



Experiences of undergraduate nursing  
students regarding clinical placement  
in psychiatric hospitals in North West  
Province

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## DEDICATION

I dedicate this study to my late great-grandmother, Bella Gaboutlwelwe Sethibe, for being an anchor in my life. She always reminded me that education was the key to escape poverty and believed that the lock of success was having only one specific key to unlock, and the journey was to select the right key to unlock one's potential of success. She maintained that "*personally, life did not give me the chance to study but if I got the opportunity, my life would be much better than it is, therefore, it is upon you to make me proud by putting your claws deep in the books so that you can become a better person in future*". With these words in mind, I always work as hard as possible to prove to her that I am capable just as she predicted when she was still alive. Making her proud is the force that pushes me to even work harder and harder until the sky becomes the limit. To more endeavors going forth until I reach the age of her demise or even surpass it.

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

HEI	: Higher education institutions
MHCP	: Mental health care providers
MHCU	: Mental health care users
NWP	: North West Province
NWU-HREC	: North-West University Health Research Ethics Committee
NWU-RDGC	: North-West University Research Data Gatekeeper Committee
RSA	: Republic of South Africa
SA	: South Africa
SANC	: South African Nursing Council
SONS	: School of Nursing Science
WHO	: World Health Organisation

# ABSTRACT

**Introduction:** Clinical psychiatric placement is one of the most significant aspects of the nursing programme, where nursing students get the opportunity to integrate theory learned with practicals at accredited clinical facilities.

**Aim:** The aim of the study was to have an in-depth understanding of experiences of undergraduate nursing students regarding clinical placement in psychiatric hospitals of the North West Province.

**Setting:** The study was conducted at a selected higher education institution which offers a four-year nursing degree in North West Province, South Africa.

**Method:** A qualitative-explorative-descriptive and contextual research design was used to conduct the study. Non-probability purposive sampling technique was used to select undergraduate nursing students for the study. Semi-structured in-depth individual interviews were conducted through Google meet with third- and fourth-year undergraduate nursing students and thematic analysis was used to analyse the data obtained.

**Results:** Three themes emerged from the study as follows: positive experiences of being placed in a clinical psychiatric environment; negative experiences of being placed in a clinical psychiatric environment; and suggestions for improving clinical psychiatric placement.

**Conclusion:** The study revealed challenges that hinder learning and competency of third- and fourth-year undergraduate nursing students during clinical psychiatric placements. It is crucial to apply intensive interventions to resolve and mitigate negative challenges derived in the study.

**Keywords:** Clinical placement, nursing students, psychiatric clinical placement, psychiatric hospital, undergraduate nursing students

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# SECTION 1: OVERVIEW OF THE STUDY

## Introduction

Clinical psychiatric placement is the fundamental aspect of the nursing programme where the theory learned in class is integrated with skills learned in the skills laboratory (Amoah, 2018:5; Fadana, 2019:67; Manamela, 2019:41). Clinical psychiatric placement refers to the allocation of students within psychiatric hospitals where they are able to integrate theory into practice as mandated by the South African Nursing Council (SANC, 2013:5), the governing body of the nursing profession in South Africa (Manamela, 2019:2). It is mandatory for undergraduate nursing students to complete clinical hours in clinical psychiatric placements in order to qualify as professional nurses and most especially, to be competent health care providers to Mental Health Care Users (MHCUs), especially in this era where mental health is neglected globally (Patel *et al.*, 2018:1553; Pillay, 2019:464; Russell & Patrick, 2018:34).

Research has shown the positive and negative outcomes of clinical placements. Among the positive outcomes, clinical placements have shown globally to be beneficial to nursing students as they are able to translate the knowledge in class into a practical setting thus, making learning easier and fun (Bagley *et al.*, 2017:20; Fadana, 2019:49; Pama, 2017:48). Professionalism and willingness to make a difference were upheld as the nursing students understood patient care as well as the ethical principles of the nursing profession (Amoah, 2018:54; Manamela, 2019:45; Shivers *et al.*, 2017:58). Despite the positive outcomes of clinical placements, there are negative outcomes of clinical placement where nursing students are demoralised, not supervised, neglected and not taught skills necessary for their training (de Sward *et al.*, 2017:3; Masutha, 2019:18).

Learning in the practice setting is important to prepare nursing students for challenges of professional practice in order to have the knowledge and skills to commence clinical practice, especially when psychiatric clinical placement environment poses challenges that might include aggressive and unpredictable behaviour of mental health care users (Bhagwan & Joubert, 2018:54). In order to improve the quality of mental health, student nurses need to get a solid foundation on mental health that they understand clearly. This explains why it is necessary for them to be placed in the clinical psychiatric learning environment where they are expected to develop competencies in the application of knowledge, skills, attitudes and values inherent in the nursing profession integrated from the theoretical learning in the classroom to the practical learning at the clinical learning environment in psychiatric hospitals (Fadana, 2019:67; Manamela, 2019:1; SANC, 2013:5).

## **Background and rationale for the study**

Clinical placement refers to allocation of nursing students at the clinical settings, enabling them to learn from clinical encounters with MHCUs, clients, families, communities, and to meaningfully transfer learning from theory to practice (Masutha, 2019:12). In other words, clinical psychiatric placement refers to allocation of students at mental health care establishments where they will be able to integrate theory into practice as mandated by the South African Nursing Council (SANC), which is the governing body of the nursing profession in South Africa (SANC, 2013:5). In this study, clinical placement refers to the allocation of third- and fourth-year student nurses at psychiatric hospitals of the North West Province (NWP), South Africa, in order to integrate theory and practice for the purpose of acquiring skills and competency in the module.

SANC determines the rules and regulations of the nursing profession, which includes student nurses, who are defined as individuals enrolled with a Nursing Education Institution (NEI) to undergo a nursing programme, and is regulated by SANC in terms of Section 32 of the Nursing Act (Act 33 of 2005:33; SANC, 2020:3). According to the rules and regulations, student nurses have a role to function as members of the multidisciplinary team with specific responsibilities from the commencement of educational programmes to gain skills and expertise in clinical settings, such as mental health care establishments (SANC, 2013:5).

In this study, clinical psychiatric placements include nursing students allocated to psychiatric hospitals and offered clinical accompaniment by both lecturers and professional nurses to give direction and guidance to professional development (Amoah, 2018:5; Fadana, 2019:67). This is vital as undergraduate nursing students must have 4000 hours in clinical learning environments as a requirement for experiential learning in their four years programme, leading to registration as a nurse (General, Community, Psychiatry and Midwifery). They also need to be provided with meaningful learning opportunities as part of their training (Bagley et al. 2017:20; Manamela, 2019:2; Pama, 2017:48). This is similar to the requirements for undergraduate nursing students registered for the Bachelor of Nursing Science (BNSc) degree.

It is important for nursing students to be placed in clinical psychiatric environments since mental health is one of the most vital components of nursing. It is also a challenge not only to nurses at the clinical practice but to students at their learning institutions as well (Masutha, 2019:18). According to Birks *et al.* (2017:18), clinical placements bring clinical experience, which is the most vital factor in the development of reflective evidence-based practitioners, who are committed to ensuring quality outcomes in psychiatric hospitals. Clinical supervision of nursing students serves as a tool to bridging the theory and practice gap thus, promoting clinical competencies in nursing students (Amoah, 2018:5; Fadana, 2019:38; Manamela, 2019:41).

Mental health has been neglected worldwide and there are challenges pertaining to the provision of mental health care, treatment and rehabilitation services to MHCUs (Russell & Patrick, 2018:34). For instance, mental health care practitioners and providers cannot provide quality mental health care, treatment and rehabilitation services since they are not adequately trained for mental health care (de Sward *et al.*, 2017:2). There are also challenges, such as shortage of staff, limited resources, adverse media reports and burnout, and at the same time, expected to supervise undergraduate nursing students (de Sward *et al.*, 2017:3; Hastings *et al.*, 2017:4; Masutha, 2019:52; Patel *et al.*, 2018:1553; Pillay, 2019:464). These challenges can contribute to negative experiences of the nursing students at clinical psychiatric placements in psychiatric hospitals.

Despite these challenges, there are both negative and positive outcomes to clinical placements, which are also applicable in psychiatric nursing. In a study conducted in Canada by Bagley *et al.* (2017:20), the authors found that during clinical placement, students acquire new skills and make sound clinical decisions. The study also proven that placement had a significant improvement in students' communication skills, a massive boost in their confidence to practise effectively, became familiar with staff and the routine, and developed a professional identity as student nurses (Bagley *et al.*, 2017:20; Pama, 2017:48).

These findings are in line with studies conducted in South Africa (SA), which revealed that nursing students enjoy being in clinical placements. This is largely due to the fact that they are exposed to real life situations, which instilled in them professionalism and willingness to make a difference by helping patients to recover, while surrounded by positive role models (Jack *et al.*, 2017:4712). These student nurses get the opportunity to understand what is taught in class as they see it in a practical setting, have a better understanding of patient care and are able to uphold ethical principles of the profession (Amoah, 2018:54; Fadana, 2019:49; Manamela, 2019:45). Fadana (2019:55) states that clinical placements are significant as nursing students are able not only to apply their knowledge and skills but also able to learn the culture of nursing as a profession.

According to a study conducted in Turkey by Serçekuş and Baskale (2016:1), it was revealed that clinical education provides nursing students with the opportunity to translate knowledge, abilities and conceptions acquired from modules into practice, if guided during training; this is however, not always possible (Manamela, 2019:1). Psychiatric placements are equally vital to students, especially during times when adverse media reports have been challenging South Africa on misconduct, shortage of nurses, poor working conditions, perceived negative attitudes and ill-disciplined staff, which affect the quality of nursing care (de Sward *et al.*, 2017:3).

Clinical psychiatric placement is vital and beneficial not only to undergraduate nursing students but to nursing as a profession. This is due to concerns regarding psychiatry placements, as

elaborated by Masutha (2019:4). The author found a high rate of absenteeism among undergraduate nursing students during clinical psychiatry placements in psychiatric hospitals (Masutha, 2019:4). This is another gap that can be addressed in future studies.

Clinical psychiatric placements are pivotal in mental health awareness, especially in contexts where mental health has been neglected and not prioritised in all countries, including South Africa (Patel *et al.*, 2018:1553; Pillay, 2019:464). Despite these inconsistencies on the negative and positive effects of psychiatric placements, there are no studies that have been conducted on this topic in the North West Province, South Africa. Furthermore, the study by Hastings *et al.* (2017:4) revealed that nursing students showed no interest in pursuing a career in mental health.

In accordance with the new curriculum designed for nursing by SANC (2021:6), psychiatry is a post-graduate diploma. This explains why there is little to no interest from nursing students to pursue a career in mental health. This study is important in order to understand the experiences of undergraduate nursing students in psychiatric hospitals in order to make recommendations to restore the passion of mental health as a career.

## **Problem statement**

Nursing students need to develop competency and professionalism to be prepared for daily encounters with patients, relatives, community members and colleagues (Mathe, 2017:2; Ravik & Bjock, 2021:2). Clinical practice nurses are crucial to the development of clinical competencies of nursing students and act as a vital source of support (Birks *et al.*, 2017:18). The supportive role of clinical practice nurses is critical for building future clinical skills for nursing students (Mathe, 2017:66; Setati & Nkosi, 2017:133).

Nursing students in clinical psychiatric placements are expected to develop competencies in the application of knowledge, skills, attitudes and values inherent in the nursing profession (Moagi, van Rensburg & Maritz, 2013:359). The authors also believe knowledge, skills, attitudes and values in the nursing profession, include theory learned in the classroom as well as clinical practice acquired in the clinical psychiatric learning environment.

A clinical placement should be a learning platform that is conducive, informative and easier to understand by student nurses. These student nurses are provided with opportunities to integrate theory learned in class into practice in order to be equipped with essential skills that will make them more competent and efficient professional nurses (Mathe, 2017:1). However, studies have shown that nursing students are congested in general clinical placements, lack proper orientation, delegated duties that are not part of their scope of practice, lack supervision and guidance, not

being given attention, not being offered material resources or protective clothing, such as gloves when performing procedures due to limited resources and not given fair treatment. Thus, some professional nurses have lack of interest in clinical facilitation and demonstrate a great deal of favouritism (Amoah, 2018:46; de Sward et al., 2017:3; Fadana, 2019:38; Manamela, 2019:29; Masutha, 2019:18).

Furthermore, recent studies have shown a great deal of absenteeism among undergraduate nursing students and lack of interest in pursuing careers in mental health, with no detailed description of the situation (Masutha, 2019:68). Thus, high levels of incompetency among undergraduate student nurses in terms of provision of quality mental health care to MHCUs (Hastings et al., 2017:5; Masutha, 2019:68; Mathe, 2017:70). The researcher experienced the same practice during her psychiatric placement in the North West Province, South Africa as an undergraduate nursing student. Moreover, no study has been conducted on the experiences of undergraduate nursing students with regard to clinical psychiatric placement in the Province. Thus, the need for this study.

## **Research Questions**

The following research questions were asked in the study:

- What are the experiences of undergraduate nursing students with regard to clinical placement in psychiatric hospitals, North West Province?
- What can be done to improve clinical psychiatric placements of undergraduate nursing students in the North West Province?

## **Research aim and objectives**

The aim and objectives of the study are given below:

### **Research aim**

The aim of the study was to have an in-depth understanding of experiences of undergraduate nursing students regarding clinical placement in psychiatric hospitals of the North West Province, South Africa.

## Research objectives

The objectives of the study were to:

- Explore and describe the experiences of undergraduate nursing students with regard to clinical placements in psychiatric hospitals of the North West Province, and
- Propose recommendations and necessary measures to improve the experiences of undergraduate nursing students in clinical psychiatric learning placements of the North West Province.

## Significance of the study

The significance of the study lies in understanding the experiences of undergraduate nursing students regarding clinical psychiatric placements in the North West Province, South Africa. Understanding these experiences may assist clinical facilitators and lecturers in designing effective measures that will make the clinical learning environment a favourable working environment for undergraduate nursing students, particularly in North West Province, where this study was conducted. This may, ultimately, nurture learning and competencies of undergraduate nursing students in the nursing profession thus, becoming quality mental health nurses enriched with good mental health foundation.

This study may assist Higher Education Institutions (HEIs) on what to improve or introduce to make learning of mental health easier for undergraduate nursing students in both clinical and theoretical learning settings. Measures will be taken to support students to realise the importance of pursuing mental health nursing in future, create a platform for future research, add value to mental health research and raise awareness about mental health. The findings of this study may also increase the body of knowledge in the field.

## Conceptual definitions

In this study, key terms are defined conceptually and operationally to ensure that the meaning is clear, simple and consistent throughout the study. Key concepts defined in this study include clinical placement, nursing student, psychiatric hospital, psychiatric placement and undergraduate nursing students.

**Clinical placement** is defined as the allocation of students at a clinical setting that enables nursing students to learn from clinical encounters with patients, clients, families and communities,

and to meaningfully transfer learning from theory to practice (Masutha, 2019:12). Clinical placement in this study refers to the placement of undergraduate nursing students at a designated mental health care institution in the North West Province.

**Nursing student** refers to a person undergoing education and training in nursing at an accredited NEI (SANC, 2005:25). For the purpose of this study, a nursing student refers to a person undergoing nursing education and training at an HEI in the NWP, currently in their third or fourth-year level of the 4 years nursing programme. Nursing students are registered as such with the SANC.

**Psychiatric hospital** refers to a health establishment that provides care, treatment and rehabilitation services only for users with mental illnesses (Mental Health Care Act 17 of 2002:12). In this study, a psychiatric hospital refers to designated establishments in terms of the Mental Health Care Act (Act No. 17 of 2002), where third-and-fourth-year undergraduate nursing students are placed for clinical psychiatric placement in the North West Province, South Africa.

**Psychiatric clinical placement** is defined as an allocation of students to mental health care institutions where they will be integrating theory into practice and being offered clinical accompaniment by both lecturers and professional nurses to offer direction and guidance to professional development in the clinical environment/setting (Fadana, 2019:67; Letswalo & Peu, 2015:351; Manamela, 2019:1). In this study, psychiatric clinical placement refers to the placement of undergraduate nursing students to designated mental health care institutions where they can integrate theory learned in class to the practical environment in the North West Province, South Africa.

