



RESEARCH ARTICLE

BACCALAUREATE UNDERGRADUATE NURSING STUDENTS' CLINICAL ANXIETY: DOES IT CHANGE AFTER FIRST PSYCHIATRIC CLINICAL EXPOSURE?

*Mervat Hosny Shalaby and Amal Ibrahim Sabra

Psychiatric and Mental Health Nursing Department, Faculty of Nursing, Tanta University, Egypt

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ABSTRACT

Psychiatric clinical experience has been linked to high levels of stress and anxiety in nursing students and there is a link between the nursing student attrition and the stress related to the clinical experience. This study aimed to 1- Assess baccalaureate undergraduate nursing students' clinical anxiety in the first psychiatric clinical practice. 2-Determine the change in undergraduate nursing students' clinical anxiety at the end of the first psychiatric clinical placement. Descriptive and quasi experimental design were used in the study. The study was carried out at Faculty of Nursing – Tanta University. The target population, all baccalaureate undergraduate nursing students who were going to start their first psychiatric clinical practice. Tools:- I - Structured self-report Questionnaire, it aimed at assess the respondents' perception about mentally ill patients, concerns, feelings, and suggestions for reducing clinical anxiety. II - State – Anxiety scale (SAS), aimed to measure the anxiety at the moment, both tools used twice (pre-post). The results, The study showed that there is a negative change in the clinical anxiety practice of baccalaureate undergraduate nursing students after completion of the first psychiatric clinical practice The study recommended that, it is essential to address learner anxiety in fresh ways, such as introducing psychiatric nursing skills in the first year of university program.

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INTRODUCTION

The clinical education is the heart of the nursing professional program and it remains the single most important resource in the development of competent, capable and caring nurses. (Oremann and Sperling 1999; Timmins and Kalizer 2007) Clinical experience has been always an integral part of nursing education, it prepares student nurses to be able of doing as well as knowing the clinical principles in practice. In nursing courses, clinical teaching is a crucial experience which gives students the opportunity to explore, interiorize and implement what they have learned before becoming professional nurses. (Sharif and Masoumi 2005; Hart and Rotem 1994) . Clinical education plays a crucial role in undergraduate nursing program. Not only does it provide opportunities for students to apply the theory learned in the classroom to the real world of clinical nursing, but it is also a socialization process through which students are inducted into the practices, expectations and real life work environment of the nursing profession. (Lewin 2007) Indeed, the aim of clinical education is to develop in the student the professional skills and knowledge needed in lifelong learning and critical thinking, to create self confidence as a nurse, and to ensure that the nurse is able to make her own decisions and be independent. (Tiwari *et al.*, 2005; Wafaa 2012) Psychiatric

clinical experience is a stark contrast to other clinical experience, student's role during this experience is generally considerable less about defined tasks or manual skills as in previous clinical experience and more about development of a therapeutic interpersonal relationships, communicating therapeutically with patients, use of self as a therapeutic tool and focus on individuality of patients. (Melrose and Shapiro 1999; Kragelund 2010) Additionally, mental health nursing involves interaction between humans, particularly the nurse and patient, because of this humanistic perspective, it is not enough to learn theory only. It is necessary for students to experience mental health clinical practice first with real patients. With the opportunity of a psychiatric clinical placement, students implement knowledge such as therapeutic communication and relationship building with psychiatric patients during their clinical placement which are important tools for the students to be able to assess the needs of mentally ill patients and demonstrate a caring behavior. (Shor and Sykes 2002; Prasetyo *et al.*, 2012) In this respect Granskar *et al.* (2001) mentioned that through psychiatric clinical learning, nursing students gained the opportunity to obtain a better knowledge of dealing with the patients' needs. For example, the students could assess patients' needs by putting theoretical knowledge of therapeutic communication skills into practice with the patients, thereby gaining knowledge in assisting the patients, and building up their familiarity with therapeutic communication in the psychiatric setting. Therefore a psychiatric clinical placement

