

## Use of Clinical Teaching Guide for Psychiatric Students and Assessment of Sources of Stress and the Emotional State of Them during Their First Encounter with Psychiatric Patients

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**Abstract: Background:** Nursing students are not immune to societal perceptions and discrimination towards this population. Although as a nation we have become more tolerant, negative beliefs and attitudes among health care providers towards persons with mental health problems and mental illnesses still exist. The present study was conducted; to identify the sources of stress and the emotional state for students during their first encounter with psychiatric patients; to guide the students for communication and relation with psychiatric patients through a clinical teaching guide. **Methods:** Data were collected from psychiatric student nurses (56) males and females were chosen to share in this study from Irbid National University during the training course psychiatric nursing in Al- Fehais Psychiatric Hospital-Jordan during the year of 2010 were interviewed retrospectively. **Results:** 60.7% of them reported that working with long standing patients in hospital was stressful before teaching the guidelines, but after teaching the guidelines, 46.4% of them reported that these patients were stressful. Also 48.2% of them reported that working with patients who need constant observation and supervision is most stressful. **Conclusion:** In order to further the development of scientific knowledge, the findings of this research must be communicated to student. Therefore, plans for disseminating the results of this research include an academic presentation. students who trained in areas of especially high stress (e.g. acute psychiatric units) should be offered regular student support groups led by an appropriately qualified person. Occupational health services should be readily available and should include psychiatric and psychotherapeutic expertise.

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### 1. Introduction

Repeated evidence that nursing students are subjected to considerable stress has been published over the last decades. There is evidence that mental distress during nursing school predicts later problems in nurses. This in addition to the personal suffering of the individual might negatively affect patient care. Nursing students seem to adopt a similar behavior. However, we know little about the prevalence of clinically significant mental distress. In addition it might indicate vulnerability that nursing school could not be held responsible for. While burnout or stress-reactions are conceived of as reactions to a pressing environment, psychiatric disorders such as bipolar disorder, depression, anxiety are considered inherently multi-factorial, e.g. hereditary contributions(1).

Studies exploring nursing students' attitudes and beliefs prior to clinical experiences in PMH nursing indicate that there is fear that persons with a mental illness are dangerous. Clinical experience was identified as the most important determinant in changing these fears and in gaining a more favorable view of this area of nursing (2). Nurses will encounter persons with mental health problems and mental illnesses in all areas of health care such as the person

with depression after heart surgery or families with a member exhibiting signs of a drug induced psychosis or a person suffering from a crisis with post-traumatic stress symptoms. How will these new graduate nurses be able to advocate for persons with mental health problems and mental illnesses if they have not had PMH nursing exposure through their undergraduate nursing program? (1, 3).

Excessive stress can be harmful to a student's academic performance and students who perceive their stress levels as very high may often become depressed. This depression can lead to other mental health problems, such as excessive drinking or indiscriminate use of other substances. (4) Student perception of high stress levels can lead to poor academic performance, depression, attrition and serious health problems. Methods to reduce student stress often include effective time management, social support, positive reappraisal, and engagement in leisure pursuits. (1,5) Therefore, studying student stress and the methods students use to deal with it can have important implications for higher education administrators.(2,6) Although students cannot avoid these stressors, their ability to adjust to demands and cope with these stressors is important in achieving success in the

college academic and social environments. (7) Thus, academic stressors cover the whole area of learning and achieving, as well as adjusting to a new environment, in which a great deal of content must be assimilated in a seemingly inadequate period of time. (8) Moreover, excessive stress may lead a student to drop out of college. If stress is not dealt with effectively, feelings of loneliness and nervousness, as well as sleeplessness and excessive worrying, may result. It is important that stress intervention programs be designed to address stress in college students. (9).