According to the Nursing Act (Act No. 33 of 2005), **undergraduate nursing students** are defined as persons undergoing education and training in nursing at an accredited NEI, who have not obtained a merit for completion (Act No. 33 of 2005:25). In this study, undergraduate nursing students refer to students studying nursing in their third and fourth level of the nursing programme, registered under SANC and at a higher education institution of the North West Province.

## **Research methodology**

Research methodology in this study comprised of the study's research design, setting, population, sampling process, recruitment of participants, process of obtaining informed consent, data collection, measures to ensure trustworthiness and ethical considerations.

## Study design

Research design refers to the structures within which the study was implemented (Burns & Gray, 2018: 27). The research design helped the researcher to obtain answers to research questions as it is the overall plan to address a research question, including specifications in order to increase the integrity of the study and insight (Polit & Beck, 2017:56). A qualitative-explorative-descriptive and contextual research design was used in this study.

**Qualitative research:** Polit and Beck (2012:763) define qualitative research as an investigation of the phenomena, typically in an in-depth and holistic fashion, through the collection of rich narrative material using a flexible research design. Grove *et al.* (2015:509) concur and describe qualitative research as a systematic and subjective approach used to describe life experiences and give them significance. This design was considered appropriate to this study as the experiences of participants needed to be thoroughly unpacked, described holistically and conclusively as lived by participants.

**Explorative design:** According to Polit and Beck (2017:15), explorative designs are used to investigate the nature of the phenomenon and processes through which the phenomenon is experienced. This design assisted the researcher to gain rich data and insight about a phenomenon. The design also assisted in satisfying the researcher's curiosity through probes and open-ended questions (Brink *et al.*, 2018:141). The design was considered appropriate as it was used to explore and describe experiences of undergraduate nursing students with regard to clinical psychiatric placements. Thus, probes and open-ended questions assisted the researcher to find rich data and deeper understanding.

**Descriptive design:** Grove *et al.* (2015:34) state that descriptive studies describe what happens. This design assisted in gathering rich information about experiences about the phenomenon and exposed the true characteristics of persons, groups and situations (Brink *et al.*, 2018:96). This design helped the researcher to best describe and understand what happened during clinical psychiatric placements, as well as to have insights in terms of the experiences from participants.

**Contextual design:** According to Gray *et al.* (2017:252), contextual design gives meaning to the researcher's curiosity in terms of providing deeper understanding of events, social processes, or cultures from the perspective of people who are experiencing the phenomenon in the natural context in which they occur. In this study, a contextual design was relevant to describe the experiences of undergraduate nursing students in the environment, context and situation as lived by them.

## **Research methods**

Research methods refer to the steps followed in gathering, organising and analysing data systematically in research (Polit & Beck, 2017:758). In this study, the research method included understanding the study context, population, sampling approach, sampling technique, sampling size, sampling criteria, data collection and data analysis.

### **Study context**

Study context refers to the physical location and conditions in which data collection would take place (Grove *et al.*, 2015:512; Polit & Beck, 2017:744). This study was conducted at a selected HEI, which offers a four-year nursing degree programme in the North West Province. The HEI, where the study was conducted, provides the above-mentioned nursing course, registered and accredited by SANC. Most students from rural areas of the Province study nursing at the institution, and this accredited HEI allocate clinical placement for third-and-fourth year undergraduate nursing students at designated psychiatric hospitals in the Province. Furthermore, no study has been done in this area in this Province.

### **Population and sampling**

Population and sampling of the study are given below:

#### **Population**

According to Polit and Beck (2017:249), population refers to all individuals about whom the research problem is concerned. The population in this study comprised of undergraduate nursing students in the third and fourth year in the undergraduate nursing programme. These students were registered for the mental health nursing science module at the HEI, NWP, as well as SANC.

#### **Sampling**

Sampling methods refer to the process of selecting a sample from a population to obtain information regarding the phenomenon, in a way that represents the population of interest (Polit & Beck, 2017:250). A non-probability sampling approach was used in this study because it is more economical and convenient and allowed the researcher to choose participants who could provide adequate information about the phenomenon (Brink *et al.*, 2016:138; Burns *et al.*, 2011:312). The approach was used to select third- and fourth-year nursing students who were knowledgeable about clinical psychiatric placement in NWP. The researcher made use of a gatekeeper to help select eligible and relevant participants to participate in the study.

## **Sampling size**

Brink *et al.* (2016:143) state that the researcher must consider both scientific and pragmatic factors that influence the sample size when deciding on the number of participants to be included in the study. Most researchers agree that there should be at least 10 participants in the sample. Thus, the sample size for this study was a maximum of 11 participants from third and fourth year undergraduate nursing students, until data saturation was reached. This was done to ensure trustworthiness of the study.

## **Sampling technique**

Purposive sampling technique was used in this study. Purposive sampling technique was based on the belief that researcher's knowledge about the population can be used to hand-pick sample members (Polit & Beck, 2010:312). The rationale for using a purposive sampling technique was to find out the experiences of undergraduate nursing students, the researcher had to choose students placed previously to psychiatric clinical placements as they had been there and were knowledgeable about the phenomenon. Selected participants were willing to participate freely and able to communicate (Brink *et al.*, 2016:142; Burns *et al.*, 2011:313).

## **Selection criteria**

In this study, both the inclusion and exclusion criteria were adopted. Inclusion criteria were used to determine eligible participants for the study, while exclusion criteria were used to disqualify participants.

- **Inclusion criteria**

- Third- and fourth-year undergraduate nursing students registered for a 4-year undergraduate nursing programme at an HEI in NWP for the current academic year were selected for the study.
- The students were also registered with SANC as undergraduate nursing students.
- These participants were placed at various mental health establishments for experiential learning and willing to be virtually recorded during the interviews.

- **Exclusion criteria**

First and second year undergraduate as well as postgraduate nursing students were not considered in the study.

## **Data collection**

Data collection refers to the precise and step-by-step gathering of information to be able to resolve a research problem (Botma *et al.*, 2015:131).

### **Data collection instrument tool / Interview schedule**

Informed consent was obtained from all participants before collecting data from them. This was to ensure that all participants voluntarily participated in the study without being forced. See attached appendix B on the appendices for the interview schedule.

### **Data collection process**

The goal of a data collection plan is to produce data that is of exceptional quality (Polit & Beck, 2010:361). Semi-structured in-depth individual interviews through google meet were used to collect data. Google meet was used to prevent the spread of COVID-19 pandemic among the researcher and participants. All undergraduate nursing students were given 30 gigabyte data by the designated HEI. Thus, the issue of data bundle for internet connectivity was not a problem for undergraduate nursing students, who agreed to participate in the study. Furthermore, the University has WIFI for students to use throughout Campus, including the simulation lab.

According to Brink *et al.* (2016:157), in- depth interviews are methods of data collection in which an interviewer obtains responses from a participant in a face-to-face encounter, through a telephone call or by electronic/virtual means, such as google meet. This method was used in the study because it enabled the researcher to obtain rich data and facts from participants while they are comfortable without any disruptions or intimidation from other participants, especially during the COVID-19 pandemic.

Open- ended questions were used by the researcher and interviews were conducted using the preferred language of the participant. In cases where participants were using unofficial languages, English was used. This allowed the conversation to freely-flow with its structure being limited to the focus of the research. Probing, clarification, reflecting and summarising were used by the researcher during data collection to increase detailed exploration of the phenomenon. A tape recorder and descriptive participant specific field notes were used to record the interviews in order not to miss any vital information provided by participants. The rationale for using a tape recorder was to protect the privacy and confidentiality of participants, rather than the recorded videos.

## Data analysis

According to Polit and Beck (2017:530), data analysis is the process that brings order, structure and meaning to the mass of data collected. In qualitative research, data analysis involves examination of texts and not numbers, therefore, the researcher has to break down and put together the data collected (Brink *et al.*, 2018:46; Creswell, 2014:195). Data in this study was analysed separately by both the researcher and an independent co-coder. Thematic analysis was used to analyse data in this study. Thematic analysis is a process of identifying patterns or themes with qualitative data (Maguire & Delahunt, 2017:3352). This method is usually applied to a set of texts, such as interview transcripts whereby, the researcher closely examines the data to identify common themes, topics, ideas and patterns of meaning that come up repeatedly. Inductive approach was used whereby, the researcher allowed the data to determine the themes. This method has six steps as follows:



1. **Familiarisation** – this involves getting a thorough overview of all the data collected before analysing individual items. This step included transcribing audio, reading through the texts and taking initial notes. The step also involved generally looking through the data to familiarise with it.
2. **Coding** - data was organised in a meaningful and systematic way whereby, data was reduced into small chunks (Maguire & Delahunt, 2017:3355). This step involved highlighting sections of texts, usually phrases and sentences to come up with shorthand labels/codes that described the content. The data was collated into groups identified by the code in order to get a condensed overview of the main points and common meanings that recurred throughout the data (Nowell *et al.*, 2017:5).
3. **Generating themes** - themes are patterns that capture something significant or

interesting about the data or research question (Maguire & Delahunt, 2017:3356). This step involved going through the codes created to identify patterns among them and come up with themes. Themes are usually broader; therefore, several codes were combined in a single theme and vague and irrelevant codes were discarded.

4. **Reviewing themes** - the themes were useful and accurate representation of the data. The data set was compared against the themes to check if there was any missing data, if they really represented the data and what could be changed to make the themes work better.
5. **Defining and naming themes** - this step involved identifying the essence of each theme, subthemes, their interaction and relation to the main theme and to each other (Maguire & Delahunt, 2017:33511). According to Nowell *et al.* (2017:10), the researcher, in this step, determines what aspect of each theme was captured and identifies what was of interest about them and why.
6. **Writing up** - this step involves production of the report to ensure a concise, coherent, logical, non-repetitive and interesting account of the data within and across theme (Nowell *et al.*, 2017:11).

## Trustworthiness

Trustworthiness is defined as the degree of confidence qualitative researchers have in their data, assessed using the criteria of credibility, transferability, dependability, confirmability and authenticity (Polit & Beck, 2012:768). Strategies and their application are discussed below according to Lincoln and Guba's framework (1985), as cited by Polit and Beck (2012:539).

### Credibility

Credibility refers to the confidence in the truth of the data and its interpretation (Brink *et al.*, 2018:158; Polit Beck, 2017:559). Credibility is the tool used to judge the correctness and accuracy of the research findings (Polit & Beck, 2017:559). In this study, credibility was ensured by:

- Prolonged engagement: The researcher established a trusting relationship with 3<sup>rd</sup> and 4<sup>th</sup> year undergraduate nursing students by engaging with them and clarifying issues to enhance trust. The researcher spent a long period of time communicating with participants to establish a meaningful relationship with them as well as exploring

deeper meaning through active engagement. This included the researcher contacting participants through google meet as well as keeping contact in order to build a rapport.

- Member checks and peer debriefing: The data was recorded during data collection and transcribed verbatim to be able to note down non-verbal communication. All participants were given a chance individually to verify that the transcriptions done were accurate and truly reflected their views during the interviews (Polit & Beck, 2017:584). Probing questions were used throughout to ensure that the researcher understood what participants meant throughout the research until data saturation was reached.
- Comprehensive recording of data: Field notes were documented during the individual virtual interviews through google meet in a notepad whereby, all nonverbal cues were noted. After the interviews, the recorded data was compared and triangulated to enhance accuracy and correctness.
- Data saturation: The researcher allowed participants to freely express their experiences without any disruptions to the focus of the research until no new data or concepts emerged. The sample size of this study was also determined by data saturation after a minimum of eleven undergraduate nursing students were interviewed.

## **Dependability**

Dependability refers to the reliability of data over time and conditions (Polit & Beck, 2017:559). Brink *et al.* (2018:111) state that if the research findings were repeatable, then they are reliable. In this study dependability was ensured as follows:

- Audit trail: External reviewers were given the opportunity to judge the study's dependability by the supervisor or the co-supervisor, that reduced bias of the researcher. Field notes (hard and soft copies), verbatim transcribed data, virtual recordings as well as transcriptions are available and will be stored for a minimum of five years in the director's office. If there is need to audit, the information can be accessible to enhance dependability. This information will be destroyed by the researcher after five years.
- Peer checking: Peers from the 2021 Master's group of students were used to identify categories not covered to be added.

## **Confirmability**

Confirmability refers to the objectivity of the researcher and avoiding bias during data collection and analysis (Brink et al., 2018:159; Polit & Beck, 2017:559). Confirmability proves that the data presented is not based on the researcher's assumptions but a true reflection of data collection. In this study confirmability was ensured as follows:

- Using a co-coder: Transcripts, audio-taped recording as well as virtual recordings with field notes were submitted to the independent co-coder in order to eliminate researcher's bias on data collected. The independent co-coder used in this study is experienced in qualitative research and has two Master's degrees. He has also published extensively and produced several Master's students.
- Audit trail: The data collected was saved in the research director's office and will be kept for a minimum period of five years so that it can be accessible for audit if the need arises.
- Peer reviews and external reviewers: Data collected was given to external reviewers to rule out bias of the researcher. Article format was also followed in this study. Two peers in the field of nursing education and mental health reviewed the manuscript for correctness and quality. Language editing of this study was also done by an experienced researcher who acted as a reviewer of the study.

## **Transferability**

According to Brink *et al.* (2018:159), transferability refers to the extent to which the conclusions of the study are transferable to other contexts. Polit and Beck (2017:560) state that a detailed database should be acquired so that the detailed results of the study can be applied in other contexts or settings. In this study, this criterion was ensured as follows:

- Publication: Disseminating the complete research findings in a journal accredited by the Department of Higher Education (DHE), such as Curationis. This will allow the public to access the findings and apply them in their respective contexts.
- Conferences: The findings of the study will be presented at national or international conferences. The researcher targets 2023 conferences for this purpose.

## **Authenticity**

Authenticity refers to the ability and extent to which the researcher expresses the feelings and emotions of participants with fairness and faithfulness in different realities (Polit & Beck, 2012:585). In this study, authenticity was ensured as follows:

- Quotes - the researcher quoted the description of participants' experience in order to give readers the essence of understanding the feelings of the researcher.

## **Ethical considerations**

Ethical considerations are vital in nursing research because participants are human beings and their human rights must be considered and protected throughout the research process (Polit & Beck, 2017:727). The researcher followed the steps below to ensure that ethical considerations were maintained:

- Goodwill permission was requested from the Director, School of Nursing Science (SONS) where the undergraduate nursing students were recruited for data collection.
- Written approval was requested and obtained from the NuMIQ Research Focus Area; and
- Approval was requested from the North-West University Health Research Ethics Committee (NWU-HREC) as well as the North-West University Research Data Gatekeeper Committee (NWU-RDGC) to conduct the study.

## **Informed consent**

Informed consent means that participants are well informed and have a clear understanding regarding the study (Brink *et al.*, 2018:31). Information about the study was given to participants before signing the consent forms as indicated on the information sheet. Polit and Beck (2017:143) state that participants only make choices to take part in a study when they are well informed. This means that even after they have received all the necessary information and have willingly signed the consent forms, they could withdraw from the study if there was a need. Consent forms were emailed by the independent person, who is a postdoctoral candidate in School of Nursing Science, to participants beforehand. The phone numbers of a counsellor were also included in the informed consent forms for participants to contact if they experienced negative reactions during the

interviews.

Appointment was set by the independent person and prospective participants to discuss the research process on google meet. Participants were given the opportunity to ask questions and raise their concerns beforehand. When there was a mutual understanding between the researcher and the participant, the consent forms were signed. Three people were required to sign the consent forms, the independent person, participant and a witness. This process was done on google meet and the signed consent sent through email to the independent person. Thereafter, participants were requested to use courier services to send the original copies of the consent form to the independent person. The researcher paid the courier services. This was done to avoid the spread of COVID-19 among the researcher, independent person and participants.

### **Respect for person**

Respect for person means that individuals have the right to make their informed decision whether they want to take part in the study or not without being threatened in any way, such as to be penalised (Brink *et al.*, 2018:29; Polit & Beck, 2017:140). This means participants are individuals who can choose what they want to do at their own time and place and shall be respected as such. All participants who wished to discontinue the interview could do so without any form of threat or victimisation. Those who felt they were not comfortable discussing certain topics due to their sensitivity, were respected without any intimidation.