*Corresponding author: Mervat Hosny Shalaby,
Psychiatric and Mental Health Nursing Department, Faculty of Nursing,
Tanta University, Egypt.

is an important component of mental nursing program. (Granskar *et al.*, 2001)

Students look forward to first psychiatric clinical experience. However, clinical experience is one of the most anxiety producing components of the nursing program. Arthur (2000) stated that the initial psychiatric clinical experience was the most anxiety producing part of student clinical experience and nursing students have a higher level of anxiety in their first clinical experience. (Arthur 2000) Sometimes students may be exposed to mentally ill patients without adequate knowledge regarding mental illness through theory class, without experienced supervisor or without much knowledge regarding how to communicate with a mentally patients, all of these may contributing factors in increasing student's stress during the first psychiatric clinical experience and affect on their benefits from this experience. (Arthur 2000; Ryan 2008) Dealing with patients who become physically violent, those that require continuous observation on a one-to-one basis because of their unpredictable behavior are unique concern of a student nurse in a psychiatric setting. (Lewin 2007; Wafaa 2012; Moscaritolo 2009) Additionally, Student's myths and stereotypes about psychotic patients that have prevailed in the community, unfamiliar areas, difficult patients, student's negative feeling, lack of clinical experience, concerns about making mistakes and harming the patients, being evaluated by faculty members, difficulties in interacting with the patients, teacher and others are the other factors which causing anxiety to student nurses. (Arthur 2000; Ishige and Hayashi 1999; Beck and Strvastava 1991)

First psychiatric clinical experience has been linked to high levels of stress and anxiety in nursing students and the literature shows that there is a link between the nursing student attrition and the stress related to the clinical experience. (Moscaritolo 2009) Although anxiety can act as a motivator and performance enhancer, high levels can be debilitating which can jeopardize student success in the nursing program. It was found that when threat due to failure interacts with anxiety, interference with discrimination and abstraction and skilled behaviors is observed. This is pertinent in clinical nursing education, because discrimination, abstraction and skilled behaviors are necessary for safe and effective clinical practice. (Lynette 2005; Shipton 2002) In deed, among nursing students, the feeling of anxiety can causes feelings of helplessness and ineffectiveness and can lead to resistance against providing adequate care to people with mental illness. (Ishige and Hayashi 1999; Lynette 2005) More seriously, literatures show that if student's clinical practice anxiety left unexamined, it may influence the student's decision to be psychiatric nurses later. Poor clinical placement in which students are satisfied not only effects the quality of learning but may influence future recruitment into the field and retention and therefore the educational opportunities down track. (Tiwari *et al.*, 2005; Beddo and Murphy 2004) So, it is the crucial for clinical nursing faculty to be aware of heightened sense of anxiety may experience during clinical training. It is this heightened sense of anxiety that deserve attention and intervention so students can apply their knowledge skillfully in an environment that is supportive and

conducive to learning which will facilitate success and increase retention.

Today's nursing students are the future of the nursing profession and if clinical nursing faculty do not take the necessary actions to help students manage the demands of appraised clinical stress, nursing as profession will fail to thrive. Therefore, the goal of this research was to describe the realities of students clinical experiences and to develop a deeper understanding of the stressors facing students during their clinical learning. The results of the study will hopefully sensitize nursing educators and clinical facilitators to the challenges which students are facing to improve the quality of the clinical learning experience and ensure that nursing students are equipped to utilize themselves as therapeutic instruments.

MATERIALS

Aim of the study

This study aimed at

- Assess baccalaureate undergraduate nursing students' clinical anxiety in the first psychiatric clinical practice.
- Determine the change in baccalaureate undergraduate nursing students' clinical anxiety and perceived stressors at the end of the first psychiatric clinical placement.

Study Design

Descriptive and quasi experimental design (one group pre-post test design).

Research question

The research question which guided this study was:

Is there change in the clinical anxiety level among baccalaureate undergraduate nursing students after their experience of first psychiatric clinical practice ?

