

CLINICAL JOURNALS
IN
THE PSYCHIATRIC SETTING:
DOMINANT THEMES
AND
STUDENT-PERCEIVED EFFICACY

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Dedication

When I was born and spawned and hatched,
My heart and mind were badly matched.
My heart wants roots,
My mind wants wings,
I cannot bear these bickerings.
Oh God, who wrought this schizoid mess
Did Thou forget togetherness?
Must I now pay an analyst
To teach them how to co-exist?

Author Unknown

This work of this project is dedicated to all
who have experienced
the pain and misunderstanding
engendered by
mental illness

Abstract

Nursing students who are completing a practicum in the psychiatric setting tend to encounter a variety of issues and concerns which are rather unique to the psychiatric experience. The marked reduction in psychomotor task orientation found in other clinical areas and the sustained focus on the client's psychosocial needs tends to generate thoughts, feelings, opinions and attitudes which heretofore may not have received in-depth consideration. At the same time, because the clinical requirements of the setting may be perceived by students as unusual or even threatening, students generally require added support and guidance in order to build confidence in their roles.

Using a modified grounded theory approach, this study examines the dominant themes identified in the writing of nursing students when they were asked to keep a daily clinical journal while assigned to the psychiatric setting. The purpose of the first part of the study was to determine the issues that are uppermost in students' minds as they progress through the clinical rotation. In the second part of the study, students' perceptions of/attitudes toward the exercise of journal writing were assessed by means of a survey which was completed by all participating students at the end of the clinical rotation.

Results of the study indicate that students focused on five major issues or themes in their daily writing.

Identification of the themes underscored the need for strong instructor support and preparation of nursing students who are about to enter a psychiatric practicum as well as ongoing support and communication as the practicum progresses. Student attitudes toward the effectiveness of journal writing as a learning tool were found to be generally favourable though students expressed some issues and reservations which will warrant further consideration in future planning of the journal writing experience.

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CHAPTER ONE**Background Of The Study**

Nursing students completing a practicum in acute psychiatric nursing tend to exhibit a number of concerns and emotions which are somewhat unique to the psychiatric experience. These may include fear and distrust of the mentally ill client, perceived lack of therapeutic skill to intervene in client problems, inadequate coping abilities and fear of discovering similarity of self to the client (Karshmer, 1982; Procter & Hafner, 1991; Schoffstol, 1981; Wilkinson, 1982).

The psychiatric setting departs markedly from most practica settings in which the student may have accumulated previous clinical experience. With its primary emphasis on the meeting of clients' psychosocial needs as opposed to their physiological needs, the psychiatric setting demands that students now focus primarily upon the interpersonal and communicative aspects of the therapeutic relationship rather than upon the completion of physical care. This demand may precipitate extreme discomfort in students who are more comfortable with the instrumental aspects of nursing care and in the absence of the physical task requirement, leave them confused about their roles (Clement, 1988). Not surprisingly, then, students tend to exhibit a heightened level of anxiety at the outset of the psychiatric practicum,

subsequently passing through a period of moderate anxiety before finally reaching a period of adjustment and mild anxiety (Stacklum, 1981). As a result, a great deal of support, guidance and dialogue with the instructor is usually needed in order that students build confidence in their roles as psychiatric nurses. Indeed, Yonge and Hurtig (1987) have found that students perceived teacher support as the most important influence on their learning in the psychiatric setting.

Finally, it is my experience as a mental health nursing instructor that the psychiatric milieu stimulates a great deal of questioning and critical reflection in students undergoing the initial exposure. Issues which arise may include treatment modalities, ethical and legal concerns, client self-harm and staff-client interaction. Opportunities for student-teacher dialogue concerning any and all salient issues will be contingent on time constraints, student comfort level and the instructor's receptivity and openness. However, an alternative to oral communication and dialogue can be achieved through the medium of writing. Writing has been widely implemented in general educational settings and less so in nursing educational settings as a means of student-teacher communication. This type of writing usually takes form in student journals to which teachers respond on a regular

basis with written comments. They are referred to by Staton (1987) as "dialogue journals."