### **Beneficence**

Beneficence is the most fundamental ethical principle that seeks to maximise benefits for study participants and to prevent harm (Polit & Beck, 2017:152). In this study, participants were not subjected to any harm or unnecessary risks or discomfort. Polit and Beck (2017:139) state that participants have the right to be protected from any harm, be it emotional, spiritual, social or legal. Thus, the benefits should supersede the risks (Brink *et al.*, 2018:29).

Before signing the consent forms, participants were given the opportunity to ask questions for clarity and given the opportunity to discontinue if they felt any form of discomfort. This agreement was respected by the researcher and participants. All necessary information, including the viability of conducting this study and the benefits it could bring were discussed in advance. Counseling was arranged by the researcher for debriefing participants who needed it in the course of the interviews.

## **Non-maleficence**

Non-maleficence refers to avoiding harm (Polit & Beck, 2017:152; Brink *et al.*, 2018:29). In this study, participants were informed of the purpose of the study and interview process. Their human rights were protected and respected throughout the process. Participants were given the opportunity to make informed decisions regarding participation in the study and even when they signed the consent forms, they were allowed time whenever they felt uncomfortable or whenever they needed break in terms of contents they considered sensitive. This involved addressing them in the language they understood better and giving them the opportunity to communicate freely without interruptions.

## **Justice**

According to Polit and Beck (2017:171), justice refers to the right of participants to fair treatment and privacy. Justice means treating people equally and fairly without discrimination among participants (Brink *et al.*, 2018:30). To ensure this ethical principle, participants were third- and fourth-year students of the 4-year undergraduate nursing programme and they were allowed time to make informed decisions to participate in the study willingly. The researcher did not specifically choose among the group but instead, allowed them to freely participate. Confidentiality was maintained throughout the procedure and the language used did not discriminate participants from different racial or cultural backgrounds. The benefits and burdens of the study were equally distributed to participants. The identities of participants were protected as their personal data was not revealed in the study.

## **Elimination of bias**

Polit and Beck (2012:176) refer to bias as an influence that produces an error in an estimate or inference. To minimise bias, the researcher adhered to the interview guide and procedure and ensuring that the same questions were asked to all participants. The researcher also adhered to the research methodology selected for the study. An independent co-coder was recruited to re-transcribe the transcripts in order to minimise bias.

## **Legal authorisation**

The study was done after approval from the Director, School of Nursing Sciences, NuMIQ Focus Area, NWU-HREC and the NWU-RDGC. Once approval was granted, participants were approached, and consent forms signed before participating in the study.

## **Goodwill permission/consent**

Goodwill permission was requested from the Director, School of Nursing Sciences, to identify and recruit and research assistant for the study. This person acted as mediator.

## **Recruitment of participants**

Permission to conduct the study was granted by NuMIQ Research Focus Area, NWU-HREC, NWU-RDGC and the Director, School of Nursing Sciences. NWU-RDGC gave permission for the researcher to approach undergraduate nursing students for the study. Thus, NWU-RDGC can be referred to as gatekeepers in this study. After all approvals to conduct the study were granted, the following steps were taken to recruit participants:

- The researcher created a comprehensive recruitment material. The recruitment material was posted on eFundi (under the psychiatric nursing science module), for potential participants. The mediator ensured that all potential participants were informed about how to access the recruitment material and the process going forward. The researcher also posted recruitment materials on nursing buildings and the designated psychiatric hospital (with the aid of the mediator). This method was used to eliminate bias as participants who showed interest in the study, contacted the researcher. Module managers of psychiatric nursing science were not involved in the recruitment of participants. This was done to avoid coercion.
- Those who showed interest in the study were given a maximum of seven (7) working days to decide whether they wanted to participate in the study or not. No one was forced to participate in the study. The researcher made necessary arrangements with prospective participants for an appointment on Google Meet to sign the consent form and ultimately participate in the individual interviews.
- The researcher emphasised that participation in the study was voluntarily and that there was no payment for participating in the study. However, each participant was given a token of appreciation for participating in the study (R30 airtime). Participants were also informed they could withdraw from the study at any time with no threat or intimidation when they felt they could no longer continue.

## **Process of obtaining informed consent**

Informed consent means that participants are well informed and have a clear understanding regarding the study (Brink *et al.*, 2018:31). Information about the study was given to participants by the independent person, a postdoctoral fellow in the School of Nursing before requesting

participants to sign consent forms, as indicated on the information sheet. Polit and Beck (2017:143) state that participants can only make choices to take part in a study when they were well informed. After participants received all necessary information and signed the consent forms, they could still withdraw from the study if there was a need. The independent person ensured that potential participants received consent for participating in the study through email. Participants were requested to ask a witness to also sign the forms. The signing of consent forms was done through Google Meet and emailed to the researcher.

**Probable experience of participants**

Third- and fourth-year nursing students who participated in the study had experience on clinical psychiatric placement since they took the psychiatric module in their third and fourth year of studies at the selected HEI. Thus, they were experienced and could answer the research questions.

**Risks and benefits**

Risks are defined as the probability of harm or injury (physical, psychological, social or economic) that could occur by participating in a study. Risk in this study was minimal, an indication that the probability and magnitude of harm anticipated were less, in the daily lives of the general population or during the performance of routine physical or psychological examination or tests. Benefits were defined as valued or desired outcomes.

**Risks and precautions**

Risks and precautions anticipated for participating in this study are given in the table below.

<p><b>Risks</b> (e.g., physical, psychological, social, legal, economic, dignitary and community) Identification of risks</p>	<p><b>Precautions</b> (When describing these precautions, be clear on how they will mitigate all the identified risks)</p>
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Psychological harm - invasion of privacy	<p>Participants were fully informed about their expectations during the interview on Google Meet. They made informed decisions regarding participation and whenever they were overwhelmed, they were given the opportunity to withdraw or take a break.</p> <p>A professional counsellor was on standby at the HEI to provide counselling when necessary, as per the agreement made by the researcher and the counselor. The researcher was liable for all costs of sessions held by the counsellor. The phone number of the counsellor was included on the informed consent form for participants to contact him if they experience negative reactions during the interviews.</p>
Social and economic harm	<p>Participants did not suffer financially since the university gave students 30 gigabytes of data every month. Participants were also given R30 airtime as a token of appreciation for participating in the study. Information provided was kept safe, well encrypted, away from exploitation or harm. Responses from each participant were labelled as A, B, C and not with their real names thus, their privacy was ensured, as they were not stigmatised or abused in any way with the information provided.</p>
Physical harm	<p>The interviews were conducted on Google Meet thus, participants were comfortable, and no physical harm done to them. The research team assembled sufficient expertise to conduct the study.</p>

## Anticipated benefits

Anticipated direct and indirect benefits

<b>Direct benefits</b> for participants	<b>Indirect benefits</b> for society at large, the researcher/institution
No direct benefit for participating in the study.	<p>Society will benefit because providers of mental health will be better informed and aware of opportunities provided to nursing students to put into practice theory learned in class thus, helping mental health care users.</p> <p>Institutions of higher learning will benefit as lecturers and clinical facilitators will be involved in assessing the feelings of nursing students from experiences gained from the study thus, creating or designing new supportive measures to make learning easier in both the class and clinical placement facilities.</p> <p>Measures could be taken to cater for challenges experienced by undergraduate nursing students going for psychiatric clinical placement.</p> <p>More support will be provided to students to make understanding easier and find ways to mitigate negative circumstances that hinder learning.</p>
	<p>The study will increase the body of knowledge in mental health and its awareness.</p> <p>The study will also provide a platform for future research on mental health as well as a career in mental health.</p>

## Risks/benefit analysis

Risk-benefit analysis refers to the systematic use of information to identify initiating events, causes and consequences of these initiating events, and expressed risk (Bernabe, 2012:4). Afterweighing the risks and benefits, the researcher realised the benefits were more than the risks and levels in

accordance with the Department of Health.

## **Respect for participants**

Respect for person means that individuals have the right to make informed decisions on whether to take part in a study or not without being threatened in any way, such as being penalised (Brink *et al.*, 2018:29; Polit & Beck, 2017:140). Thus, participants are individuals who can choose what they want to do at their own time and place and shall be respected as such. All participants who wished to withdraw from the interview were allowed to do so without any form of threat or victimisation. Those who felt they were not comfortable discussing certain topics due to their sensitivity, were also allowed to do so without any intimidation.

## **Measures to ensure privacy / confidentiality / anonymity**

Interviews took place in the comfort of the researcher and participants. The interviews were conducted on Google Meet and tape-recorded for future transcription and analysis. The interviews were conducted at two different locations, either at the researcher's office and participant's home or a private room, such as simulation lab after hours, to avoid disruptions through Google meet. The researcher made use of earphones in order to protect the privacy of participants during the interviews. The tape- recordings and data sets were kept safe, and the personal details of participants were not disclosed in order to protect their identities. Participants were captured as A, B, C until the last participant. All data collected was locked in a safe where only the researcher has access to, in order to prevent information from being stolen, manipulated or leaked. It was of utmost importance for the researcher to protect participants as their experiences were either positive, negative or both. Thus, such information needed to be kept away from lecturers or associated members until the study was complete in order to avoid bias of subjects involved.

## **Data management**

A tape-recorder was used to collect data from participants and saved on a password-protected computer. The interview recordings were deleted from the recording device after they were saved on a password-protected computer. The researcher transcribed all the data from the recordings and shared them with the co-coder. The researcher ensured the co-coder signed a confidentiality agreement before accessing the transcribed information. After transcription and data analysis, all electronic documents were transferred from the computer to a password-protected external hard drive, which was password-protected to keep the data protected and safe. Hard copy documents were scanned and shredded. The researcher removed the data from cloud storage systems and

instructed the co-coder to delete all documents from their computers and cloud storage system. The storage device was kept in the office of the Entity Director in a locked cupboard, safely kept in a sealed envelope with the password. The storage device was labelled with the student's name, supervisor's name, student number of the researcher, title of the study, name of the qualification, date awarded, student's contact details, including the email address. The electronic copies will be discarded after five years.

### **Monitoring of the research**

Monitoring of this study was done every six months by the NWU-HREC. The researcher monitored performance across time by doing repeated assessments of progress to provide information about changes, adjustments, and deletions. The researcher identified objectives of the study, evaluated the proposal and refined it at agreed milestones. All information was stored and encrypted for safety.

### **Dissemination of research findings**

The findings of the study were disseminated by submitting an article for consideration to a journal accredited by the Department of Higher Education (DHE), such as Curationis. The data was further disseminated to SONS where data was collected and mental health establishments where nursing students were placed for psychiatric clinical placements in the North West Province, South Africa. The findings of this study were also presented at conferences. Lastly, the researcher presented the findings to the HEI for third-and-fourth year nursing students, as feedback, as well as to the psychiatric hospital concerned in order to find ways to implement recommendations made in the study.

### **Experience, skills and competency of the researcher**

The researcher is a qualified professional nurse, currently working at the operating theatre in the North West Province, South Africa. The researcher has always been passionate about mental health from undergraduate level. The Honours research project of the researcher focused on mental health thus, it was necessary for the researcher to conduct this study. Both supervisors are PhD holders; the supervisor is a Professor and the co-supervisor is an Associate Professor, experienced in qualitative research. Both supervisors are mental health experts and have supervised and graduated students at Master's and PhD levels.

## **Conflict of interest**

No potential conflict of interest was reported in this study.

## **1.11. Research report structure**

An article format was considered and followed in this study.

Section 1: Overview of the study

Section 2: Manuscript/article (Submitted to Curationis Journal)

Section 3: Conclusion, limitations and recommendations

## **Conclusion**

This study focused on the experiences of undergraduate nursing students regarding clinical placements in psychiatric hospitals of the North West Province, South Africa. This section provided the background, problem statement, research questions, purpose and objectives of the study, significance of the study, definition of key concepts and ethical considerations. The research methodology was briefly explained. The detailed methodology is provided in the manuscript in accordance with the guidelines of Curationis.

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## **SECTION 2: MANUSCRIPT**

# Appendix A: Proof that the manuscript has been submitted to Curationis Journal (Submitted on the 30th of November 2022)

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Ref. No.: 2445

Manuscript title: Experiences of undergraduate nursing students regarding clinical placement in psychiatric hospitals of the North West Province, South Africa

Journal: Curationis

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## **Section Two: Manuscript (Submitted to Curationis Journal on the 30<sup>th</sup> of November 2022)**

### **Experiences of undergraduate nursing students regarding clinical placement in psychiatric hospitals of the North West Province, South Africa**

**Background:** Clinical psychiatric placement is one of the most significant aspects of the nursing programme, where nursing students get the opportunity to integrate theory learned in the class with practice at psychiatric hospitals accredited by the South African Nursing Council.

**Aim:** The objective of the study was to have an in-depth understanding of experiences of undergraduate nursing students regarding clinical placement in psychiatric hospitals of the North West Province, South Africa.

**Setting:** The study was conducted at a selected Higher Education Institution, which offers a four-year nursing degree in the North West Province, South Africa.

**Method:** A qualitative-explorative-descriptive and contextual research design was used to conduct the study. A non-probability purposive sampling technique was used to select undergraduate nursing students. Semi-structured in-depth individual interviews, through Google Meet, were conducted with third- and fourth-year undergraduate nursing students and thematic analysis was used to analyse the data.

**Results:** Three themes emerged from the study as follows: positive experiences of being placed in a clinical psychiatric environment; negative experiences of being placed in a clinical psychiatric environment; and suggestions to improve clinical psychiatric placement.

**Conclusion:** The study revealed different challenges that impede learning and competency of third- and fourth-year undergraduate nursing students during clinical psychiatric placements. It is crucial to apply intensive interventions to resolve and mitigate the negative challenges revealed in the study.

**Contribution:** This study could make an impact in nursing education institutions and psychiatric nursing practice. The study may also add important information to the field of psychiatric nursing science.

**Keywords:** Clinical psychiatric placement, nursing students, psychiatric hospitals, undergraduate nursing students

## **Introduction and background**

Psychiatric nursing is a compulsory, fundamental and significant aspect of the nursing profession, and requires both theoretical and practical learning (Amoah 2018:5; Fadana 2019:67; Manamela 2019:41). In order for undergraduate nursing students to qualify as professional nurses, they are required to go for clinical psychiatric placements where they will attain all the necessary skills of the nursing profession and to be in an environment that promotes socialisation in the field (Fadana 2019:67; Manamela 2019:41; Olorunfemi et al. 2021:02).

Undergraduate nursing students from the selected Nursing Education Institution (NEI) are placed in psychiatric hospitals where they are accompanied by clinical preceptors and professional nurses. These professionals are qualified to supervise them into being competent personnel in the nursing profession. According to the rules and regulations from the South African Nursing Council (SANC), student nurses have a role to function as members of the multidisciplinary team, with specific responsibilities from the commencement of the educational programme to gain skills and expertise in the clinical setting, such as psychiatric hospitals (Amoah 2018:5; SANC 2013:5).

However, research has shown that currently, there are challenges pertaining to psychiatric placements whereby, students have shown a great deal of absenteeism, poor performance during Observed Structured Clinical Examinations (OSCEs) and lack of interest in pursuing careers in psychiatric nursing, with no definite conclusive evidence as to why that is the case (Fadana & Vember 2021:2; Hastings et al. 2019:4; Masutha 2019:4; Olorunfemi 2021:5).

Furthermore, research has shown that undergraduate nursing students have ranked psychiatric nursing as the last option in the nursing fraternity and studies conducted worldwide have conclusively found that few nursing students, prior and after psychiatric practicum, intend to enter into a career in mental health (Hastings et al. 2019:4; Wedgeworth et al. 2019:150). However, no studies have been conducted on the experiences of undergraduate nursing students regarding clinical placement in psychiatric hospitals, particularly in the North West Province, South Africa.