Setting

The study was carried out at Faculty of Nursing – Tanta University .The students clinical experience took place in "Tanta Mental Health Hospital", which is affiliated to the Ministry of Health. The capacity of the hospital is 75 beds (three wards for men including 50 beds, and two wards for women including 25 beds), and provides health care services to Gharbya, Menofia, and kafr-elsheikh governates.

Sample

The target population of the study was all undergraduate nursing students in a Baccalaureate program who enrolled on the fourth year and who were going to start their first psychiatric clinical practice in the previous setting and meet the following inclusion criteria :-

**Nursing student who are not having previous experience with psychiatric patients.

**Willing to participate in the study.

Tool of the study

Data of the study was collected using :-

Tool I - Structured self-report Questionnaire

It was developed by the researchers guided by literature review. This is an open. Essay types questions which contain 4 open questions on which asked the respondents to write down :-

- Their perception about psychotic patients.
- Their stressors and feelings, they were reported about the present situation and finally, one question about their suggestion to reduce clinical psychiatric anxiety.

This tool was used twice: before and after student's experience of first psychiatric clinical practice.

Tool II - State – Anxiety scale. (SAS)

This tool was developed by Spielbeger *et al.* (1970) This scale consists of 20 items. It used to measure the anxiety 'right now' at the moment. The scale asks twenty questions and is rated on a 4-point scale. The scale has anxiety absent and anxiety present questions. Anxiety absent questions represent the absence of anxiety in a statement like, "I feel secure." Meanwhile anxiety present questions represent the presence of anxiety in a statement like "I feel worried." In responding to the S-Anxiety scale, the subjects choose the number that best describes the intensity of their feelings: (1) not at all, (2) somewhat, (3) moderately, (4) very much so. A rating of 4 indicates the presence of high levels of anxiety for anxiety present questions. Total score ranges from 20 to 80, with higher scores correlating with greater anxiety.

METHODS

- An approval permission to conduct the study was sought first from the head of Psychiatric and Mental Health Nursing department of the faculty and Dean of the faculty of nursing.
- Relevant literature reviewed and then the Tool (1) was developed by the researcher.
- Tool (2) was translated into Arabic and tested for its translation and content validity by a group of nine experts in psychiatric nursing and psychiatric medicine fields. Then tested for its reliability using test-retest. This done through administration of the tool to ten students then the data was collected using the same tool from the same nursing students after two weeks.
- The pilot study was done on 6 students to test the wording, clarity, applicability and feasibility of the tools. In addition, it served to find out any problem or obstacle that might interfere with data collection and to estimate the necessary time to fill the questionnaire. The necessary

modifications were accordingly performed. These students were later excluded from the actual study sample.

- On conducting the study, all nursing students who were fulfilled the inclusion criteria were invited by the researchers to participate in the study during the time of a scheduled class after explanation the purpose of the study. Assurance was given regarding anonymity and confidentiality of the obtained data and their right to withdraw from the study at any time and assured that the involvement in the study would not affect their clinical grades.
- The tools of the study were distributed by the researchers twice to the participants of the study. First, on the first day of the psychiatric clinical prior to starting the experience of first clinical psychiatric practice (pre-test). Second, after completion of their experience of first clinical psychiatric practice (post-test).
- The period of the psychiatric clinical practice was 15 hours per week for 3 weeks which scheduled as three days per week, five hours/ per day. Before the participants students undertaken their psychiatric clinical practice, they received theoretical knowledge about concepts of psychiatric nursing over two weeks. The questionnaires were handed out by the researchers and the participants students were asked to fill in the questionnaires in the presence of the researcher. It was emphasized that the tool should be filled in on individual level. Each participants took nearly 5-10 minutes to complete the questionnaires.
- Ethical consideration was complied in this study to maintain subject's right. Assurance was given regarding anonymity and confidentiality of the obtained data and their right to withdraw from the study at any time and assured that the involvement in the study would not affect their clinical grades.