To design effective intervention programs, it is necessary to identify the stressors specific to college students. In addition, they must perform procedures that can cause serious harm to their patients, thus enhancing their fear of making mistakes. Studies indicate that nursing students may be more prone to stress than other students. (3, 9) College students are prone to stress due to the transitional nature of college life. High levels of stress are believed to affect students' health and academic functions. If the stress is not dealt with effectively, feelings of loneliness, nervousness, sleeplessness and worrying may result. Effective coping strategies facilitate the return to a balanced state, reducing the negative effects of stress. (10) This study reflected an immediate need to explore creative teaching strategies that invite students to understand the psychiatric nursing more deeply, researcher exploring the nature of the teaching role acknowledged that limited support and direction is available to clinical nursing instructions. (11)

#### **Aim of this study;**

1-To identify the sources of stress and the emotional state for students during their first encounter with psychiatric patients.

2-To guide the students for communication and relation with psychiatric patients through a clinical teaching guide.

#### **2.Methods;**

Data were collected from psychiatric student nurses (56) males and females were chosen to share in this study from Irbid National University during the training course psychiatric nursing in Al- Fehais Psychiatric Hospital-Jordan during the year of 2010 was reviewed retrospectively.

The tools used to collecting data for this study are;

1-Preguiding questionnaire was developed by the researcher specifically for this study and used to obtain;

- Sociodemographic data as age, marital status, family size, income, and residence.

- Sources of stress and dealing with various types of patients.
- It also includes student's feelings in stressful situation towards psychiatric patients during their training.

2-Teaching guidelines intervention include how to communicate and relate with psychiatric patients and how to use basic principles for dealing with , to reduce their fear from the various types of psychiatric patients.

3-Postguiding questionnaire as the same preguiding questionnaire

#### **3.Results;**

Fifty six participants of 60 completed the study (93.3%), the average age of them was 24 years – old, and percentage of age was 96.4% less than 30 years. 85.7 % were single & only 7% were married. 48.2% lived inside the city and reported family income over 500JD. (Table 1)

Regarding student's perception of stressors related to the nature of psychiatric patient's care, 60.7% of them reported that working with long standing patients in hospital was stressful before teaching the guidelines, but after teaching the guidelines, 46.4% of them reported that these patients were stressful. Also 48.2% of them reported that working with patients who need constant observation and supervision is most stressful. (Table 2) In relation to types of psychiatric patient's behavior, 64.5% reported that working with violent patients was stressful and 67.8% of them reported that working with suicidal patients was stressful. 69.6% of them reported that working with aggressive patients was stressful. Also 46.4% reported with working with talkative patients was stressful. (Table 3) 23.2% of students reported that relating with hypoactive patients were the most stressful. Also 12.5% of them reported that relating with aggressive and violence patients were the most stressful types of patient's behavior. (Table 4) Half of them (50%) reported that they feel with fear in dealing with violent patients and in regarding to aggressive patients 60.7% of the sample reported that they fear and 17.8% reported anxiety with these patients. also 57.1% of them reported that they feel annoyance in dealing with hypoactive patients 69.6% feel with annoyance with uncooperative patients. (Table 5) Regarding student's reaction toward patients exhibiting verbal aggression, 67.9% of them change the subject of talking to avoid aggression with patients and 3.6% reported this aggression to physician and do nothing. (Table 6)

**Table 1: Sociodemographic data before & after the study**

Characteristics	before		After	
	No	%	No	%
<b>Age;</b>				
>20	00	00	00	00
21>30	54	96.4	54	96.4
30>35	2	3.5	2	3.5
<b>Marital status</b>				
Single;	48	<b>85.7</b>	48	85.7
Married;	7	12.8	7	12.5
Divorced;	1	1.8	1	1.8
<b>Family size</b>				
3-5	22	39.2	19	33.9
6-10	26	46.4	27	48.2
11-15	8	14.2	8	14.2
<b>Income JD</b>				
100-200	1	3.1	1	3.1
200-500	34	60.7	36	64.2
500-1000	21	37.5	19	33.9
<b>Residence</b>				
In;	27	48.2	32	57.1
Out;	29	51.7	24	42.9

