of any belief or supposed form of knowledge in light of the grounds supporting it and future considerations to which it tends' (Dewey, 1933, pg 6), but, using Gibbs' Model of reflection (Gibbs 1988), students were asked to write four critical reflections. Gibbs Model of Reflection incorporates six distinct stages; 1) Description: What happened? Don't make judgements yet or try to draw conclusions; simply describe. 2) Feelings: What were your reactions and feelings? 3) Evaluation: What was good or bad about the experience? 4) Analysis: What sense can you make of the situation? Bring in ideas from outside the experience to help you. "What was really going on?", "Were different people's experiences similar or different in important ways?" 5) Conclusions: "What can be concluded about your own specific, unique, personal situation or way of working?" and 6) Action plan: "What are you going to do differently in this type of situation next time?" "What steps are you going to take on the basis of what you have learnt?" (Gibbs 1988). This approach would assist students in structuring reflection on learning experiences. In this instance, the learning experience was participation in a work integrated learning setting known as *Recovery Camp*. Recruitment of participants was purposive with each of the 20 students who attended *Recovery Camp* invited to participate in the study.

Ethical Approval

Ethical approval was obtained by the appropriate Human Research Ethics Committee (HE15/076) to analyse student's reflective responses of their clinical experience as part of their clinical assessment process.

Data Analysis

Using Braun and Clarke's (2006) six phases of thematic analysis the corpus of student reflections were reviewed by three members of the research team independent to each other. The stages of analysis included, 1) familiarisation with the data, 2) generating initial codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes and 6) producing a report.

FINDINGS

Participant Characteristics

The participants in this project included 20 Bachelor of Nursing (BN) students (n=20) who attended *Recovery Camp*. Response rate was 100%. Each student wrote 4 critical reflections during the week at *Recovery Camp*, which were then analysed. The average age of the students was 29.21 years with the range from 21 to 44. There were 2 male and 18 female students. All were in their 3rd year of a BN programme.

Emergent Themes

Using Nvivo 11, the reflections were analysed for word frequencies. Criteria selected were to show the 200 most frequent words, with a minimum length of three, and words into synonyms (e.g. talk, talks, talking= 'talk'). The top ten results included: 'consumer' (n=210); 'feel' (n=101)*; 'camp' (n=79); relationship (n=65); 'able' (n=57); 'activity' (n=55); 'recovery' (n=53); 'mental' (n=51); 'experiences' (n=48); and 'time' (n=44) had the highest frequency. These word frequencies are reflective of the experiences students' were describing. Thematic analysis of the qualitative data, revealed four themes related to the learning experience of students whom attended *Recovery Camp*. These themes were: 1) Pre-placement Expectations, 2) Student Learning, 3) Placement Setting and 4) Future Practice.

Pre-placement expectations

The theme of Pre-placement Expectations incorporates participant foci on pre-conceptions of *Recovery Camp*. A evident theme from the reflections related to students exploring their pre-camp expectations of the clinical placement, of people with a mental illness (including how they may present, act and are to be engaged with and treated), of their role as a student nurse, and student understandings of the knowledge they were expected to have and apply.

Student's fears and anxieties related to not knowing what to expect, the associated nervousness of meeting new people (students, facilitators, and consumers) and not knowing what to say to people with mental illness were part of the learning experience.

[I was] nervous and unsure of what to expect... (Participant 13)

I felt anxious as I got on the bus with a bunch of strangers. I started to question...if I even knew how to talk to people (Participant 19)

Before coming to camp, I was very nervous and apprehensive, but had no expectations of what was to come (Participant 14)

The fear and nervousness experienced by some participants was seen to be related to pre-conceived negative perceptions of how people with mental illness may present and engage.

My behaviour taught me that coming into camp I had some biased views of mental illness due to my previous experiences... [I was] afraid of saying or doing the wrong thing.. (Participant 13)

[I had] preconceived ideas about how a person should present/act.. (Participant 3)

Some participant reflections probed deeper into these fears and anxieties by exploring how the total learning experience challenged their anxieties:

I was feeling uncertain as to what to expect as well as the nervousness of meeting all the others on camp for the first time. I then helped a consumer... This experience of being able to meet people while helping them with a task helped to break the ice and allow me to settle and continue to meet more people... I found this particularly helpful and influenced the rest of camp as I continued to work on building therapeutic relationships (Participant 9)

Before attending camp, I was slightly anxious as I did not know what to expect. On the first day, we all got on the bus together and somehow conversation just started. I chatted with the lady next to me about home life, her experiences, and how she was feeling about being at camp. Her feelings were similar to mine. A bit of anxiety and fear of the unknown. (Participant 6)

Participant reflections associated with theme also focussed on the student pre-camp concerns related to not knowing if they would achieve placement learning objectives:

I was unsure if I would be able to achieve my goals of developing therapeutic relationships with the consumers (Participant 5)

I believed my role to be a support at camp...did not know how to achieve this...
(Participant 13)