RESULTS

The SPSS for Windows version 18.0 software package (SPSS Inc, Chicago, IL) was used for statistical data analysis. Data were expressed as Number and percentage. We used mean±SD for quantities data and compare it by student t-test. And if P-value < 0.05 was considered as statistically significant. Table 1 illustrated the distribution of the baccalaureate undergraduate nursing students' perception about mentally ill patients before and after experience of first psychiatric clinical practice, the findings of the study show that the highest frequent (n=44, 73.3% & n=39,65.0%) of studied respondents perceived psychotic patients as "aggressive person and fearful person" respectively before the experience of the first psychiatric clinical practice. These perceptions were improved to (n=21,35% & n=23,38.3% respectively) after the experience. On the contrary, the studied nursing students' perception about psychotic patients as "irresponsible person" was turning to the negative side after the first psychiatric clinical experience as reported by one quarter of participants before, meanwhile reported by about half of participants after (n=15, 25% before and turned to n=28, 46.6% after the psychiatric clinical experience.

Table 1. Baccalaureate Undergraduate Nursing Students' Perception about Mentally Ill Patients Before and After Experience of First Psychiatric Clinical Practice

	Studying subjects(N0-60) before experience of first psychiatric clinical practice		Studying subjects (N0- 60) after experience of first psychiatric clinical practice	
	No	%	No	%
	Aggressive person	44	73.3	21
Fearful person	39	65.0	23	38.3
Patient is not able to deal with others	18	30	22	36.7
Irresponsible person	15	25.0	28	46.6
Isolated person	10	16.6	15	25.0
Patient like any patient need help	2	3.3	17	28.3

Responses are not mutually exclusive

Table 2. Anxiety –Producing Situations before and after Experience of First Psychiatric Clinical Practice as Perceived by Baccalaureate Undergraduate Nursing Students

Anxiety –producing situations	Studying subjects(N0-60) before experience of first psychiatric clinical practice		Studying subjects (N0- 60) after experience of first psychiatric clinical practice	
	No	%	No	%
	Physical harm from clients	43	71.6	22
Inadequacy	40	66.6	29	48.3
Patient response (Patient rejection-Patient anger)	39	65.0	25	41.0
Hurt patient (making mistake- saying wrong thing)	35	58.3	27	45
Doctor supervision	34	56.6	11	18.3

Responses are not mutually exclusive

Table 3. Feelings of The Baccalaureate Undergraduate Nursing Students Before and After Experience of First Psychiatric Clinical Practice

Feelings	Studying subjects(N0-60) before experience of first psychiatric clinical practice		Studying subjects (N0- 60) after experience of first psychiatric clinical practice	
	No	%	No	%
	Anxious	43	71.6	25
Fear	37	61.6	19	31.6
Irritable	15	25.0	11	18.3
Happy	0	0	11	18.3

Responses are not mutually exclusive

Table 4. The Baccalaureate Undergraduate Nursing Students' Suggestion for Reducing Clinical Anxiety Before and after Experience of First Psychiatric Clinical Practice

Suggestions	Studying subjects(N0-60) before experience of first psychiatric clinical practice		Studying subjects (N0- 60) after experience of first psychiatric clinical c practice	
	No	%	No	%
	Presence of supportive doctor .	41	68.3	53
Have adequate clinical and theoretical knowledge	33	55.0	38	63.3
Make proper orientation	22	36.6	39	65.0
Delete the clinical practice	17	28.3	10	16.6
Cooperation from hospital staff	9	15	19	31.6
Increase the period of clinical practice	0	0	18	30.0

Responses are not mutually exclusive

Table 5. Range and Mean and Standard Deviation of Anxiety Among Studied Baccalaureate Undergraduate Nursing Students before and after Experience of First Psychiatric Clinical Practice

	Pre		post		Paired t-test	
	range	Mean± SD	range	Mean± SD	T	P-value
	38-71	53.73±7.31	26-73	45.8±10.05	4.851	0.000