**Table 2: Student's Perception of stressors related to the nature of psychiatric patient's care**

Stressors related to the nature of psychiatric patient's care	Before		After	
	No	%	No	%
1-Working with long stay patient	<b>34</b>	<b>60.7</b>	<b>26</b>	<b>46.4</b>
2-Interacting with and relating to patient's families	14	25	4	7.1
3-Working with patients who escape	38	67.8	33	58.9
4-Working with patients who need constant observation and supervision	31	55.4	<b>27</b>	<b>48.2</b>
5-Working in a closed ward	37	66.07	40	71.4
6-lots of papers and records requested for patients	<b>45</b>	<b>80.3</b>	<b>45</b>	<b>80.3</b>

**Table 5: Before Student's feelings regarding different types of patient's behavior**

Types of patient's behavior	Student's feelings									
	Fear		Annoyance		Anxiety		Sadness		Shame	
	No	%	No	%	No	%	No	%	No	%
Patients exhibiting;-Depression	3	5.3	23	41.07	7	12.5	<b>9</b>	<b>51.7</b>	4	7.1
-Violence	<b>35</b>	<b>62.5</b>	5	8.9	19	33.9	4	7.12	5	8.9
-Aggression	<b>38</b>	<b>67.8</b>	8	14.2	8	32.1	18	32.1	1	1.7
-Suicide	12	21.4	15	26.7	<b>12</b>	<b>35.7</b>	20	35.7	1	1.7
-Hypoactive patient	3	5.3	24	42.8	6	10.7	15	26.7	12	21.4
-Sexual behavior	7	12.5	3	5.3	7	12.5	2	3.5	<b>39</b>	<b>69.6</b>
-Uncooperative patient	1	1.7	<b>40</b>	<b>71.4</b>	6	10.7	6	10.7	8	14.2

**Table 5: After Student's feelings regarding different types of patient's behavior**

Types of patient's behavior	Student's feelings									
	Fear		Annoyance		Anxiety		Sadness		Shame	
	No	%	No	%	No	%	No	%	No	%
Patients exhibiting;										
*Depression	6	10.7	20	35.7	18	32.1	7	12.5	5	8.9
*Violence	<b>28</b>	<b>50</b>	8	14.3	1	1.8	8	14.3	4	7.1
*Aggression	34	60.7	5	8.9	<b>10</b>	<b>17.8</b>	4	7.1	3	5.4
*suicide	15	26.8	14	25	10	17.8	2	3.6	15	26.8
*Hypoactive patient	1	1.8	<b>32</b>	<b>57.1</b>	2	3.6	6	10.7	16	28.6
*Sexual behavior	5	8.9	10	17.8	3	5.4	4	7.1	34	60.7
*Uncooperative patient	7	12.5	<b>39</b>	<b>69.6</b>	3	5.4	10	17.8	3	5.4

**Table 3: Stressors related to the types of psychiatric patient's behavior**

Stressors related to the types of psychiatric patient's behavior	Before		After	
	No	%	No	%
<b>Patients exhibiting;</b>				
-violence	42	75.0	<b>36</b>	<b>64.5</b>
-Depression	32	57.1	39	69.6
-Suicide	39	69.6	<b>38</b>	<b>67.8</b>
-Aggression	40	71.4	<b>39</b>	<b>69.6</b>
-Talkative patient	27	48.2	<b>26</b>	<b>46.4</b>
-Sexual behavior	36	64.5	40	71.4
-Hypoactive patient	1	3.1	3	5.4
-Uncooperative	44	78.5	43	76.8

**Table 4: Student's perception of the most stressful patient's behavior**

The most stressful patient's behavior	Before		After	
	No	%	No	%
<b>Patients exhibiting;</b>	9	16.07	5	8.9
1-Depression				
2-Violence	14	25	7	12.5
3-Aggression	10	17.8	7	12.5
4-Suicide	10	17.8	12	21.4
5-Hypoactive patient	<b>21</b>	<b>37.5</b>	13	23.2
6-Talkative patient	13	23.2	9	16.07
7-Sexual behavior	17	30.3	<b>14</b>	<b>25</b>
8-Uncooperative	13	23.2	3	5.4