CHAPTER TWO**A Journey Into The Literature**Shifting Paradigms

Journal writing has gained popularity as a pedagogical tool in nursing education in recent years. The catalyst for the advent of journal writing appears rooted in a fundamental change in nursing educational philosophy which has transpired over the past decade. The late eighties heralded the beginning in nursing education of what has come to be known as the Curriculum Revolution (National League for Nursing, 1988, 1989, 1990, 1991). The Curriculum Revolution in nursing called for a paradigm shift from the prescriptive, rule-driven Tylerian (1949) curriculum model that has traditionally dominated nursing education to one that provides the impetus for "the creative, individualized, content-responsive, caring, human services-oriented, humanistic, critical thinking, human sciences education that should form the basis of nursing" (Bevis & Clayton, 1988, p.15). As a result, nursing education has, in recent years, initiated a move away from a complete focus on empiricism and objectivity and has, instead, begun to emphasize methods that acknowledge contextual learning (Benner, 1982), self understanding (Blomquist, 1985) and reflection-in-action (Powell, 1989; Saylor, 1990).

The Legitimacy of Reflection

Reflection as a legitimate professional concern was first described by Schon (1984) when he questioned the kinds of knowledge valued in academic settings as opposed to the professional competency needed for practice. He maintained that both scientific, technical knowledge and professional artistry are needed by the competent practitioner. According to Schon, professional artistry is partially achieved through the use of reflection-in-action. Reflection serves to modify the practitioner's behaviour through a process of reframing or considering alternative perspectives and solutions to problems. Journal writing has been identified as one means of encouraging students to reflect (Saylor, 1990). Allen, Bowers and Diekelmann (1989) note that the interactive nature of writing allows students to continually reflect upon and respond to their own writing. They maintain that higher order conceptual skills can only evolve through a writing process in which the writer engages in an active, ongoing dialogue with him/herself and others. Again, journal writing can be seen to serve this dialogical function. Furthermore, according to the literature, journals have been employed in a variety of different ways and have served many different purposes, depending on the context in which they are utilized.

The Journal: A Multi-Purpose Medium

Student journals have been used by Browning (1986) in order to strengthen students' self-understanding and to assist teachers in better understanding students' attitudes, interests and personality. Frager and Malena (1986) employed journals diagnostically in order to assess students' reading abilities, writing abilities, problems with adjusting to the student role, study habits and reading and study problems not apparent with testing. Wagenaar (1984) viewed them as a means of encouraging students to engage in reflection on sociological concepts and theories in relation to their own lives. Both Wagenaar and Lukinsky (1990) saw them as a means by which students might integrate and apply their knowledge.

The nursing educational literature also reports a multiplicity of ways in which student journals have been employed in teaching. Hahnemann (1986) describes the use of journal writing assignments as a means of promoting critical thinking in students. She provided students in professional nursing courses with twenty writing assignments, both in and out of class, for the purpose of encouraging exploration and risk taking, teaching content, problem solving and thinking. The employment of journal writing as a means of promoting critical thinking is also discussed by Brown and Sorrell (1993). They support the use of journals in nursing practica as a vehicle for teaching thinking by encouraging

students to reflect on their perceptions or understanding of the situations they encounter in the clinical setting. The authors maintain that by doing this, students "learn to synthesize theory and practice, apply relevant research and literature to the actual practicum experiences and raise questions for further study" (p.16).

Callister (1993) discusses a number of benefits of clinical journals for both students and faculty. She sees journals primarily as a means of defining and articulating the lived clinical experience of the student. Other perceived benefits include helping the student to make essential linkages between theory, research and clinical practice, assisting the student in developing sustained critical thought, increasing student ability to empathize, uniquely order facts, observe and describe. Faculty benefits include provision of insight into the personality and needs of the learner, humanization the student-teacher relationship and assistance with evaluation of student learning and critical thinking skills development.

The value of clinical journals in fostering ethical as well as intellectual development is argued by Dimino (1988). Journals are seen not only as a way of fostering a personal relationship between student and faculty but as a means of assisting students to progress through Perry's (1970) stages of dualism, in which learning is defined by the teacher and multiplicity, in which the student begins to recognize

conflicting doctrines or opinions. Moreover, ongoing dialogue between student and faculty is seen to allow students to vent feelings while guidance and support is provided.

Fostering of the dialogical aspect of the student-teacher relationship is also discussed as an advantage of journal writing by Sedlack (1992), Hurtig, Yonge, Bodnar and Berg (1988) and Heinrich (1992). Heinrich's construct of journal writing is framed by the triangulation approach in which the personal, the professional and the theoretical are linked, forming the basis for meaningful dialogue between student and teacher.