Concerning anxiety –producing situations before and after the experience of first psychiatric clinical practice as perceived by baccalaureate undergraduate nursing students, Table 2 revealed that "Physical harm from clients" was the most frequently reported as anxiety –producing situations before as reported by the majority of the studied subjects (n=43, 71.6%) compared to (n=22, 36.6%) after. About two thirds of studied participants (n=40, 66.6%) perceived "Inadequacy" as anxiety–

producing situation which ranked as second before the experience of first psychiatric clinical practice and after experience "Inadequacy" was the first ranking of anxiety –producing situations as reported by about half of the respondents (n= 29, 48.3%). On other side " Doctor supervision" was considered the least anxiety –producing situations for the studied subjects before and after the clinical psychiatric experience (n=34, 56% before turned to n=11,

18.3% after the clinical psychiatric experience). Data analysis of feelings of the studied baccalaureate undergraduate nursing students before and after experience of first psychiatric clinical practice was illustrated in Table 3, the results of the study showed that the most experienced feeling by the studied subjects before and after clinical psychiatric practice experience was "anxiety" as reported by (n=43, 71.6% and n=25, 41.6. 6%) respectively. Also, the results showed that, despite none of studied participants reported the feeling of "happy" before the first psychiatric clinical experience, it was reported by (n=11, 18.3%) of subjects after.

Distribution of suggestion for reducing clinical anxiety before and after experience of first psychiatric clinical practice from the studied subjects' view was presented in the Table 4, one can notice that, "Presence of doctor with them" and "Have adequate theoretical knowledge" were the most suggestions for reducing anxiety before clinical psychiatric practice experience (n=41, 68.3% and n= 33, 55.0% respectively which change by increasing to (n=53, 88% & n=38, 63.3% respectively). The least suggestions of participants for reducing their anxiety were "Cooperation from hospital staff" and "Increase the period of clinical practice", whereas "Cooperation from hospital staff" was reported by "n=9, 15% moved to n=19, 31.0% after clinical psychiatric practice experience. "Increase the period of clinical practice", was not reported by any subjects before clinical psychiatric practice experience meanwhile about one thirds of subjects reported it as one of their suggestions for reducing anxiety after experience psychiatric clinical practice.

Table (5) describes Range and Mean and Standard Deviation of Anxiety Among Studied Nursing Students pre and after experience of first clinical psychiatric practice, the results revealed that there is statistically significant difference was obtained between nursing students pre and after experience of clinical psychiatric practice in relation to their range and mean and standard deviation, whereas before experience of clinical psychiatric practice mean \pm SD was 53.73 ± 7.31 compared to 45.8 ± 10.05 post.

DISCUSSION

Clinical experience is a basic component of the professional curriculum and services as a unifying mechanism where concepts are rendered meaningful and principles tested. The results of the present study answered the research question of this research which is 'Is there change in the anxiety level among undergraduate baccalaureate nursing students after their experience of first psychiatric clinical practice? The answer was, yes, the clinical anxiety changed negatively among undergraduate baccalaureate nursing students after their experience of first psychiatric clinical practice. On other words, undergraduate nursing students' clinical anxiety is increased after their first psychiatric clinical experience. Additionally, about half the studied participants reported they still are anxiety after the experience of the first psychiatric clinical experience. By contrasting, Madianos *et al.* (2005) mentioned that nursing students' anxiety toward people with mental disorders was changed positively by practical training (Madianos *et al.*, 2005). In the same stream, Morsi (2004) in

her study to assess the effect of psychiatric nursing program on nursing students' concerns and attitudes towards mental patients, she found that the exposure of student to people with mental illness can reduce the student's anxiety. (Morsi 2004) On the other hand, the results of the present study come with agreement with Ross and Goldner (2009) who stated that, after completion of the mental health clinical placement, the students often leave it with a different kind/set of negative experiences (Ross and Goldner 2009). Additionally, this corresponds with Charleston and Hapell (2005) who found that mental health nursing was perceived by nursing students as the least popular area of clinical practice. (Charleston and Hapell 2005) In the same direction, Melrose and Shapiro (1999) found that initial clinical experience was the most anxiety producing part of student clinical experience and nursing students have a higher level of anxiety in their first clinical experience (Melrose and Shapiro 1999). A conceivable explanation for increasing students' anxiety may be coming from the results of the present study itself. The findings of the present study indicated that, there is a positive change in some participants' perception toward psychotic patients, their concerns and feelings after their first psychiatric clinical placement however, this positive change is not by considerable changing that influence the students' anxiety positively or this positive change has not weight enough to influence positively on the students' anxiety.

