SUPPORTING NURSING STUDENTS DURING PSYCHIATRIC–MENTAL HEALTH CLINICAL ROTATIONS

To the Editor:

I strongly agree that there is a need for nurse educators to provide increased support to nursing students during their psychiatric–mental health clinical rotations as discussed in the article, “Walking on Eggshells: Addressing Nursing Students’ Fear of the Psychiatric Clinical Setting” by Abraham, Cramer, and Palleschi (2018) in the September 2018 issue of the Journal of Psychosocial Nursing and Mental Health Services. The article examined a prevalent clinical problem related to attitudes of stigmatization from nursing students toward patients with mental health disorders. The authors presented innovative and achievable strategies for addressing these attitudes of fear and apprehension.

Current literature cites stigmatization toward this vulnerable population of patients with mental health disorders as a profound clinical problem. Maranzan (2016) shares that stigmatization of mental illness is a global phenomenon, and health professionals have been found to endorse the stigma at comparative or higher rates relative to the general population. Unfortunately, this stigmatization from health professionals can be contributory to poor health outcomes for patients with mental health disorders secondary to increased potential for discriminatory behaviors, such as clinical distancing, therapeutic pessimism, diagnostically overshadowing, fragmentation and marginalization, and less timely or less adequate treatment (Ungar, Knaak, & Szeto, 2016).

This clinical issue is compounded as nursing students bring pre-established stereotypes and prejudices with them into the field of nursing. Poreddi, Thimmaiah, Pashupu, Ramachandra, and Badamath (2014) found negative attitudes of separatism, stereotyping, and pessimistic predictions to be most common among 148 nursing students in their cross-sectional descriptive study. It would undoubtedly be wise to investigate the quality of support from nursing faculty and consider possible solutions to foster improved attitudes in rising nurses. In attempting to break the stigma, Abraham et al. (2018) did that by recommending nurse educators use simulation lab experiences during psychiatric–mental health rotations, use role play scenarios in classroom settings, and support students during clinical by orienting them to the units ahead of time and debriefing or journaling afterwards.

One could argue that tackling the clinical problem addressed here in its youth or primary stages could prove most effective in reshaping the future of health care and outcomes for this patient population. Moreover, using existing resources from nursing programs, such as current nurse educators, allotted classroom time, university simulation labs, or health care theatre opportunities, and faculty supported clinical exposures could be largely cost efficient and sustainable. In contrast, it could be more difficult to establish resources providing educational opportunities that inspire improved attitudes toward mental health for already practicing health professionals. Nevertheless, there is an unquestionable need for improved stigma-dispelling education that cultivates self-efficacy among student nurses and health care professionals.

REFERENCES

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