Clinical placements can positively be beneficial to undergraduate nursing students, as they will be able to integrate theory into practice, get a sense of professionalism and feel the satisfaction of being able to make a positive difference on the lives of mental health care users (Bagley et

al. 2017:20; Pama 2017:48). Undergraduate nursing students can get a sense of how things function within the practical environment, learn from different skilled personnel who will share different skills and ways of doing procedures, which may fasten professional growth and competency (Jack et al. 2017:4712). Thus, it is essential for undergraduate nursing students to be exposed to the practical setting in order to be competent, considering the fact that mental health is neglected and not prioritised worldwide, including in South Africa [SA] (Pillay 2019:464). This is supported by Sehularo et al. (2022:18995), who state that the current situation of mental health in South Africa is a cause for serious concern thus, requiring urgent action.

Authors, such as Bhagwan and Joubert (2018:54) argue that it is very vital for undergraduate nursing students to attend clinical placements in psychiatric hospitals. Mental health is a field where health care providers are in an environment that is challenging, where they deal with mental health care users who have unpredictable and aggressive behaviours. Thus, it is crucial for them to be equipped and skilled on how to deal with such situations (Bhagwan & Joubert 2018:54). It is also essential to equip undergraduate nursing students with a rich foundation of knowledge and expertise that will protect them when dealing with Mental Health Care Users (MHCUs), as they provide mental health care at psychiatric hospitals (Fadana 2019:67; Manamela 2019:1). Despite the need, no research has been conducted to explore this phenomenon, especially in the North West Province. The Province boasts of two psychiatric hospitals and nursing education institutions that provide psychiatric nursing for undergraduate nursing students.

## **Research design**

Research design is the overall plan for addressing a research question, including specifications for enhancing the study's integrity (Polit & Beck 2020:743). A qualitative-explorative-descriptive and contextual research design was used to conduct the study. The research design helped the researcher to obtain relevant answers to the research questions and gain rich data and insight about the phenomenon under investigation. The design was also used to satisfy the researcher's curiosity through probes and open-ended questions (Brink et al. 2018:141; Polit & Beck 2017:56).

## **Context**

The study was conducted at a selected Higher Education Institution in the North West Province, that offers a four-year nursing programme, registered and accredited by SANC. Only third- and fourth-year undergraduate nursing students are placed at two local public psychiatric hospitals for their psychiatric clinical teaching and learning.

## **Population and sampling**

The population in this study comprised of undergraduate nursing students in the third and fourth year of the undergraduate nursing programme. These students were registered for the mental health nursing science module at the HEI in NWP. They were also registered as undergraduate nursing students with SANC. The researcher used a non-probability purposive sampling technique to select third- and fourth-year nursing students who could provide the much-needed information about clinical psychiatric placement experience in the North West Province, South Africa.

## **Data collection**

Semi-structured in-depth individual interviews, through Google Meet, were used to collect data from third- and fourth-year undergraduate nursing students in September 2022. Google Meet was considered the appropriate platform for data collection in order to prevent the spread of the COVID-19 pandemic among the researcher and participants.

According to Brink et al. (2016:157), in-depth interviews are methods of data collection in which an interviewer obtains responses from a participant in a face-to-face encounter, through a telephone call or by electronic or virtual means, such as Google Meet. Probing, clarification, reflecting and summarising were used by the researcher during data collection to increase detailed exploration of the phenomenon.

## **Data analysis**

Data was analysed separately by the researcher and the independent co-coder. Thematic analysis was used to analyse data. Thematic analysis is a process of identifying patterns or themes with qualitative data (Maguire & Delahunt 2017:3352). This method is usually applied

to a set of texts, such as interview transcripts whereby, the researcher closely examines the data to identify common themes, topics, ideas and patterns of meaning that come up repeatedly. The inductive approach was used whereby, the researcher allowed the data to determine the themes. Six steps were followed to analyse data whereby, the researcher and the independent co-coder familiarised themselves with the data, coded the data and generated themes. The themes generated were reviewed and names assigned to them. The themes were defined, and the research report written. The report produced was a concise, coherent, logical, non-repetitive and interesting account of the data within and across themes (Nowell et al. 2017:11).

### **Ethical considerations**

This study was approved by the Scientific Committee of the School of Nursing Science (SONS), NuMIQ. The North-West University Health Research Ethics Committee (NWU-HREC) also approved the study (Reference Number: NWU-00305-21-S1). Goodwill permission was requested and obtained from the Director, School of Nursing Science, where the undergraduate nursing students were recruited to participate in the study.

### **Trustworthiness**

Trustworthiness is defined as the degree of confidence qualitative researchers have in their data, assessed using the criteria of credibility, transferability, dependability and confirmability (Polit & Beck, 2017:768). Credibility was ensured by prolonged engagements with the study participants. For instance, the researcher established a trusting relationship with third- and fourth-year undergraduate nursing students by engaging with them and clarifying issues to enhance trust. The researcher also spent long periods of time communicating with participants to establish a meaningful relationship with participants as well as exploring deeper meaning through active engagement. This included the researcher contacting participants through Google Meet as well as keeping contact to build a rapport. Dependability was ensured through audit trail. For instance, this study was conducted under the supervision of two experienced qualitative researchers. This reduced potential bias of the researcher. Field notes (hard and soft copies), verbatim transcribed data, virtual recordings as well as transcriptions will be stored for a minimum of five years in the Director's office so that should there be the need for auditing, they can be accessed to enhance dependability. The data will be destroyed by the researcher

after five years. Confirmability was ensured through the use of an independent co-coder to co-analyse data. The transcripts, audio-taped and virtual recordings with field notes were submitted to the independent co-coder to eliminate researcher bias on the data collected. Transferability was ensured by submitting this manuscript to a journal accredited by the Department of Higher Education (DHE), for possible publication. This was done to ensure that those interested in applying the findings of the study in their contexts could do so. Furthermore, the findings of this study will be presented by the researcher at national or international conferences.

## **Results and discussion**

Three themes emerged from the study as follows: positive experiences of being placed in a clinical psychiatric environment; negative experiences of being placed in a clinical psychiatric environment; and suggestions to improve clinical psychiatric placement. Table 1 shows the themes and sub-themes that emerged in the study.

**Table 1: Overview of themes and sub-themes**

Themes	Sub-themes
1. Positive experiences of being placed in a clinical psychiatric environment.	1.1. Opportunity to integrate theory into practice.
	1.2. Opportunity to practise clinical skills.
	1.3. Opportunity to observe different mental health disorders from real mental health care users.
2. Negative experiences of being placed in a clinical psychiatric environment.	2.1. Inability to meet learning objectives.
	2.2. Poor supervision from mental health care practitioners.
	2.3. Assault from mental health care users
	2.4. Insufficient support from psychiatric lecturers
3. Suggestions to improve clinical psychiatric placement.	3.1. Provision of orientation programmes prior commencement with psychiatric clinical placement
	3.2. Support from mental health care practitioners and lecturers
	3.3. Allocation of mental health preceptors
	3.4. Provision of workbook for learning objectives

**Theme 1: Positive experiences of being placed in a clinical psychiatric environment**

Positive experiences of being placed in a clinical psychiatric environment emerged as the first theme in this study. Sub-themes include opportunity to integrate theory into practice, opportunity to practice clinical skills and opportunity to observe different mental health disorders from real MHCUs.

## **Opportunity to integrate theory into practice**

Participants indicated that clinical psychiatric placements provide them with the opportunity to integrate theory into practice. Participants also stated that integration of theory into practice makes it easier for students to assimilate the curriculum and contemplate on it to be competent and meet learning objectives as captured in the excerpts below.

*So, whatever we were taught in theory, we are able to integrate it with the practicals. For me, it was the same... I feel like I am competent as I was able to like in some skills, able to identify behaviour or certain behaviour of a mental healthcare user (P-C15).*

*There is integration because... You do not even understand even when they teach you DSM five like how to diagnose the patient, like it is just in the mist, it is just like eh a bit of a light but when you get to the practicals and then you see oh this is what you have been taught about. Oh, this is how it happens. Like what you did from the practicals, you are going to write the exams like you remember that one most like the theory part (P-I4).*

*They teach you like things that you hear from the classroom and then you do them in practical like they become easier (P-I4).*

## **Opportunity to practice clinical skills**

Participants interviewed in this study stated that they were able to practice the skills and gave positive feedback. Their positive feedback is indicated in the excerpts below.

*We were able to do the MSE...they would sometimes give us the opportunity to conduct the daily orientation so we will take charge...The psychoeducation one was the one we did at the facility (P-C12).*

*...and after that, after giving medications in the morning, we just chat with patients doing MSE and getting used to uhm recording the books like medication, balancing... (P-F2).*

*Some (learning objectives) I would say, we were able to do them because at the doctors' rounds, we were able to do the MSE (P-C10,11).*

## **Opportunity to observe different mental health disorders from real MHCU**

Participants highlighted that during clinical psychiatric placements, they were able to learn more about mental health disorders and differentiate among them. They also observed different mental health disorders from real MHCU as captured in the excerpts below.

*....to see people with different conditions, how to treat them; how you can live with them because at home, you find that we have people who are like that. We can also like sort of diagnose people (gore) like oh I understand now (P-D3).*

*We get to see like schizophrenia with our own eyes. We get to see those mental healthcare users who have... Who are hallucinating. Even the delusions, some will say you know I own the...I am God. People want to kill me you know (P- C11,13).*

*I got to experience uhm different types of psychotic disorders. The different symptoms of those uh disorders. For example, at first, I did not know how a person behaves when they are having delusions... when they are experiencing uhm hallucinations... I got to know how, how everything works I can say. I got to experience uhm the different types of behaviours from different types of disorders. How they communicate and yes, and some violent types of them (P-A2).*

## **Theme 2: Negative experiences of being placed in a clinical psychiatric environment**

Negative experiences of being placed in a clinical psychiatric environment emerged as the second theme. The sub-themes included inability to meet learning objectives, poor supervision from MHCPs, assault from MHCUs and insufficient support from psychiatric lecturers.

### **Inability to meet learning outcomes**

Some participants interviewed stated that they were unhappy as they failed to meet their learning objectives, which are very important for their competency as well as year-end marks for their practicals as indicated in the excerpts below.

*We get there, and the placement might even go to end without you knowing your clinical objectives (P-A11).*

*Imagine going to the clinical services without having the learning objectives; I mean tell me, how are you going to learn if you do not know what you are supposed to learn (P-C12).*

*We were supposed to do milieu therapy, but we did not understand as students at what we were supposed to do. The staff is not supportive, was not supportive, I think it was because they did not know also what milieu therapy is (P-D4).*

### **Poor supervision from mental health care practitioners**

Participants noted with a serious concern, poor supervision from Mental Health Care Practitioners (MHCPs) as indicated in the following excerpts:

*They shouted at us (gore) on why are we not giving the medication to the patients because after orientation, we give medication. We were new, we did not know what exactly to do so, we were just standing like this waiting for them (P-E3).*

*... the sister was not part of it., was not facilitating. We facilitated it among ourselves you see (P-C22).*

*Because even if we understand the theoretical part, even at the facilities, when they ask for the practical aspect of it, they will be saying they do not know the skill, or the skill is difficult... (P-L13).*

*Not saying that they are bad but... some of them were not supportive at all, some would just be like if the student does not ask me, I won't tell the info (P-C12).*

### **Assault from mental health care users**

Some participants experienced assault in the clinical learning environment from MHCU's, which made them skeptical about ever working in a psychiatric hospital as captured in the excerpts below.

*I was the only student in the ward by that time; my classmates were all absent so, I sat with them outside chatting (chattingnyana) then swiftly (jikijiki) he was next to me uhm holding me with my jacket, pulling me around telling me he wants at least one Rand*

*or I should give him a cigarette but I told him but I'm not smoking...leave me alone. He pulled me around (P-A5).*

*Uh she hit me from the behind and then we were never told about that patient that she is violent (P-D3).*

Furthermore, participants indicated that they witnessed abuse from MHCP's towards MHCUs, which made them to question their professional skills and ethics as indicated in the following excerpts:

*... Yoh, I was so hurt; it was like they had beaten me not the user. Corporal punishment should never be used, rather, uhm they should rather be secluded...it is not right, it is not right and I feel like it goes against the rights of a mental health care user (P-A7).*

*Because people be treating ehr aggression using punishment and I do not think that it is the better ehr treatment for such, ehr for correcting a patient's behaviour. So, if they are misbehaving then, they will be starved for the whole day so... Their breakfast, lunch and supper will be eaten by the healthcare provider (P-L4,7).*

### **Insufficient support from psychiatric lecturers**

Participants indicated they received insufficient support from psychiatric lecturers. They further maintained they saw their lecturers only during assessments. Participants showed great dissatisfaction as some of their challenges were not attended to due to no or little support from lecturers as captured in the excerpts below.

*They do not really come like most of the time, we can go to the placement maybe first day until the last day without even seeing them, then, I take it sometimes they are busy or what! I do not now but I have never, I have never seen them unless if they came to uh assess us (P-A14).*

*Most of the time, we will finish our placement even without seeing our preceptors coming to visit us at the practicals and asking us about our concerns if we are adapting or not. They will just only ask at the classes (gore) on how the experience is so far but visitation no. Unless if maybe we had a practical exam or something (P-C15).*

### **Theme 3: Suggestions to improve clinical psychiatric placement**

Suggestions to improve clinical psychiatric placement emerged as the last theme. Sub-themes included provision of orientation programme prior to commencement with clinical psychiatric placement, support from MHCPs and lecturers, allocation of mental health preceptor and provision of workbook for learning objectives.

#### **3.1. Provision of orientation programme prior commencement with clinical psychiatric placement**

Participants expressed the need for a proper orientation programme prior to their clinical psychiatric placement as it will make learning easier for them in terms of adaption and familiarisation. They also indicated that orientation makes it easier for them to understand their surroundings better and can alleviate their fears as captured in the following excerpts:

*I think, if maybe only maybe we could, we could, the sisters at the hospitals they could be told how to kind of (kinda) like orientate us, teach us how things are done... I think we can, we can do way much better (P-E4).*

*The clinical preceptors they should accompany the students on their first day. At least ehr give a brief explanation of what is expected in the wards, we need proper orientation about psychiatric wards as students (P-H5).*

Lack of orientation prior clinical psychiatric placements gave preconceived ideas, which made participants to be anxious and scared of their clinical placements. Participants suggested the need to receive orientation before placement to allay their fears as indicated in the following excerpts:

*.... It was very scary at the beginning because now, you are going to mental healthcare users who did big crimes. You see sometimes, working in psych is not easy, especially at the units where you work with users who have murdered. Especially as a female, you will feel that it is like you are somehow in danger (P-C13,16).*

*I had to think; I had to consider going to work. I sat on my bed for a very long time. Maybe, I usually wake up at around half past five so, for about twenty minutes, I was thinking whether to go to work or sleep because yoh I was so scared (P-A5).*

## Support from lecturers and MHCPs

Most of the participants interviewed in this study stated that the support received from lecturers and MHCPs made their lives easier at clinical psychiatric placements as confirmed by the following excerpts:

*For me, I think continued support of the teaching and clinical staff members for nursing students will improve clinical psychiatric placement... It is a major critical point to decide whether students enjoy their psychiatric placement or not (P-J8).*

*They (lecturers) should come once in a while to check in the ward whether (gore) are we okay, are we fine. Because at some point, you know eh-eh it becomes easier if the lecturers come to the facilities (P-E3).*

*I think also if they came maybe there will be some kind of improvement. Because (akere) we do not adapt in the same way. Some students will be more comfortable if they would come and visit so we get some encouragement and motivation (P-C15).*

## Allocation of mental health preceptor

Participants indicated lack of mental health clinical preceptors as a major concern. There are many preceptors at the selected NEI, but they accompany nursing students only when they are in midwifery, general and community nursing sciences. There is need to allocate clinical preceptors for mental health nursing science modules as captured in the following excerpts:

*First, we have to have psychiatric preceptors... So, if we can have our mental health preceptors, I think most of the things will be fine...I think it is the only thing that will make learning easier in the psychiatric hospital is that we should have preceptors (P-L13,15).*

*I feel like if the preceptors can come weekly, it would push us to kind of (kinda) like align ourselves with the objectives... We need our lecturers or maybe, our clinical preceptors to maybe like accompany us maybe once in a week to just try and find out whether (gore amme) we are doing the right things at the services .... If maybe the sisters have problems. with us, they are able to tell the lecturers, if we also have other grievances, we can also tell the lecturers, so it becomes more (P-E2,4).*

*Sometimes, being taught in class and again the lecturer comes and reinforce at the service you get much better insight (P-C21).*

### **Provision of workbook for learning objectives**

Participants indicated that they did not have workbooks for their learning outcomes. Workbooks assist students and guide them through different procedures and how they simplify such procedures as indicated in the excerpts below.