Regarding the undergraduate nursing students' perception toward psychotic patients, the results indicated that some perceptions of the studied students are turned to negative side such as "psychotic patient is irresponsible and isolated person" after experience of first psychiatric clinical practice At the same time although there is positively changed on the others perception such as "psychotic patient is aggressive and fearful person", there is still more than one third of participants still perceive psychotic patients as dangerous and fearful person". In contrast, there are studies mentioned that direct contact with people who are stigmatized is an effective method of decreasing fear, increasing tolerance and changing negative perception (Morsi 2004., Madianos *et al.*, 2005). For example, in a study done by Alexander and Link (2003), it was found that, participants with more overall contact with mentally ill regardless of type viewed the mentally ill as less dangerous and fearful and being acquitted with someone with mental illness has also been shown to positively influence perception. (Alexander and Link 2003)

The most common theme apparent throughout the literature on stress in the psychiatric clinical experience is that of students worrying about personal inadequacy and possibility of making errors. Issues of responsibilities and fears of giving inadequate care to patients are a major source of concern among nurses students. (Arthur 2000; Ishige and Hayashi 1999) Similar concerns were apparent in the present study when testing anxiety-producing situations before and after the first psychiatric clinical practice experience as perceived by undergraduate nursing students. Unfortunally, after the studied participants completed their psychiatric clinical experience, about half of the study participants ranked "inadequacy" and "hurt patient by saying wrong thing or making mistake" as the most anxiety-producing situations after completion

psychiatric clinical experience. This finding in turn may be evidenced that, still about half of the participants of the study doubt about their competent to helping patients. When collecting data of the present study, one of the participants said that "on the first day, I was so anxious about giving the wrong information to the patient. I remember one of the patients asked me what my diagnosis, I said I do not know, she said you do not know? How can you look after you do not know what my diagnosis is?". In this respect Edwards (2004) stated that the feelings of inadequacy and uncertainty of undergraduate nursing students about their own clinical skills were associated with high anxiety. Also, In study done by Johns (2003), the study referred the nursing students reported having a feeling of accomplishment resulting from helping a patient and this in turn contributed to their sense of competence and reduce their clinical anxiety. (Johns 2003) In our work, we found that studied students can be more anxious about helping their patients than the behaviors which mentally ill patients might manifest and these students left the experience still feeling anxious about their ability to help mentally ill patients.

Students' feeling of inadequacy, student's fear from hurting the patients and negative change in some their perception about patients may be the reasons for negative change of the student's anxiety, but the suggestions of the studied students added other factors that may affect students' clinical practice anxiety. "Presence of supportive and approachable clinical teacher" is one of the factors that affect student's anxiety and was ranked as one of the suggestion of the students for reducing the clinical practice anxiety. This come with consistent with Wafaa (2012), their participants though that the ideal clinical instructor should be informative and resourceful, give available advice, provide support and encouragement to students, assist students in providing planned patient care, answer questions appropriately and be supportive and helpful. (Wafaa 2012) On the other side, Cook (2005) found the uncaring behaviors demonstrated by clinical faculty raised the levels of anxiety in student nurses. (Cook 2005) The interesting findings of the present study that clinical supervision was ranked at least concern of studied student before and after clinical and the participants describe clinical supervisors as supportive and approachable.