**Table 6: Student reaction toward patients exhibiting verbal aggression**

Student reaction	Patients exhibiting verbal aggression before		Patients exhibiting verbal aggression after	
	No	%	No	%
- Leaving the patient	5	8.	5	8.9
-Send another colleague	10	17.8	8	14.3
-Change the subject	44	78.5	38	67.9
-Isolate the patient	9	16.1	3	5.4
-Report to physician	13	23.5	3	5.4

#### 4. Discussion

The nursing profession is highly stressful occupation, and mental health nurses share many of the stressors that affect general nurses but it is important to point out mental health nurses are subjected to additional stressors. For instance, violent incidents were found to be one of the most frequently reported work related stressors (12) .

The aim of this study was; 1-to identify the sources of stress and the emotional state for students during their first encounter with psychiatric patients. 2-to guide the students for communication and relation with psychiatric patients through a clinical teaching guide.

Also psychiatric nursing students exposed to these violence and stressors and feel of fear to work with these patients, also they feel with stress result from interaction between them and environment that are perceived as straining or exceeding their adaptive capacities and threatening their will-being. (13)

The start of clinical training is one of the main causes of student stress. during pre-clinical training the emphasis is on student learning, whereas in clinical training patient care becomes most important student's experience difficulties with their new roles, talking to psychiatric patients and dealing with suffering, and this study focuses on the importance of using therapeutic communication skills, and the role of the therapeutic relationships with these types of patients, and also the necessity of using basic principles of dealing with them and how to avoid their danger during their training.(14, 15) Psychiatric students working specifically on locked units are subjected to additional stress related to high patient-acuity levels. Specifically, patients requiring placement into this unique type of secure environment are often involuntarily committed as a consequence of a severe mental illness and can be extremely aggressive, violent, and can be a danger to themselves or others. (16)

The results indicated that the students reported that working with long standing patients in hospital was stressful before teaching the guidelines, but after teaching the guidelines, 46.4%of them reported that these patients were stressful. Also 48.2% of them reported that working with patients who need constant observation and supervision is most stressful. Other

stressors frequently encountered by Psychiatric students include inadequate preparation, potential suicide, physically threatening patients, difficult or demanding patients, and verbal abuse patients. (17-19) this study correspond with Shriever (20)who found that; working with violent patients was stressful and working with suicidal patients was stressful. Also students reported that working with aggressive patients was stressful. And working with talkative patients was stressful.

The study found that most of students feel with fear in dealing with violent patients and aggressive patients, also they reported that they fear and feel anxious with those patients. Also they reported that they feel annoyance in dealing with hypoactive patients and feel with annoyance with uncooperative patients. Although I didn't find any study about these feelings. Regarding student's reaction toward patients exhibiting verbal aggression, most of them change the subject of talking to avoid aggression with patients and minorities of them reported this aggression to physician and do nothing.

#### Conclusion & Recommendations;

While there are many studies focusing on stress levels using quantitative designs, there are still relatively few that have used qualitative methodologies. Future qualitative studies may yield vital information in directing effective strategies to deal with this issue. The maintenance of staff health must be seen as the joint responsibility of management and of staff themselves at all stages of professional development, from selection and training onwards. Remedial action can be taken at a practical level but we need to be aware of the complex psychological processes that lie beneath the surface of the problem.

Nursing research provides a scientific basis to plan, predict, and control the outcomes of nursing practice. so the used guide of this study extends existing nursing education knowledge by creating useful and thought-provoking assessment questions, behavioral signs and instructional strategies from learner-centered theoretical components. Nursing, as an evidence-based area of practice, has been developing, In order to further the development of scientific knowledge. Also student should be offered orientation programme include discussion on

occupational stress management. There is need for introduction of an occupational stress management workshop geared towards sources of stress and coping strategies. And there is need to create recreational facilities within the hospital where members of staff can relax during their leisure period.

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