*It will be easier! Even If we can get workbooks that we can just use, the sisters can assist us somehow (P-C22).*

*.... We do not get the opportunity to show those objectives to the sisters. Sometimes, it becomes a problem to say sister can you please. If he or she has a hardcopy of those...can outline that on this first week we need to have competency on what-what-what (P-C21).*

*Because of when we have to do skills, it would be nice the sisters assessing us before the lecturers coming to assess us. That would also help us (P-C23).*

### **Discussion**

The aim of this study was to have an in-depth understanding of the experiences of undergraduate nursing students regarding clinical placement in psychiatric hospitals of the North West Province, South Africa. Three themes emerged from the findings as follows: positive experiences of being placed in a clinical psychiatric environment; negative experiences of being placed in a clinical psychiatric environment; and suggestions to improve clinical psychiatric placements.

Most participants interviewed in this study maintained that there are positive experiences of being placed in a clinical psychiatric environment. For instance, when placed in a mental health care institution, nursing students are able to integrate theory with practice, they get the opportunity to practise learned clinical skills, and also get the opportunity to observe different mental health disorders from real MHCUs. These findings are in agreement with those of Pama (2017:48), who found that learning environment is conducive to learning with positive experiences. The

findings of this study are also in line with those of Fadana (2019:55), who found that a clinical psychiatric environment is where nursing students are exposed to real life patients with mental disorders and learn to apply knowledge, skills and solutions to existing health needs and/or problems. Undoubtedly, the clinical learning environment plays a big role in nursing students' learning and if there is any deviation from the expected clinical environment, this may negatively affect the clinical performance of students.

Despite the above mentioned, participants also indicated that there are negative experiences of being placed in a clinical psychiatric environment. Some participants interviewed in this study stated that they were unable to meet the learning objectives. According to SANC (2013:5), it is important for students to meet their learning objectives as this is a fundamental requirement for the regulatory body of the nursing profession before completing training (SANC, 2013:5). Participants also highlighted poor supervision from MHCPs. Anderson et al. (2018:231) state that in the nursing profession, it is the duty of professional nurses to teach students while they are in healthcare facilities. This is a gap that needs to be addressed in future studies. Some participants indicated that they were also being assaulted by MHCUs. The psychiatric environment is predominantly for MHCUs, who possess unpredictable and aggressive behaviour (Buchanan 2021:94; Bwagwan & Joubert, 2018:54). The findings of this study are similar to those of other studies. For instance, Buchanan (2021:94) reported in his study that the environment was unpredictable, and student nurses feared for their safety and felt unprepared to deal with such behaviour (assault) as they felt inexperienced. This shows that something needs to be done to assist student nurses. Insufficient support from psychiatric lecturers was also indicated as a concern in this study. According to Fadana (2019:69), "the character and attitude of a clinical educator plays a big role in the development of professional nurses who are knowledgeable and skilful within the health care system". It is the duty of nursing educators to develop the cognitive, psychomotor and affective skills of student nurses through clinical facilitation (SANC 2014:3). This shows that lecturers have a lot to do to ensure clinical competency of students.

Participants were also requested to provide suggestions to improve clinical psychiatric placement. Participants indicated that there is need to provide an orientation programme prior commencement with clinical psychiatric placement. Amoah (2018:47) found that students who receive orientation prior to placement, become eager and motivated to learn at clinical sites even before they are dispatched to various health facilities due to the insight and preparedness received from orientation. Participants also indicated that there is need to obtain support from

MHCPs and lecturers. The findings of this study concur with those of Fadana (2019:77), who found that there is need for lecturers to be available while students are in clinical placement to ensure they receive the best supervision, guidance and mentoring (Fadana 2019:77). Thus, there is need for lecturers and MHCPs to support nursing students through clinical accompaniment, which is a process by a nursing education institution to facilitate assistance and support to learners by educators at clinical facilities to ensure achievement of learning outcomes (SANC 2011:4). Participants also suggested the need to allocate mental health preceptors to student nurses. Literature has shown that preceptorship has a positive influence on the wellbeing and competency of students in the field (Amoah 2018:47; Dube & Rakhudu 2021:5). Participants indicated that they need workbooks for learning purposes. Levett-Jones et al. (2018:21) state that “it is a concern how students provide evidence of complying with requirements on every clinical placement when they have no workbooks”. These findings are consistent with those of Hoveyzian et al. (2021:175), who found that workbooks measure competency, which represents the effective use of knowledge, skills, and judgement and as the ultimate efficiency of any educational system encompassing a variety of learning domain.

## **Recommendations**

There is need to conduct research or collect data from psychiatric nurses in psychiatric hospitals as well as lecturers to understand their perceptions regarding clinical psychiatric placement of undergraduate nursing students in the North West Province. One of the studies could focus on the development of guidelines to address challenges experienced by nursing students during clinical psychiatric placement. Another study could focus on strengthening collaboration among psychiatric lecturers and nurses at psychiatric hospitals. Such studies could follow mixed methods. There is also the need for policy makers to develop policies to improve clinical psychiatric placement of undergraduate nursing students. There is also the need for policies on the management of violent and aggressive MHCUs.

## **Limitations of the study**

This study was conducted on only one campus of the selected NEI in NWP. Thus, the findings of this qualitative study cannot be generalised to other campuses or NEIs in the country. The study included only third- and fourth-year undergraduate nursing students, first and second year

students were excluded from the study. Thus, the findings cannot be generalised to all student nurses of the selected NEI.

## **Conclusion**

A clinical psychiatric environment serves as the only fountain of skills and expertise in the mental health field that affords students the opportunity to learn about clinical skills. Thus, it is imperative and obligatory for the psychiatric clinical environment to be conducive to enable student nurses to acquire professional skills and knowledge. The aim of this study was achieved, which was to have an in-depth understanding of experiences of undergraduate nursing students regarding clinical placement in psychiatric hospitals of the North West Province, South Africa. Three themes emerged from the findings of the study as follows: positive experiences regarding clinical placements; negative experiences of being placed in a clinical psychiatric environment; and suggestions to improve clinical psychiatric placement.

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## **Competing interests**

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

## **Authors' contributions**

K.F.S conducted the study for her Master of Nursing Science Degree, L.A.S. and M.M. provided guidance and supervision. All authors finalised the manuscript and agreed it could be submitted to Curationis Journal for consideration and possible publication.

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## **Data availability**

Data sharing is not applicable to this article.

## **Disclaimer**

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any affiliated agency of the authors.

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### **Section 3: Conclusions, limitations and recommendations**

## **Section 3: Conclusions, limitations and recommendations**

### **Introduction**

This study focused on the experiences of undergraduate nursing students with regard to clinical placement in psychiatric hospitals of the North West Province, South Africa. The first two sections focused on the overview of the study and the manuscript. The guidelines of Curationis Journal were followed in drafting the manuscript. The study revealed three themes as follows: positive experiences of being placed in a clinical psychiatric environment; negative experiences of being placed in a clinical psychiatric environment; and suggestions to improve clinical psychiatric placement. Eleven sub-themes emerged from the three themes. This section focuses on the conclusions, limitations of the study and recommendations.

### **Conclusions**

The conclusions drawn from this study are derived from the review of previous literature and data collected from the individual interviews (11 third-and-fourth year undergraduate nursing students of NWU on Google Meet). Data was collected virtually regarding their experiences during clinical placement in psychiatric hospitals of the North West Province. The rationale for choosing Google Meet was because it was convenient for both participants and the researcher. Furthermore, it was convenient to use during the coronavirus (COVID-19) outbreak, as this proposal was at during the peak of the pandemic. Thus, there was no physical contact during data collection. The following conclusions are derived from the study and contain in-depth understanding and deliberation of the findings.

#### **Positive experiences of being placed in a clinical psychiatric environment**

The first theme that emerged from the findings focused on the positive experiences of being placed in a clinical psychiatric environment. The sub-themes included opportunity to integrate theory into practice, opportunity to practise clinical skills and opportunity to observe different mental health disorders from real mental health care users. Participants indicated that clinical psychiatric placement was appropriate in reducing the gap between theory and practice. Participants also maintained that such exposure deepened their knowledge and skills, as they were able to get more insight and understanding on mental disorders. Thus, mental health has become an interesting field as nurses are able to see what they learned put into practice. Placement provided the student nurses with the opportunity to practice clinical skills, which are vital in the nursing fraternity to complete studies. Overall, placement uplifted the

confidence of the students exposed them to more knowledge and insight. It also helped in developing their clinical skills. The findings also revealed the importance of placing students in clinical psychiatric environments in the North West Province, South Africa.

### **Negative experiences of being placed in a clinical psychiatric environment**

Negative experiences of being placed in a clinical psychiatric environment emerged as the second theme. The sub-themes included inability to meet learning objectives, poor supervision from mental health care practitioners, assault from mental health care users and insufficient support from psychiatric lecturers. Participants had negative experiences during clinical psychiatric placements that demoralised them. Thus, they became bored during their routine placements. Participants also had problems with staff during their placements and believed the presence of a preceptor would have helped in mitigating the challenges. Participants found themselves in a situation where they would finish their placement without meeting the objectives of the learning experience, there were no visitations from lecturers, except during assessments on skills they had not mastered. Furthermore, participants indicated that they were attacked by the mental health care patients and witnessed instances of abuse on a daily basis from mental health care workers towards mentally ill patients. It was revealed that practitioners physically assaulted, patients, left them to starve regardless of the fact that they were on medication, and also verbally assaulted these patients. Additionally, nothing was done, such as debriefing and counseling students after exposure, which made them more anxious about going for placements. Mental healthcare workers demonstrated gross incompetency in dealing with patients and lacked the necessary skills and experience regarding supervision.

Additionally, students indicated that they were left unsupervised at the wards, left to interact with patients while mental healthcare practitioners stayed in the office thus, exposing them to more harm, as some mentally ill patients pose aggressive and unpredictable behaviours. There is need for mental health lecturers to come routinely in order to address this challenge and make learning easier. Student nurses believed their competency in the field was not enhanced as they had not been exposed to the real practical application of skills to manage or assist mental healthcare users thus, required a manual to assist them in this regard.

## **Suggestions to improve clinical placement**

Participants provided some suggestions to improve clinical placement, which emerged as the third and last theme. The sub-themes included provision of orientation programmes prior commencement with clinical psychiatric placement, support from mental health care practitioners and lecturers, allocation of mental health preceptors and provision of workbook for learning. With the negative challenges experienced during placement, the student nurses suggested the need to put measures in place to make learning easier. They believed like any field, mental health must have a preceptor who will ensure that all clinical skills conducted are done at the services, who will oversee challenges experienced by students and, where necessary, implement measures to assist students to be competent. Participants highlighted the need for support from lecturers and mental healthcare practitioners, as it could serve as a constructive plan to mitigate challenges faced by students during clinical psychiatric placements. It can also serve as a communication tool for effective measures to support students from both stakeholders by paying attention to individual challenges faced by student nurses, both theoretically and practically. It can also serve as a tool to reinforce what has been learned in class and the practice or vice versa.

Participants believed a workbook is essential to assist in demonstrating skills. It consists of guidelines to perform the skills and can be used concurrently with clinical objectives. Participants also indicated that a workbook can assist mental health practitioners to assist students meet their clinical objectives. Conversely, participants expressed the need for orientation prior clinical placements in order to prepare them for what to expect. They also strongly believed it might help to calm their anxiety and make them aware on how to deal with mentally ill patients or any challenges they might come across. Participants also believed these interventions will make learning easier for student nurses during clinical psychiatric placements.

## **Limitations of the study**

This study was conducted in only one campus of the three campuses of the selected NEI in the North West Province. Thus, the findings cannot be generalised to other campuses or other NEIs in the country. However, these findings can be applied in different settings. The study included only third and fourth year undergraduate nursing students, while first and second year students were excluded from the study. Therefore, the findings cannot be generalised to all student nurses of the selected NEI.

## **Recommendations**

Through analysis of the experiences of undergraduate student nurses with regard to clinical placement in psychiatric hospitals of the North West Province, South Africa, the following recommendations were made for nursing practice, nursing education and nursing research:

### **Nursing practice**

There is need to develop, implement, monitor and evaluate programmes, tools and guidelines to support and improve experiences in the clinical psychiatric environment for student nurses. There is also the need for routine meetings of clinical staff, clinical educators and student nurses, at least, every three months to review learning outcomes and whether students are able to achieve their objectives, address challenges and suggest ways to solve problems encountered to make learning easier. Furthermore, there is need to introduce post-placement mental health specific reflection and debriefing for nursing students to break down and challenge issues, concerns, beliefs and views with lecturers/preceptors and mental healthcare providers.

### **Nursing education**

There is need to allocate mental health clinical preceptors to assist with clinical skills and challenges pertaining to the practical part of nursing. Furthermore, there is need for all lecturers responsible for theoretical lectures, to be involved in accompanying students to practical placement areas routinely and not evaluate students only during practical examinations. There is also the need for mental health workbooks to be designed and provided to student nurses to serve as a guideline, tool and competency check for student nurses regarding their psychiatric clinical skills. Moreover, there is need for NEIs to take responsibility and send out placement rosters in advance to facilities. Such rosters should be done timeously to allow all students to meet their objectives. There is also the need for mandatory and regular routine visits by lecturers to assist in clarifying concerns, solve challenges experienced by student nurses during their placements and to reinforce learning with support to ensure that learning take place in a conducive learning environment. There is need to developing guidelines to support student nurses prior clinical placements. Such guidelines should comprise orientation programme before clinical psychiatric placements and support measures to assist students.

## **Nursing research**

There is need to conduct research or collect data from psychiatric nurses at psychiatric hospitals as well as lecturers to understand their perceptions regarding clinical psychiatric placement of undergraduate nursing students in the North West Province. One of the studies could focus on the development of guidelines to address challenges experienced by nursing students during clinical psychiatric placement. Another study could focus on strengthening collaboration among psychiatric lecturers and nurses at psychiatric hospitals. Such studies could follow mixed methods. There is also the need for policy makers to develop policies to improve clinical psychiatric placement of undergraduate nursing students. There is also the need for policies on the management of violent and aggressive MHCUs.

## **Conclusion**

The study focused on the experiences of undergraduate nursing students with regard to clinical placements in psychiatric hospitals of the North West Province, South Africa. A qualitative-explorative-descriptive and contextual research design regarding the experiences of undergraduate nursing students in psychiatric hospitals of the North West Province was used in the study in order to make recommendations to improve experiences in clinical psychiatric placement. This study was divided into three main sections namely, Section 1 (Overview of the study), Section 2 (manuscript) and Section 3 (conclusions, limitations of the study and recommendations). The findings revealed three themes as follows: positive experiences of being placed in a clinical psychiatric environment; negative experiences of being placed in a clinical psychiatric environment; and suggestions to improve clinical psychiatric placement. Eleven sub-themes emerged from these themes. This section has provided the conclusion, limitations of the study and recommendations for nursing practice, education and research.

## **Appendices**

## **Appendix B: Data collection tool/interview schedule**

**Title of the Research: Experiences of undergraduate nursing students regarding clinical placement in psychiatric hospitals of North West Province**

**Aim:** To have an in-depth understanding of the experiences of undergraduate nursing students with regard to clinical psychiatric placements in the NWP.

**Introduction:** The researcher will commence by introducing herself to the participant and requesting for the consented participant to do the same. The researcher will build a rapport with the participant to ensure that they are relaxed and ready for the interview.

**Central question:** Please, describe your experience in terms of clinical placements at the psychiatric hospitals of NWP.

### **Probing questions:**

- How was the first experience in the clinical psychiatric placement?
- How best do you think those experiences can be altered in future to make learning easier?

More probing questions will follow depending on the participant's response during the interview.

**Exit question:** Is there any other thing that you would like to add about your experiences with regard to clinical psychiatric placement in NWP?

The researcher will request a reflection from the participant in order to sum up everything discussed.