Having adequate clinical and theoretical knowledge is another factor that affecting student anxiety as reported by about two thirds of studied students. Nursing students report stress and anxiety related to the lack of clinical knowledge or skills to accomplish tasks or to perform clinical procedure. Martain and Happel (2001) found that students who felt a lack of knowledge related to psychiatric setting were not interested in caring for patients in a clinical setting, students believed that their limitations would benefit neither themselves nor the patients. The feelings of inadequacy were related to inexperience and lack of knowledge that this in turn led to frustration, stress and even avoidance of learning experiences (Martin and Happell 2001). In this respect, before the participants students of the present study undertaken their psychiatric clinical practice ,they received theoretical knowledge about concepts of psychiatric nursing over two weeks and this period is not enough at all to the students for acquiring adequate and proper clinical and theoretical

knowledge helping them in caring for their patients. This may be the rational for " the feeling of inadequacy "was ranked one as the most anxiety producing situations after experience as reported by the studied participants.

Adequate preparation by students for clinical practice has been credited with making all the difference in the world, this preparation may include being familiar with assessment tasks, knowing who the clinical facilitator. All these things can occur before the student arrives in the clinical area. (Kragelund 2010; Elliott 2002) This is with agreement with the result of the present study in which " providing adequate orientation to the clinical practice setting" was reported by participant nursing students . This is supported by Warner (1991) reported that it is frightening experience for students to be expected to work in the clinical setting they are irrespective of their level of training. She further stated that 80% of the students experienced high level of stress when they were not properly orient and given the necessary guidance. (Warner 1991) In the same line, Cleory and Walter (2009) who stated in their study that participants nursing students stated that the clinical instructors should orient the students to the clinical setting and create a relaxing atmosphere to facilitate clinical teaching. (Cleory and Walter 2009)

Increase the period of the clinical practice is one of studied participants suggestion for reducing clinical practice anxiety. This may be due to that, in our work the period of the psychiatric clinical practice was 15 hours per week for 3 weeks and this period is not enough for students to learn and acquire clinical skills such as communication and interacting skills. Some of the studied subjects reported being exposed to the psychiatric units for very short periods two weeks, a month and/or three weeks were cited as placement periods and this was reported as making learning and caring for patients difficult. Rhyn and Cotsana (2004) found time of the experience may be another cause for inadequacy or anxiety of students (Rhyn and Cotsana 2004). Jones *et al.* (2005) found in his study that the duration of clinical placement to be one of the most important factors affecting students' anxiety. (Jones *et al.*, 2005) The previously mentioned suggestions of the studied students can reduce the clinical anxiety practice and the same time, lack of them can increase their level of clinical practice anxiety, This result is accordance with Perese, (1998) who stated that, four factors influence students clinical practice anxiety which are: theoretical teaching, contact with mental patients in clinical teaching, the use of fear reduction techniques and the length of practical experience in mental health hospital. (Perese 1996)

Conclusion

The initial psychiatric clinical experience is the most anxiety producing part of student clinical experience and nursing students have a higher level of anxiety in their first clinical experience. This study is carried out to assess the clinical anxiety of baccalaureate undergraduate nursing students' anxiety towards the first psychiatric clinical practice and the change in their clinical practice anxiety after this experience. The study showed that there is a negative change in the clinical anxiety practice of baccalaureate undergraduate nursing

students after completion of the first psychiatric clinical practice.

Recommendation

In order to help students through clinical psychiatric nursing experience, faculty must first understand more fully the student anxiety of this experience from student perspective before they start it. Issues concerning the nursing student's reality shock as they are immersed into everyday life on the clinical units need to be addressed in post conferences under faculty supervision. In response to the students anxiety, the present study concluded that :-

- Clinical instructors should be aware of anxiety among nursing students and the impact of high anxiety levels on learning and skill performance.
- It is essential to address student anxiety in fresh ways, such as introducing psychiatric nursing skills in the first year of university program.
- The creation of more opportunities to listen to students' anxiety and most importantly to change what academic teachers do in response what they learn about the students' anxieties.
- The clinical instructors must possess effective clinical teacher characteristics if they want to facilitate student's entry and learning in a multifaceted world of clinical practice.

Generally, nursing faculty and clinical nursing staff should work together to provide students with a positive learning experience in psychiatric nursing which may reflect positively on their concerns and anxiety

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