Student Learning

The theme of Student Learning incorporates the ways in which participants recognised the experience of *Recovery Camp* influenced learning. This included a focus on the skills learnt or practiced on camp, the knowledge that was realised and/or applied at camp and how the camp allowed student learning of the experience of mental illness and recovery. One participant discussed the how the learning experience went beyond teaching them about their future profession by also teaching them about themselves:

Recovery Camp has taught me a lot about myself as an individual and a nurse. Looking back at the camp I had a great time and I learnt more about mental illness, the different impact it has on individuals and the importance of the recovery process (Participant 18)

Participant reflections explored the learning experience of *Recovery Camp* and compared the experience to the usual, traditional clinical placements they had attended previously. Participants described the learning experience as providing them with opportunity to realize specific skills associated with mental health nursing, including recovery orientated skills such as recognising a person's strengths over illness:

Unlike a traditional clinical practicum, Recovery Camp gave me the opportunity to develop nursing competencies not always easily achieved elsewhere.. [the] opportunity to develop nursing competencies [is] not always easily achieved elsewhere. Camp provided me with the perfect opportunity to discretely undertake a consumer mental health assessment and the supportive, trusting team environment made it easy to establish, maintain and conclude therapeutic relationships (Participant 16)

Participants were also able to learn about the mental illness experiences of people with a lived experience, including by way of applying relationship building skills they had previously learnt:

I had experience to learn a lot about the consumers conditions and how they work with their conditions (Participant 7)

During camp, I built therapeutic relationships with many consumers and learning about their different experiences of mental illness (Participant 9)

One participant described how the camp allowed them to see how something that they have learnt about through theory is applied, and thus strengthening their knowledge. This participant described *Recovery Camp* as a learning experience that allowed the realisation of recovery, a concept they recognised as integral to mental health care:

Although we speak constantly about recovery, I have never seen personally how it would be applied. This camp has provided me with that knowledge (Participant 5)

Placement Setting

Reflections themed under the title Placement Setting include discussion of the *Recovery Camp* as a clinical placement, with reflection on the pros and cons of *Recovery Camp* as a clinical placement and the unique learning experiences offered by the unique setting. Reflections highlight that at first students were not sure whether *Recovery Camp* was a suitable clinical placement:

I wasn't sure the camp would provide me with the experience it promised... (Participant 8)

However, a clear theme existed in which participants recognised the unique learning experience offered by the unique placement setting. Participants reflected upon how the setting assisted learning, including how the setting assisted with developing therapeutic relationships and understanding of strengths:

I had the opportunity to practice my skills as I engaged in recreational activities... I found the best time to become engaged with a group of consumers was the 7AM cuppas around the fire. (Participant 11)

I was participating in the rock wall climbing activity...I got 3/4 up the wall and suddenly was certain I couldn't go any further... my team insisted I could make it to the top... They were right - I could do it and I did. What was good about this experience was that instead of me helping the consumers, they were the ones who helped me (Participant 8)

The reflection upon on the unique setting and the unique learning experience often included a comparison to other types of clinical placements. Evident from these reflections was that students identified the *Recovery Camp* setting as positive for their learning experience.

It has been a very different placement experience in comparison to previous clinical placements... This setting has been extremely helpful in learning to direct my focus of a clients illness to their strengths, and in turn use that focus to aid in goal setting and achievement. I have also found this setting helpful in developing my ability to develop therapeutic relationships (Participant 10)

Camp provided me with the perfect opportunity to discretely undertake a consumer mental health assessment and the supportive, trusting team environment made it easy to establish, maintain and conclude therapeutic relationships... I was grateful for the chance to increase my capacity for learning and challenge my previous ideas of mental health nursing (Participant 16).

Future Practice

The theme of Future Practice incorporates students' reflections on how they plan to practice as nurses as a result the learning experiences of *Recovery Camp*. All students identified ways that experience would improve their practice. The quotes below highlight participants' focus on future practice in context of what they learnt about nurse/client relationships. Each of the participants quoted below discussed their perception of the importance of therapeutic relationships and attributed this to the *Recovery Camp* learning experience.

In my future nursing practice, communication and establishing a therapeutic relationship with the consumers will be the most important priority. (Participant 13)

This experience has highlighted the importance of establishing and maintaining therapeutic relationships while also developing my skills and ability to participate in such relationships. I will be able to implement this into my nursing practice both in clinical and mental health contexts (Participant 4)

This experience gave me insight towards improving my future practice for not only myself but for the work environment. (Participant 7)

Participant 7 goes on to project their learning towards nursing practice more broadly, exploring how current nursing practices could incorporate the therapeutic relationship

I believe a good idea when allocating clients to nurses care for a shift would be to allocate clients based on the client/clinician relationships rather than bed orientation of the ward. As I believe by doing so would enhance the ability for stronger therapeutic relationships to be established and therefore better care to be delivered. In future practice, I will aim to achieve this for my working environment by discussing client/clinician allocation before starting each shift (Participant 7)

Students also reflected upon their learning altered during the week in terms of their future practice:

On the final night of camp, we had the opportunity to tell everyone how we had found camp and what we enjoyed or didn't enjoy. I found this time very insightful as I was able to see how everyone was able to learn and grow over the week, along with getting a glimpse of the affect I was able to have on the lives of some of those people while also reflecting on the ways in which they have helped me to grow and develop in my nursing practice. They were able to teach me how to build therapeutic relationships with consumers as well as professional relationships with fellow students. From reflecting on what they have said, I have been able to develop a new and improved view of my nursing practice. (Participant 9)

DISCUSSION

Students' education is an important factor that influences their professional value formation (Koutroumpeli, Papagounos & Lemonidou 2012) with many factors influencing student's attitudes. Clinical placements in mental health settings, particularly when the placement is perceived as positive, are one such factor and are known to improve students' skills, improve their knowledge of mental illnesses, increase their confidence of working in mental health settings, reduce students' anxieties and fears of working in mental health settings, and improve their attitudes toward consumers with mental illnesses (Feeney, et al. 2013; Happell, et al. 2015). This study identified that students who attended the *Recovery Camp* experienced it as a unique, positive and educational mental health nursing placement. Students were reflective of pre-existing anxieties, learnt of mental health recovery and consumer strengths, projected learning to future practice and attributed these outcomes to the positive experience of the setting. Indeed, an integral component of nursing education is time spent

practising skill and consolidating theory in the clinical environment (Broadbent, et al., 2014); however, *Recovery Camp* builds on this with significant attitudinal learning through a positive, paradigm-challenging experience.

It is important then that students have positive mental health clinical placements as a learning experience if their learning is to be enhanced. In order for students to have a positive learning experience, the first challenge is to develop and deliver a mental health workplace experience that meets the learning and clinical-hour requirements of a pre-registration Bachelor of Nursing program. In this sense, placements like *Recovery Camp* are needed to address the increased difficulty and expenditure associated with allocating workplace experience to students, due to an increase in student numbers and the limited workplaces available. Such placements may then also provide students with a unique learning experience that challenges traditional understandings of mental illness, approaches to mental health nursing, and embraces the principles of mental health recovery. Indeed, it was the experience of students in this study that *Recovery Camp* facilitated such learning. Students identified that the placement was unique, but gave them opportunity to develop nursing competence.

The importance of a positive placement experience cannot be overstated with Levitt-Jones and Bourgeois (2015, pg 2), reminding us that clinical placements provide “opportunities to engage with and care for clients, to enter their world and to establish meaningful therapeutic relationships”. Reflections from students who attended *Recovery Camp* attest to this. The positive experience of students of this study was evident through their discussion of learning. It related to the placement setting and was seen by students to be a significant and positive influence of their future practice.

Findings from this study indicate the learning experience of students whom attended *Recovery Camp* was positive and educative in the ways of recovery and lived-experience of mental illness. Students discussed the *Recovery Camp* as a positive learning experience in that it allowed for the application of knowledge, consolidation of skills, experience of recovery-orientated care, development of therapeutic relationships and learning from people with a lived experience of mental illness about mental illness and related treatments. Further, students discussed the experience of *Recovery Camp* as transformative in terms of learning the strengths of people with a lived experience of mental illness, acknowledging previously held fears and anxieties, and establishing future plans for practice.

Findings from this study indicated that students identified the learning experience of *Recovery Camp* as valuable. The learning experience was identified as one of value as in that it complemented the undergraduate mental health curriculum with focus on evolving mental health practices, and was seen to develop understanding of mental health recovery. Further valued by students was the contribution of those with a lived experience of mental illness.

In regards to the research design of this study, it is recognised that the development or refinement of critical thinking skills, which are central to nursing practice, such as being able to identify issues, being receptive to new or different ideas, and foreseeing the consequences of one's actions are facilitated by the process of reflection (Brown & Schmidt, 2016). According to Bulman, Lathlean and Gobbi (2012, pg. e8) “reflection has been advocated within nursing education since the 1980s” with the term ‘reflection’ being coined by Schon (1983) who developed the theory of reflective practice based on Dewey’s philosophy about how a person thinks (Dewey, 1998). Reflection activities such as those that were part of the clinical learning experience and were utilised in this study have been shown to help students translate clinical experiences into learning, and understand how things are done in a clinical setting (Horsfall 1990; Johns 1995; Fisher 2002).

CONCLUSION

This study found that an immersive clinical placement such as *Recovery Camp* could influence students’ perceptions of people with mental illness, have a positive impact on student learning and influence students’ decisions about future practice. The authors have therefore concluded that the learning experience of nursing students whom attend unique, recovery-orientated clinical placements can be both positive and educative. Further, such placements may be suitable alternative to current more traditional placements, thus addressing the challenges associated shortage of placement settings. Such a strengths focused recovery based mental health clinical placement may go some way to ensuring that people who use mental health services will encounter professionals who are positive, non-judgmental and appreciate lived experience. Mental health placements, such as *Recovery Camp*, in non-acute, non-traditional settings, where students engage with and learn from consumers with a lived experience, may develop nursing staff with an in-depth knowledge of recovery and patient-centred care.

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