**Signature:** .....

**Date:** .....

## Appendix C: Recruitment material

**INVITATION TO PARTICIPATE IN RESEARCH**  
**TOPIC:**  
**EXPERIENCES OF UNDERGRADUATE NURSING STUDENTS WITH REGARD TO CLINICAL PSYCHIATRIC PLACEMENT IN NORTH WEST PROVINCE**

*You are cordially invited to participate in the above mentioned research by Sethibe KF, a masters student in Nursing at NWU.*

**WHY IS THIS RESEARCH NEEDED?**  
Clinical psychiatric placements are fundamental in the nursing field as the student nurses are expected to deal with the vulnerable members of our population, who may pose danger or harm to themselves or to others. This students are individuals who have feelings yet they are expected to be emotionally stable at all times to deal with our mentally ill users. It is vital to explore and describe the experiences of those nursing students in order to find ways to help them in whatever way possible.

**WHO ARE ELIGIBLE FOR THIS STUDY?**  
Third-and-fourth year registered undergraduate nursing students with both SANC and HEI

**ARE THERE ANY COSTS?**  
No costs will be expected from the participants. No direct incentive will be given aswell, however, there are indirect benefits to the study and a token of appreciation.

**CAN ONE DECLINE TO PARTICIPATE**  
Yes, one may withdraw at any time Even when they have already signed the consent form for participation.

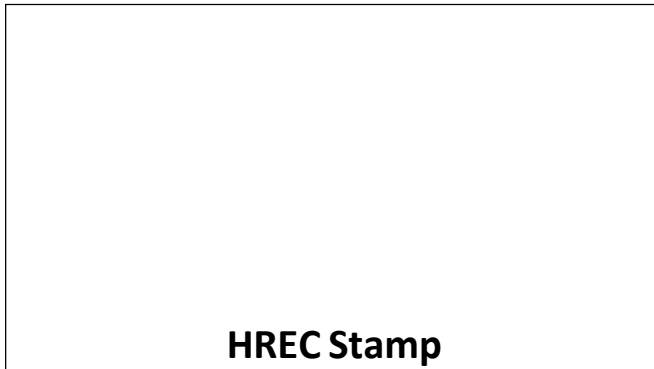
**BENEFITS OF THE STUDY**

- The findings of this study will be useful in the development of the nursing education and profession.
- There will be recommendations on how to support students and make learning easier.
- Increase awareness in mental health as well as creating platform for future research and career advancement.

The only way to make your voice heard is through your voice in the right ears. This is your time to make the changes needed. Your time is now! Use it productively.

*For more information contact:*  
*Kelebogile Faith Sethibe*  
*078 658 0819*  
*Email at Sethibe17@gmail.com*

## Appendix D: Informed consent documentation



### **INFORMED CONSENT DOCUMENTATION For the potential participant on the study below.**

**Title of the Research study: Experiences of undergraduate nursing students regarding clinical placement in psychiatric hospitals of North West Province**

**ETHICS REFERENCE NUMBERS:**

**PRINCIPAL INVESTIGATOR:** Prof. LA Sehularo & Prof. MM Moagi

**POST GRADUATE STUDENT: KF Sethibe**

**Email @** [www.Sethibe17@gmail.com](mailto:www.Sethibe17@gmail.com)

**ADDRESS: 10308 Makgetla view, Mahikeng, 2745**

**CONTACT NUMBER: 078 658 0819/ 073 222 6582**

You are being invited to take part in a **research study** that forms part of a Masters in Community Nursing Science with NWU.

Please take some time to read the information presented here, which will explain the details of this study. Please ask the researcher or person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary**, and you are free to say

no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-HREC)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

#### **What is this research study all about?**

- This study will be conducted at the designated HEI of the NWP, as per appointment arranged by the researcher and the participant and will involve the third-and-fourth year undergraduate nursing students with experienced health researchers trained in the designated HEI. Only registered and eligible participants will be included in this study.
- We plan to explore and describe the experiences of undergraduate nursing students with regard to clinical psychiatric placements in NWP.

#### **Why have you been invited to participate?**

*You have been invited to be part of this research because you are eligible and the best candidate to increase the body of knowledge in research as well as learning.*

*You also fit the research because you are equipped with rich data from your experiences at the clinical psychiatric placements, which can be beneficial to nursing as a profession and nursing research.*

*No exclusion criteria for this study.*

#### **What will be expected of you?**

*You will be expected to set an appointment with the researcher where you will be given full information regarding the proceedings of this proposed study. Following that, you will be expected to share your experiences with the researcher through Google meet due to COVID-19 pandemic, this is mainly to protect you from COVID-19 as per COVID-19 guidelines.*

#### **Will you gain anything from taking part in this research?**

*There will be no direct benefits/gains for you if you take part in this study, meaning there will be no incentives, however there will be indirect benefits.*

*The results of this study will be useful in the development of the nursing education and profession. Nursing curriculum can be updated with the recommendations found in the study as well as student support in terms of clinical psychiatric placements. To sum it all, the body of research will be improved, and mental health awareness will be improved.*

### **Are there risks involved in you taking part in this research and what will be done to prevent them?**

*The risks to you in this study are minimal as the researcher has tried to mitigate all the potential risks, no physical harm can be expected as the interviews will be done through audio-virtual means through Google meet, at the comfort of the participant's home. Psychological harm will be prevented as there will be a professional counselor on standby to ensure that the participant gets debriefing if the need arise. His numbers are 018 3892520. You are free to contact him anytime when you experience negative reaction to the questioning. There will be no social or economic harm as the participant will not suffer financially as the designated HEI provides the participants with 30GB data and the researcher will give the participant R30 airtime as a token of appreciation. There are more gains for you in joining this study than there are risks.*

### **How will we protect your confidentiality and who will see your findings?**

*Anonymity of your findings will be password protected by end-to-end encryption and stored in the forms of transcripts on email. Your privacy will be respected by ensuring that your confidentiality is maintained. Your participation will be anonymous. Data obtained from you will be kept confidential by the researcher and the locked safe in the research directors office for a minimum period of 5 years after which it will be destroyed by the researcher. Findings will be kept safe by locking hard copies in locked cupboards in the research director's office and for electronic data it will be password protected. (As soon as data has been transcribed it will be deleted from the recorders.) Data will be stored for at least five years.*

### **What will happen with the findings or samples?**

- *The findings of this study will only be used for the purpose of this study.*

### **How will you know about the results of this research?**

- We will give you the results of this research when the study has been granted approval to be published by the DHE.
- You will be informed of any new relevant findings by the researcher, findings can be found through a publication research article as a journal accredited by DHE. The researcher will present the study back to the designated HEI for the third-and-fourth year undergraduate nursing students as well as at the accredited conferences.

### **Will you be paid to take part in this study and are there any costs for you?**

This study self-funded by the researcher with the aid of NWU Masters bursary. There will be no incentives for the participant however a token of appreciation will be handed to the participant. Travel expenses in terms of meeting with a counselor for debriefing if a need arises will be paid for by the researcher. There will thus be no costs involved for you, if you do take part in this study.

### **Is there anything else that you should know or do?**

- You can contact Ms Sethibe KF at 078 658 0819 or [Sethibe17@gmail.com](mailto:Sethibe17@gmail.com) if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or [carolien.vanzyl@nwu.ac.za](mailto:carolien.vanzyl@nwu.ac.za) if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

**Declaration by participant**

By signing below, I..... agree to take part in the research study titled: Experiences of undergraduate nursing students with regard to clinical psychiatric placement in NWP.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
**Signature of participant**

.....  
**Signature of witness**

**Declaration by person obtaining consent**

I (*name*) Sethibe Kelebogile Faith declare that:

- I clearly and in detail explained the information in this document to  
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) ..... on (*date*) ..... 20....

.....  
**Signature of person obtaining consent**

.....  
**Signature of witness**

**Declaration by researcher**

I Sethibe Kelebogile Faith declare that:

- I explained the information in this document to ..... **or** I had it explained by ..... who I trained for this purpose.
- I did/did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them or I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) ..... on (*date*) ..... 20....

.....

**Signature of researcher**

.....

**Signature of witness**

# Appendix E Code of Conduct for Researchers

## CODE OF CONDUCT FOR RESEARCHERS

This code of conduct is applicable to all NWU researchers.

As a researcher of the North-West University (NWU), I subscribe to the rules of the NWU Institutional Research Ethics Regulatory Committee (IRERC), all applicable policies of the NWU as well as all national and international laws and regulations applicable to my field of study. Furthermore, I commit myself to abide by the ethical principles and responsibilities as set out in the Singapore statement on Research Integrity (22 September 2010), in any and all research endeavours that I undertake as a researcher of the NWU.

**The four major principles of research integrity to which I will adhere and that will guide my research are:**

- Honesty in all aspects of research
- Accountability in the conduct of research
- Professional courtesy and fairness in working with others
- Good stewardship of research on behalf of others

**Consequently I will also adhere to the following ethical responsibilities:**

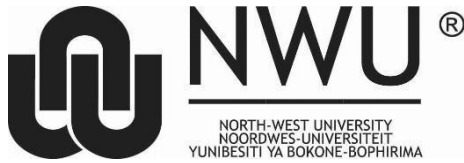
1. I will take responsibility for the originality and trustworthiness of my research.
2. I will stay abreast of and adhere to all institutional, national, and international laws, regulations, and policies applicable and related to my research.
3. I will at all times employ appropriate research methods, base my conclusions on critical analysis of the evidence and report my findings and interpretations fully and objectively.
4. I will keep clear and accurate records of all research that I have conducted in a manner that will allow verification and replication of my work by others, if applicable.
5. I will, where applicable, share my data and findings openly and promptly, in line with external funding rules. This will be done as soon as possible after I have had an opportunity to establish priority and ownership claims.
6. I will take responsibility for my own contributions to publications, funding applications, reports and other representations of my research. I will also and only include authors who meet valid authorship criteria.
7. I will acknowledge the names and roles of those who made significant contributions to my research in publications, including writers, funders, sponsors, and others, but do not meet authorship criteria.
8. In my peer reviews, I will provide fair, prompt and rigorous evaluations and I will respect confidentiality when I review others' work.
9. I will disclose all conflicts of interest (financial and other) that could compromise the trustworthiness of my work in research proposals, publications, public communications, and in review activities.
10. When I publically address a community in the spirit of academic freedom, I will in all stages base my professional comments on research findings (if applicable) and my expertise. I will distinguish between professional comments and opinions based on personal views.
11. Should any irresponsible research practices and/or research misconduct become known to me or brought under my attention, I will report such irresponsible research activities to the appropriate authorities.
12. I will respond to irresponsible research practices or conduct, by taking prompt actions as set out in the procedures of the university. I will also protect those who report misconduct in good faith, to the best of my abilities.
13. I will endeavour to create and sustain an environment that encourage research integrity through education of students, research teams and peers, as well as abide by policies, and reasonable standards for advancement.
14. I will at all times weigh societal benefits against the risks inherent in my work.

Name: *Sethile Kelebogile Faith*

Signature: *Sethile*

Date: *16 July 2020*

# APPENDIX F: NWU-HREC Approval letter



South Africa 2520

Private Bag X1290, Potchefstroom

Tel: 086 016 9698

Web: <http://www.nwu.ac.za/>

North-West

University Health Research Ethics

Committee (NWU-HREC)

Tel: 018 299-1206

Email: [Ethics-HRECApPLY@nwu.ac.za](mailto:Ethics-HRECApPLY@nwu.ac.za) (for human studies)

## ETHICS APPROVAL LETTER OF STUDY

9 June 2022

Based on approval by the North-West University Health Research Ethics Committee (NWU-HREC) on 09/06/2022, the NWU-HREC hereby approves your study as indicated below. This implies that the NWU-HREC grants its permission that, provided the general and specific conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: Experiences of undergraduate nursing students regarding clinical placement in psychiatric hospitals of North West Province

Principal Investigator/Study Supervisor/Researcher: Prof LA Sehularo Student: KF Sethibe - 25359762

Ethics number:

N	W	U	-	0	0	3	0	5	-	2	1	-	A	1
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Institution Study Number Year Status

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation;

A = Authorisation

Application Type: Single study

Commencement date: 09/06/2022

Expiry date: 30/06/2023

Risk:

Medium

Approval of the study is provided for a year, after which continuation of the study is dependent on receipt and review of a six-monthly monitoring report and the concomitant issuing of a letter of continuation. Monitoring reports are due at the end of February and June annually until completion of the study.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, the following general terms and conditions will apply:

- The principal investigator/study supervisor/researcher must report in the prescribed format to the NWU-HREC:
  - Six-monthly on the monitoring of the study, whereby a letter of continuation will be provided annually, and upon completion of the study; and
  - without any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.
- The approval applies strictly to the proposal as stipulated in the application form. Should any amendments to the proposal be deemed necessary during the course of the study, the principal investigator/study supervisor/researcher must apply for approval of these amendments at the NWUHREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.
- Annually a number of studies may be randomly selected for active monitoring.
- The date of approval indicates the first date that the study may be started.
- In the interest of ethical responsibility, the NWU-HREC reserves the right to:
  - request access to any information or data at any time during the course or after completion of the study;

9.1.5.4.2 Ethics Approval Letter of Study

1

- to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process; – withdraw or postpone approval if:
  - any unethical principles or practices of the study are revealed or suspected;
  - it becomes apparent that any relevant information was withheld from the NWU-HREC or that information has been false or misrepresented;
  - submission of the six-monthly monitoring report, the required amendments, or reporting of adverse events or incidents was not done in a timely manner and accurately; and/or
  - new institutional rules, national legislation or international conventions deem it necessary.
- NWU-HREC can be contacted for further information via [Ethics-HRECApply@nwu.ac.za](mailto:Ethics-HRECApply@nwu.ac.za) or 018 299 1206

**Special conditions of the research approval due to the COVID-19 pandemic:**

**Please note:** Due to the nature of the study i.e. (online collection of qualitative data via semi-structured interviews, from third- and fourth-year undergraduate nursing students in the North West Province), this study will be able to proceed during the current alert level, following receipt of the approval letter. No additional COVID-19 restrictions have been placed on the study except that the researcher must ensure that before proceeding with the study that all research team members have reviewed the North-West University COVID-19 Occupational Health and Safety Standard Operating Procedure.

**Special in process conditions of the research for approval (if applicable):**

- a. Please provide the NWU-HREC with a copy of the goodwill permission letter from the School Director for the School of Nursing, granting access to the participants.

As the study progresses the aforementioned conditions should be submitted to

[Ethics-HRECProcess@nwu.ac.za](mailto:Ethics-HRECProcess@nwu.ac.za) with a cover letter with a specific subject title indicating “Outstanding documents for approval: NWU-XXXXX-XX-XX.” The letter should include the title of the approved study, the names of the researchers involved, that the documents are being submitted as part of the conditions of the approval set by the NWU-HREC, the nature of the document i.e. which condition is being fulfilled and any further explanation to clarify the submission.

The *e-mail*, to which you attach the documents that you send, should have a *specific subject line* indicating the nature of the submission e.g. “Outstanding documents for approval: NWU-XXXXX-XX-XX”. The e-mail should indicate the nature of the document being sent. This submission will be handled via the expedited process.

The NWU-HREC would like to remain at your service and wishes you well with your study. Please do not hesitate to contact the NWU-HREC for any further enquiries or requests for assistance.

Yours sincerely,

## Appendix G: Example of an Interview

### Transcript

#### Participant i

**Duration: 35:52**

Participant will be represented by Participant "i"

The interviewer will be represented by "I"

I: Okay. Hy sir, how are you?

i: Good morning mam I'm okay and how about you?

I: I'm okay thanks. I'm Sethibe Kelebogile Faith. I am a final year master's student with NWU, and I would first like to thank you for agreeing to participate in my study. It means a lot to me neh?

i: Okay, you are welcome mme (Miss) and it's nice to know you too.

I: Eh how was your day?

i: Eish I had a long-long day because I was busy at work today.

I: Mmh, I'm sorry about that.

i: Yah but it was just a good day.

I: Okay, uhm so whatever that we say here I will like to guarantee you that it will be anonymous and you should just be free because uhm no one will know what you said throughout this interview. Actually no one will even know that it's you neh? So, uhm...

i: Okay?

I: This is interview session where I will be asking you questions, and I will give more probes so that you can give me a bit of more information uhm regarding the topic at hand neh?

i: Okay.

I: So, should you need counseling post the interview we have a counsellor on standby, so you don't have to worry if you get a bit emotional.

i: Okay, that is a nice thing.

I: And then, should you feel uhm uncomfortable to continue with the study again uhm you can discontinue at any time neh?

i: Okay.

I: Yah, so uhm just uhm to get the gist of things you have been prior placed uhm in a clinical psychiatric placement in the North West province? Have you been placed before?

i: Yes, I have been placed before and I am also placed right now.

I: Oh, that is very interesting (giggles) Okay, so it means it's my lucky day?

i: Yes, ebile (actually) today I was at the psychiatric ward.

I: Oh, oh okay that's nice. Okay uhm so the topic of my study is the "experiences of undergraduate nursing students regarding clinical placement in the psychiatric hospitals of the North West province" that is the topic of my study neh?

i: Okay.

I: Did you hear me?

i: Yah, I did hear you.

I: Yes, I did mention that um this virtual interview of ours will be recorded right?

i: Yes, you did mention that.

I: And thank you for giving me the permission as well.

i: Okay, you are welcome.

I: All right, so uhm can you kindly describe your experiences in terms of clinical placement at the psychiatric hospitals of the North West province? If I may just add that you start with your first experience in the clinical psychiatric placement.

i: Okay, no problem. Eh my first-time experience at the psychiatric clinical ward it was a bit scary because of like background that I got at home. I knew like psychiatric patients as people that are harmful and a bit dangerous you know. So, when I was placed there I was bit scared of the patients, like it was hard for me to interact with them because of like I was not like that used to staying with a lot of psych patients you know.

I: Mmh

i: I'm used to seeing one in my hood (home) like okay you know that's a psychiatric patient eng-eng (what-what).

I: Mmh huh.

i: But I don't communicate with the psychiatric patient, I only see him around. So, at a clinical placement it was something else. It was so difficult for me to interact with them because of like I had that fear...

I: Mmh.

i: That was instilled in me back in my hood (home).

I: Mmh, you! Yah.

i: Yes.

I: Uhm you wanted to say something more, maybe I interrupted you?

i: Yes, like uh the first-time experience was like the hardest one but like as time went like I got to know them, know about their mental health problems, learn about how are they different you know?

I: Mmh mmh....

i: Then all thanks to the sisters because there in the ward is like cool, helped me relax at the clinical ward. They were like no this people are just people like you , you just need to communicate with them eng-eng (what-what) but like always be careful because sometimes they might just lose it wabona (you see) and start shouting at you eng-eng (what-what) but like you can just relax if she-she does that or she does that you just talk to them nicely and they would listen to you.

I: Mmh.

I: Uhm like I got to relax, I got to know them and started interacting with them. They will tell you like about their lives. You can see that some people like normal life stuff, but we don't know what went wrong.

I: Yah yah!

I: But like, they are good people after all (laughs)

I: (laughs) I'm sorry about that, mmh?

i: Yah-yah like they are good people after all, yah even some of them they still remember like you passed the ward, maybe when they have changed your placement to a different ward when you pass the ward they would greet you like "hey staff" by your surname because like they know you and then they talk to you nicely. Some will greet you even in the morning, offer you a chair you know.

I: OH, wow (giggles) wow that was a nice experience. Mmh....

i: Yah like the environment like okay became friendly to me, like right now I'm in like the Bophelong Psychiatric eh hospital neh where we deal with state patients. Yoh I had to like to get to know wabona (you see) the different experiences between those two wards like the one where like there are like not state patients and they are just patients-patients only and the other one where there are like users only like they are state mental health users you know. But like okay...

I: No, I'm listening.

i: The space is different, okay-okay, the space is different but interactive there, they play games like it's fun.

I: Ok wow (giggles) so are you also having fun in the process?

i: Yah I'm also having fun (laughs) because like you get to know them and you like become comfortable around them. You will see that they are the kindest people you will ever meet.

I: Wow, that is very amazing. (giggles) so uhm how like, do you still remember uhm on the first day like what did you do when you arrived in the ward?

i: The first day, what did I do?

I: Mmh mmh huh?

i: Actually because of I felt unsafe I did nothing (laughs)

I: Uh? Wow....

i: I couldn't even like interact with them (laughs) I was so scared.

I: Yah.

i: Yah but like it was a nice experience though and it made me laugh. Do you know like in the morning they do their daily orientations?

I: Uh?

i: Yah they be like calling themselves names that doesn't belong to them (giggles) the user saying like "Im Cristiano Ronaldo" you like Cristiano Ronaldo what the fuck (how come)? You will laugh like... (laughs)

I: Yoh ahh-ahh, I can imagine.

i: Yah like that's what I enjoyed the most the orientation in the morning on my first day, that's what I enjoyed the most. And we were asked to go and chill with them like where they seat wabona (you see)?

I: Mmh huh?

i: So, they like I was just standing close by the door in case they start wilding I can just go and lock the door to be safe (laughing)

I: I can imagine.

i: But the sisters were like come, come sit here. Like, you would be fine. I was just sitting next to the sisters (inaudible)

I: (laughs) Yoh ah ah yoh that was quite an experience. So uhm nothing happened to you?

i: Uh no nothing happened to me. Nothing happened to me.

I: Oh, wow uhm so uhm from what you are saying would I be right if I say that placement of the psychiatric hospitals of the province uhm you were having a different experience?

i: Yes, indeed I was having a different experience.

I: Okay. Uhm so as far as learning is concerned uhm how did it go during your clinical placement?

i: Uhm it went well. Some of the sisters like were interested in helping us to reach our objectives, some like they don't like to put more effort in that. It's either like wena (you) go to them like showing them that you wanna learn but there will be those ones that like will be like yoh uhm like they call you , some join us when we are doing MDT so you can get to know like what's happening , what is LOA, those section forms how to fill them because of like at school you are only being taught about this forms, how to fill them in but you haven't like filled them in real life so when you get there to the clinical placement like they show you this thing ore like oh this is how you fill LOA, this is how you fill your section forms and this patient is section mang-mang (which section) and this one is under section mang-mang (which section). Your MDT's how it goes, whereby the patient has to meet the social worker, the doctor wabona (you see) the psychiatric doctor and the what, what's this other one? The psychologist you know.

I: Okay

i: They teach you like things that you hear from the classroom and then you do them in practical like they become easier.

I: Oh, so...

I: You would say that there is an integration of theory and practica when you it comes to Mental health? Would I be right if I say that?

i: Yah, you are you are definitely correct, there is integration because of like when you are at the university neh and then they teach you this stuff like you don't understand the. You don't like get what they say. You don't even understand even when they teach you DSM five like how to diagnose the patient, like it's just in the mist, it's just like eh a bit of a light but when you get to the practical's and then you see ohh this is what you have been taught about. Ohhthis is how it happens

I: Mmh mmh.

i: Because of like, like they are the same but at the practical's they are like quite another experience. Like what you did from the practical's , you are going to write the exams like you remember that one most like the theory part because like the theory you know you get bored like information like when lecturing is too much , you can't process it at the same time so at the facility like you get to have fun in the process.

I: Oh (laughs)yah you get to have fun hey

i: (laughing) yes, you get to have fun.

I: Mmh mxm okay, uhm is there any other thing maybe that you would like to add because you had quite an experience? (giggles)

i: On my experience?

I: Mmh mmh...

i: Uhm there was this experience, it was on the security ward yah

I: Okay?

i: There it was like it was a quite experience that was like iyoh (laughs) you know what happened?

I: Uh huh?

i: The patient was given LOA like...

I: Okay?

i: Around ten o'clock in the morning and then she went home. Around half past five when we are about to knock off, akere (because) we knock off at seven o'clock the patient was back.

I: Uh what happened?

i: I don't know what happened like she was worse like when she left the ward like she was okay talking to people. When she came back, she was like worse.

I: Oh really?

i: His father said like this kid just got at home and then he went to smoke again and lie he was worse, like even (Laughing)

I: Stop it, sorry about that (laughing) you make me laugh.

i: (laughing)

I: Oh, my goodness, Participant I (giggles)

i: You know what happened, he even hit like the staff there (laughing)

I: Ohhhhh (pity)

i: like iyoh he had to call like security so because it was so messed up.

I: Was it that bad?

i: Iyoh it was bad, I was just staring at them like can this people have so much power like iyoh (laughs)

I: Ei yah no that's hectic, that was very hectic uhm like yah I'm still listening

i: We had to get in like stop the fight, try to hold the patient, call the security like iyoh!

I: Shuu!

i: It was hectic, that was my experience. I was like nah psych I doubt, should I work here? Like, being beaten like this haai (laughing)

I: (laughing) so you feel like that experience it changed how you viewed uhm the maybe uh pursuing a career in mental health in future?

i: No, like it didn't change like it only gave me second thoughts like huh is it what happens when like they come, you know.

I: okay?

i: And they had like a situation like fine, the patient was secluded and then sedated. The following day like he was okay like you can see like this person doesn't remember what he did yesterday like.

I: No! was it a female?

i: It was male, you know like male nurses are not allowed to work in the female wards.

I: Is it?

i: Males only work in the male wards.

I: Why is that?

i: Ae I don't know.

I: Okay (giggles). Yes, you may continue.

i: (laughs) yah that was another experience that I've had, and I was like okay they can be like this when they want to?

I: So, you were not traumatised in any way?

i: Eish I won't say like I was traumatised you know; I was just like surprised gore like things like this can just happen.

I: Yah yoh that was an unfortunate event.

i: Eish and for the fact that you are not supposed to fight back I be like oh I would lose my cool (laughing)

I: Yah no you are not supposed to fight back right?

i: Yes, I be like imma (I am going to) lose my cool yoh, imagine being slapped like that thwaaaaa (slapping sound) and you pretend like everything is normal (laughing)

I: Participant I stop it (laughing) yoh, yah no that was quite an experience. I'm sure whoever who was slapped was very traumatised, yah I can imagine.

i: No, you know what he said to us?

I: Uh uh?

i: If you haven't been slapped or beaten by a patient then you haven't worked in a psychiatric ward. And I be like you guys get used to it?

I: What did he mean by saying that?

i: He says like if you have worked enough in a psychiatric ward, you get to know like incidences like this they do happen. That's why they say we must be extra careful, that's why they say like if you have like been beaten by a patient, by mental healthcare user that means you haven't worked there enough

I: (coughs) sorry about that. Oh okay, oh so that is what is being believed?

i: Mmh (laughs)

I: lyoh yah so uhm do you have anything more maybe that you can add on your experiences?

i: Mmh nah like there is nothing more that I would like to add. But all I can say like mmh the psychiatric ward like it's an okay environment, but you need to be careful like extra careful, yes.

I: By being extra careful what do you mean?

i: Like always be alert. Don't like to sit there and then relax you know. You must be alert and observe your patient because of like if you don't do that, they can just fight nje (with no reason).

I: Mmh?

i: You need to be extra careful, always look. Oh, actually I forgot to tell you. It's like I've had so many experiences. There was this one who ran like, like from the hospital and he was caught like running hehe (laughs) yah no like this patients like that's why I'm saying like you should be extra careful, like you should be alert because once you are not alert then you are not focused, they will leave or fight or they will beat you.

I: What happened uhm with that patient?

i: Ae at least the security caught him, and he was brought back to the ward, sedated and then secluded. For that day, I don't know what happened the following day because I had classes.

I: Oh, oh yah that was bad, I'm sure you wanted to find out what happened.

i: Yah gore like okay, he was sedated and secluded and what happens after.

I: Mmh mmh.

i: So, like I had classes on Thursday, Friday and then automatically Saturday and Sunday I'm not working, I'm going to go to the practical's on Monday.

I: Eish...

i: And then on Monday you find him fine with other patients, you don't know the process that happened.

I: Mmh mmh huh

i: Yah that's the thing.

I: Yah neh! Yoh yah you really had an experience that is very interesting. It was actually refreshing to listen to all of this (giggles) iyoh, yah no! uhm so uhm is there anything more?

i: No, there is nothing more, like that is my experiences in the psychiatric ward.

I: Okay. Yah that was quite an experience. Uhm so uhm how best do you think that those experiences that you had can be altered in future to make learning easier?

i: Oh, to make learning easier? I think like mmh since well like when you start doing nursing like you don't have too much knowledge, I would like eh for the first day when like the lecture introduces the module engeng (what-what) ,at least try , try like to make us at ease so that when we go to the wards we don't get scared like I was because of like nna (myself) my first day

I: Mmh huh?

i: It wasn't like as easy like that wabona (you see)? So at least if they told us what to expect in a psychiatric ward before then things would've been better for my first day. So, like they-taught us about psychiatry but didn't tell us what to expect there.

I: Oh yah I understand , uhm so if I were to repeat what you said, you said "you will need a bit of exposure like in terms of when you are being taught at class, they should at least tell you what to expect ?"

i: Yes, at least tell us their experiences and what are we also going to expect there.

I: Okay, so at the, at the psychiatric hospitals when you go for your clinical uhm placement , what do you think maybe can be done to make uhm the learning easier at the hospitals where you are placed?

i: At least like what can be done , at least they should try to speak with the staff there so that when we arrive they can like at least try to like make us to be more flexible because of like some of the stuff they do like try to make us flexible; try to call us and show us how things are done. Some they don't do that so at least if they can talk to all the staff , when the students are here at least try to involve them in many things as much as you can like your MDT, howto count the pills, how to balance them. How to like eh wat do you do when you apply for your mental health user to get LOA

I: Mmh huh?

i: You know those stuff. If maybe they can like show interest in us like they wanna (want to) teach something instead of like we just there looking at the patients , the only thing they do is like tell you go get the medication, go do that like go collect the medication . Those things are not interesting at least they should make practical's more interesting like seat us down, show us like you see that patient engeng (what-what) wabona (you see) like give us like... the only thing they do is tell you take that file and see, they don't come to you and like oh this is the file , it's for who and who and then this person like is doing this and this.

I: Mmh mmh,

i: What happened, why is he like here. Like....

I: (giggles)

i: (inaudible) make us to be more interested in practical's like we would be there seating there watching the patients not understanding why are you watching them.

I: Mmh mmh

i: You know? You don't like, you can finish the placement without knowing what's going on nje

I: Mmh mmh mmh huh... and that's is not good.

i: Yah if you don't meet those angelic staff that would want to teach you.

I: Mmh

i: Yah, you know.

I: Okay, yah I understand you. Is there anything maybe that you think can be made to make learning easier for the future student nurses that are coming?

i: Uh things that can be made or implemented I think, what can I say? They should like at least when we get there, tell us like their routine, like each and every day.

I: Mmh mmh?

i: Like okay Wednesday its sports day, you guys are supposed to do this and that then it Thursdays what-what like that so that when you get to the ward you know okay its Monday, this is what's expected , this is Tuesday this is what's expected in the morning. They should give the heads up and also and sometimes like allow us eh to be like working independently, show me the first time how things are done then if I make a mistake obore eng-eng-eng (you can say this-this-this) so that I can learn from my mistakes. So, like bone (they) you do one mistake you are out.

I: Mmh...

i: Wabona (you see), at least give us more chances so that we can learn and like at least try to speak us, to speak with us in a polite manner. Stop shouting at us, we do hear you, there is no need for you to be loud

I: Mmh mmh.

i: you know, and like okay? You wanted to ask something?

I: No, I'm listening. I am listening to you.

i: Yeah and what, what can I say again? Whenever like they are writing report, they should call us so that we can see this is how you write an incident report. This is what you write and also show us like how do you like uhm welcome transfer ins from other wards you know.

I: Mmh?

i: Don't just like do it on your own then we see new patient and ask like when did this patient come, like no we came at this, we came at this time from that ward. Okay that's it. You know.

I: Mmh.

i: At least call us to see like how we, how you welcome the patient from other wards you know?

I: So, would I be right if I say maybe you need more orientation and supervision in the psychiatric placement?

i: Yes, yes-yes.

I: Okay. Fair enough. Is there something more that you would like to add?

i: And one thing, one thing, one thing, like eh what can I say , mmh like our I wanted to say about the experiences but they usually ask us about how was our experiences in the psychiatric ward, at least like they should mmh make sure that we get like someone like I don't know, like someone like social supportnyana (bit of support) for the experiences we have experienced like someone we can talk to not directly to the lecturers you don't have to inform, you can tell your lecturers about your experience you know sometimes you don't tell them everything. At least they should have like some psychologist or something, someone that you can talk to.

I: Mmh mmh

i: Wabona (you see). Okay maybe that person you can call , talk to whenever you are not feeling okay because some other times like you are not feeling comfortable talking to our lecturers, actually feel like they get us someone you know like when I can dial this person and tell this is what I experienced. This is how it haunts me you know?

I: Mmh

i: Those things, yah that will be better.

I: Yah, I understand that. So uhm is there may be anything again that you would like to add?

i: (giggles) let me see, like the placement yona (itself) it's okay like its fine. Like its long enough, you can even want more days you can ask from the lecturers and then they will give you a letter to be experienced like yah, the placement is okay.

I: Mmh huh.

i: And then the ideas that I want like at least they should have in their wards neh, like I feel like the patients they are bored there because like they do nothing. They have like for occupational therapy, but I don't think that it's being used like there are balls there, the patients only play soccer when we are around. When we are not, they don't do.

I: Mmh

i: Like they don't have board games, something to keep them busy if they can at least try to like get more games, things that they can do since like make them do something interesting in a day unlike they just wake up, you eat and drink medication then sleep, like same routine. Like there is nothing exciting, I think like it's not helping them on their mental health issues is the same routine and its boring.

I: Mmh

i: You wake up, drink medication, go sit at the sun and go back to the ward and get food then sleep.

I: Mmh mmh mmh

i: You be like weekend then chill at the sun again, and you go back there and eat., you sleep like that's your routine. Like that's a boring routine.

I: Ya

i: At least they should be something to keep them busy.

I: Mmh ya, that's a good point. Mmh okay so is there any other thing that you would like to add about your experiences with regard to clinical psychiatric placement?

i: Haa, let me see what I can add, what did I leave out? Ae I think yah that's all I can think of right now

I: All right, let me first thank you for this wonderful interview. Uhm would you like to reflect for us on how was your experience uhm during this interview? How was the interview for you?

i: Can you repeat what you have just said? You have been cutting.

I: Oh, the reflection, can you reflect for us (giggles) about this interview

i: Okay, about this interview, yah neh it was like hehe (laughs) it was like it was quite great interview because of you made me feel like relaxed at first, I could like answer the questions openly so like there is nothing that I hide.

I: Mmh huh

i: It was a great interview. yah, I get, got to speak about things that I felt were needed there at the clinical placement. And like the way you have been asking questions, the manner you have been speaking to me, is the manner that I wish we could get at the practical's (laughing)

I: Oh, I hear you. Thank you so much, its more appreciated than ever.

i: You are welcome, thank you so much.

I: Alright so do you feel like you need maybe some counselling after this interview, or you are fine?

i: Hae no I'm fine, I'm fine

I: Are you sure?

I: (laughing) no I'm hundred percent sure.

I: Uhm so uhm thank you so much, so I'm gonna (going to) stop the recording right now. Uhm thank you (giggles)

i: You welcome.

I: Yes.

Recording stopped.

# Appendix H: Curationis Journal Guidelines

## CURATIONIS

### Overview

The author guidelines include information about the types of articles received for publication and preparing a manuscript for submission. Other relevant information about the journal's policies and the reviewing process can be found under the about section. The **compulsory cover letter** forms part of a submission and must be submitted together with all the required **forms**. All forms need to be completed in English.

#### Original Research Article

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An original article provides an overview of innovative research in a particular field within or related to the focus and scope of the journal, presented according to a clear and well-structured format.

Word limit	7000 words (excluding the structured abstract and references)
Structured abstract	250 words to cover a Background, Objectives, Method, Results and Conclusion
References	60 or less
Tables/Figures	no more than 7 Tables/Figure
Ethical statement	should be included in the manuscript
Compulsory supplementary file	ethical clearance letter/certificate

#### Cover Letter

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The authorship, disclosure statements, copyright, and license agreement form is our compulsory cover letter which needs to form part of your submission. Kindly download and complete, in English, the provided **form**.

Anyone that has made a significant contribution to the research and the paper must be listed as an author in your cover letter. Contributions that fall short of meeting the criteria as stipulated in our policy should rather be mentioned in the 'Acknowledgements' section of the manuscript.

Read our **authorship** guidelines and **author contribution** statement policies.

#### Original Research Article full structure

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**Title:** The article's full title should contain a maximum of 95 characters (including spaces).

**Abstract:** The abstract, written in English, should be no longer than 250 words and must be written in the past tense. The abstract should give a succinct account of the objectives, methods, results and significance of the matter. The structured abstract for an Original Research article should consist of five paragraphs labelled Background, Objectives, Method, Results and Conclusion.

- **Background:** *Why do we care about the problem?* State the context and purpose of the study. (What practical, scientific or theoretical gap is your research filling?)
- **Objectives:** *What problem are you trying to solve?* What is the scope of your work (e.g. is it a generalised approach or for a specific situation)? Be careful not to use too much jargon.
- **Method:** *How did you go about solving or making progress on the problem?* State how the study was performed and which statistical tests were used. (What did you actually do to get the results?) Clearly

express the basic design of the study; name or briefly describe the basic methodology used without going into excessive detail. Be sure to indicate the key techniques used.

- **Results:** *What is the answer?* Present the main findings (that is, as a result of completing the procedure or study, state what you have learnt, invented or created). Identify trends, relative change or differences on answers to questions.
- **Conclusion:** *What are the implications of your answer?* Briefly summarise any potential implications. (What are the larger implications of your findings, especially for the problem or gap identified in your motivation?)  
Do not cite references and do not use abbreviations excessively in the abstract.

**Introduction:** The introduction must contain your argument for the social and scientific value of the study, as well as the aim and objectives:

- **Social value:** The first part of the introduction should make a clear and logical argument for the importance or relevance of the study. Your argument should be supported by use of evidence from the literature.
- **Scientific value:** The second part of the introduction should make a clear and logical argument for the originality of the study. This should include a summary of what is already known about the research question or specific topic, and should clarify the knowledge gap that this study will address. Your argument should be supported by use of evidence from the literature.
- **Conceptual framework:** In some research articles it will also be important to describe the underlying theoretical basis for the research and how these theories are linked together in a conceptual framework. The theoretical evidence used to construct the conceptual framework should be referenced from the literature.
- **Aim and objectives:** The introduction should conclude with a clear summary of the aim and objectives of this study.

**Research methods and design:** This must address the following:

- **Study design:** An outline of the type of study design.
  - **Setting:** A description of the setting for the study; for example, the type of community from which the participants came or the nature of the health system and services in which the study is conducted.
  - **Study population and sampling strategy:** Describe the study population and any inclusion or exclusion criteria. Describe the intended sample size and your sample size calculation or justification. Describe the sampling strategy used. Describe in practical terms how this was implemented.
  - **Intervention (if appropriate):** If there were intervention and comparison groups, describe the intervention in detail and what happened to the comparison groups.
  - **Data collection:** Define the data collection tools that were used and their validity. Describe in practical terms how data were collected and any key issues involved, e.g. language barriers.
  - **Data analysis:** Describe how data were captured, checked and cleaned. Describe the analysis process, for example, the statistical tests used or steps followed in qualitative data analysis.
  - **Ethical considerations:** Approval must have been obtained for all studies from the author's institution or other relevant ethics committee and the institution's name and permit numbers should be stated here.
- Results:** Present the results of your study in a logical sequence that addresses the aim and objectives of your study. Use tables and figures as required to present your findings. Use quotations as required to establish your interpretation of qualitative data. All units should conform to the **SI convention** and be abbreviated accordingly. Metric units and their international symbols are used throughout, as is the decimal point (not the decimal comma).

**Discussion:** The discussion section should address the following four elements:

- **Key findings:** Summarise the key findings without reiterating details of the results.
- **Discussion of key findings:** Explain how the key findings relate to previous research or to existing knowledge, practice or policy.
- **Strengths and limitations:** Describe the strengths and limitations of your methods and what the reader should take into account when interpreting your results.

- Implications or recommendations: State the implications of your study or recommendations for future research (questions that remain unanswered), policy or practice. Make sure that the recommendations flow directly from your findings.  
**Conclusion:** Provide a brief conclusion that summarises the results and their meaning or significance in relation to each objective of the study.

**Acknowledgements:** Those who contributed to the work but do not meet our authorship criteria should be listed in the Acknowledgments with a description of the contribution. Authors are responsible for ensuring that anyone named in the Acknowledgments agrees to be named. Refer to the acknowledgement structure guide on our *Formatting Requirements* page.

Also provide the following, each under their own heading:

- Competing interests: This section should list specific competing interests associated with any of the authors. If authors declare that no competing interests exist, the article will include a statement to this effect: *The authors declare that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.* Read our [policy on competing interests](#).
- Author contributions: All authors must meet the criteria for authorship as outlined in the [authorship](#) policy and [author contribution](#) statement policies.
- Funding: Provide information on funding if relevant
- Data availability: All research articles are encouraged to have a data availability statement.
- Disclaimer: A statement that the views expressed in the submitted article are his or her own and not an official position of the institution or funder.  
**References:** Authors should provide direct references to original research sources whenever possible. References should not be used by authors, editors, or peer reviewers to promote self-interests. Refer to the journal referencing style downloadable on our *Formatting Requirements* page.

Style and format

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### File format

- Manuscript files can be in the following formats: DOC, DOCX, or RTF. Microsoft Word documents should not be locked or protected.
- LaTeX documents (.tex) should be converted into Microsoft Word (.doc) before submission online.
- Rich Text Format (RTF): Users of other word processing packages should save or convert their files to RTF before uploading. Many free tools are available that will make this process easier.

### Length

Manuscripts should adhere to the author guidelines of the journal. There are restrictions on word count, number of figures, or amount of supporting information.

### Font

Use a standard font size and any standard font family.

### Special characters

Do not use the font named 'Symbol'. To add symbols to the manuscript, use the Insert → Symbol function in your word processor or paste in the appropriate Unicode character. Refer to our AOSIS house style guide on mathematical and Unicode font guidelines.

### Headings

Ensure that formatting for headings is consistent in the manuscript. Limit manuscript sections and sub-sections to four heading levels. To avoid confusion during the review and production process, ensure that the different heading levels used in your work are visually distinct from one another. The simplest way to achieve this is to use different font sizes and/or a combination of bold/italics for different heading levels.

### Keywords

Identify eight keywords that represent the content of your manuscript and are specific to your field or sub-field, ensure to separate each keyword with a semi-colon. Test your keywords: when you enter your keywords into the various journal and academic databases like Google Scholar, do the results include papers similar to your topic? If not, revise the terms until they do.

### **Layout and spacing**

Manuscript text should have a 1.5 line spacing.

### **Page and line numbers**

Include page numbers and line numbers in the manuscript file. Use continuous line numbers (do not restart the numbering on each page).

### **Footnotes**

Footnotes are not ideal. If your manuscript contains footnotes, move the information into the main text or the reference list, depending on the content.

### **Language**

Manuscripts must be written in British English, according to the Oxford English Dictionary (avoid Americanisms [e.g. use 's' and not 'z' spellings], and set your version of Microsoft Word default language to UK English). Refer to the AOSIS house style guide for more information.

### **Abbreviations**

Define abbreviations upon first appearance in the text. Do not use non-standard abbreviations unless they appear at least three times in the text. Keep abbreviations to a minimum.

### **Illustrations**

Illustrations fall into two categories:

- Figures: Photographs, drawings, diagrams, graphs, flowcharts, maps, etc.
  - Tables and/or Boxes: Text and/or numbers arranged in orderly columns and rows.
- Every time a Figure, Table and/or Box is presented in your manuscript, it should be referred to three times:
- In a legend, which includes a number, a title, and its source. The legend is placed below a Figure and above a Table and/or Box. The source section should consist of the in-text citation, creator or owner and its year of creation, and any other attribution required as stipulated by the permission received (person and place) to reproduce.
- In the body of your written manuscript. You should include an in-text citation and a sentence or two about the image explaining what it illustrates and why it is there.
  - As a reference entry within your reference list.

### **AOSIS house style**

The manuscript must adhere to the [\*\*AOSIS house style guide\*\*](#).  
References

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### **Referencing style guide**

The manuscript must adhere to the [\*\*Harvard referencing style\*\*](#).

### **Ethical considerations**

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This section should include the statements of compliance with standards of research involving either animal or human involvement. If your study involves human subjects and/or animals, and if your manuscript includes case reports/case series, you need to provide the following:

- Authors must provide the name of the ethical approval committee/Institutional Review Board they have obtained consent from and approval number/ID.
- Authors should specifically mention if a waiver was obtained for the study and the reason for the waiver. They should confirm that the study was conducted in accordance with Helsinki Declaration as revised in 2013.
- Authors must state that written informed consent was obtained from the participants of the study (and the relevant document(s) must be provided when requested by the journal). If verbal informed consent was obtained, the reason(s) for the absence of written consent must be provided.
- For case reports/case series involving minor subjects/children/infants, authors should confirm that the statements of written informed consent from legally authorized representatives/parents/guardians are available; if verbal informed consent was obtained, reasons for this must be mentioned.
- Since patients have a right to privacy, identifying information (including patients' images, names, initials, or hospital numbers) should not be included in recordings, written descriptions, or photographs unless the information is essential for scientific purposes. In any case, written informed consent from the patient must be obtained for publication of these graphics in print and electronic form. If such consent has not been obtained, personal details of patients in any part of the paper and in any supplementary materials (including illustrations) must be removed before submission.

<sup>a</sup>, Do keep in mind: The necessary and sufficient condition is to conduct research in accordance with the **1964 Helsinki Declaration**. If your institution has no department that deals with ethics, then you should not mention institutional standards. If your country has no committee that deals with ethics, then you should not mention national standards.

#### Acknowledgements structure

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##### **Acknowledgements**

The acknowledgement section follows the conclusions section and addresses formal, required statements of gratitude and required disclosures. It includes listing those who contributed to the work but did not meet authorship criteria, with the corresponding description of the contribution. Acknowledge anyone who provided intellectual assistance, technical help (including with writing and editing), or special equipment and/or materials. Authors are responsible for ensuring that anyone named in the Acknowledgements agrees to be named.

Also provide the following, each under their own subheading:

- Competing interests
- Author contributions
- Funding information
- Data availability statement
- Disclaimer

##### **Competing interests**

This section should list specific competing interests associated with any of the authors. If authors declare that no competing interests exist, the article will include a statement to this effect. Read our [policy on competing interests](#).

##### **Author contributions**

All authors must meet the criteria for authorship as outlined in the [authorship](#) policy and [author contribution](#) statement policies.

The following are examples of an author contribution statement. If you use one of the examples, you should **Funding information**

All research articles should have a funding acknowledgement statement included in the manuscript in the form of a sentence under a separate heading entitled 'Funding information'. The funding agency should be written out in full, followed by the grant number in square brackets.

##### **Data availability statement**

All research articles should have a data availability statement included in the manuscript in the form of a sentence under a separate heading entitled 'Data availability statement'.

The following are examples of a data availability statement. If you use one of the examples, you should modify it to fit your specific relationship.

##### **Disclaimer**

A statement that the views expressed in the submitted article are his or her own and not an official position of the institution or funder

## Appendix I: Language Editing Certificate

19 Akasia Street  
Golf View  
Mafikeng, 2745  
North West Province

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28 November 2022

TO WHOM IT MAY CONCERN

### CERTIFICATE OF LANGUAGE EDITING

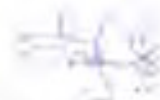
I, Paul Nepapleh Nkamta, confirm and certify that I have read through and edited the dissertation titled, "Experiences of undergraduate nursing students regarding clinical placement in psychiatric hospitals of North West Province" by KF Sethibe, student number: 25359762.

KF Sethibe was supervised by Professors LA Sehularo and MM Moagi of the North-West University.

I hold a PhD in English Language and I am qualified to edit academic work of such nature for cohesion and coherence.

The views and research procedures detailed and expressed in the dissertation remain those of the researcher/s.

Yours sincerely



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