Burnard (1988) describes the utilization journals as a student-centred assessment and evaluation tool. He outlines several ways in which the journal can serve an evaluative purpose and suggests that faculty and students negotiate how the journal is to be employed for evaluation purposes.

Patterson's (1995) discussion of dialogue journals focuses strongly on the need to develop and maintain reflective abilities in nursing students, while Cameron and Mitchell (1993) offer a critical perspective of student-teacher journals. They identify the inherent pitfalls associated with "writing for the teacher" and call for a shift to the use of peer journals.

Journals in the Psychiatric Setting

Three papers have specifically focused on the use of journals with nursing students in the psychiatric setting. The previously cited discourse by Hurtig et al (1988) focuses around a psychiatric practicum. Journals were used as a means of assisting students to express their ideas, feelings, actions and reactions as they progressed through the psychiatric experience. The authors responded to students' daily entries, thereby creating an ongoing interaction between student and teacher. Journals were seen as a means of facilitating learning and positive student-teacher relationships under difficult conditions. Lyte and Thompson (1990) incorporated the use of self-described diaries into a workbook which was used as a learning aid during the psychiatric practicum. Students were asked to document significant interactions with clients and colleagues during each week of the experience and to engage in an analysis of the interactions. Burnard's (1988) described use of journals as a means of evaluation and assessment also took place in the psychiatric setting.

The Scarcity of Studies

The bulk of the published nursing literature on journal writing is descriptive and there have been few investigative studies undertaken on this subject. However, Landeen, Byrne and Brown (1992) also used the psychiatric setting to

compare a group of students who kept journals while assigned to that area to two control groups. The control groups were situated in psychiatric and medical-surgical settings and did not keep journals. The study evaluated the impact of journal keeping on students' attitudes toward psychiatric clients and their own self-awareness in relation to others. The findings supported the use of journals to assist students in exploring and changing their attitudes but not necessarily in changing their interpersonal styles. A later (1995) study by the same authors explored the use of journals in identifying important issues facing nursing students when learning in a psychiatric setting. Students were asked to describe the most significant event that occurred each week during their rotation and to reflect upon the impact and accompanying attitudes relating to that event. Major themes were subsequently identified by the investigators. It was concluded that keeping a journal provided students with an opportunity to become more reflective in their practice. An examination of self-described clinical logs by Sedlack (1992) was also investigative. By having students write weekly reactions to their clinical experiences in the form of a log, she identified differences in the learning needs of traditional and nontraditional beginning nursing students. As well, Hembrough and Sheehan (1989) used diaries to track changes in student attitudes and self-identity as they

progressed through a nursing program.

Absence of Student Voice

Studies examining adult student attitudes toward the effectiveness of journal writing are also few in number. Dimino's (1988) description of journals as tools for fostering ethical and intellectual development also includes a survey of faculty and student perceptions of the usefulness of clinical journals. Results of the faculty-prepared questionnaire indicate that response from both faculty and students was generally positive. An attitudinal survey of physical therapy students regarding the use of clinical journals in their practica experience elicited positive responses from sixty percent of respondents (Jensen and Denton, 1991). Hennings (1992) studied graduate and undergraduate students in a university language arts methods course and found that journal writing was positively received and was viewed by students as a means of establishing close rapport and communication between student and instructor. An opinion survey on the use of journal writing in psychology courses was conducted by Hettich (1990) in order to assess student and teacher attitudes. Journals were seen by students as being most helpful in stimulating critical thinking, providing feedback about their learning and providing an opportunity for expression.

Overall, then, journals have clearly served many purposes both within and outside of nursing educational settings. However, there is little research to date regarding student-perceived usefulness of journal writing nor of its value in elucidating the foremost issues and concerns of students who are undergoing the psychiatric practicum experience.

CHAPTER THREE**Undertaking The Study**The Purpose

The purpose of this study was twofold. The first was to identify the major issues and concerns upon which students focus when they are asked to keep a daily reflective journal while assigned to an acute psychiatric nursing practicum. Illumination of student issues and concerns was deemed to be important in the planning of future psychiatric practicum experiences for students as well in the provision of ongoing support. The second purpose was to assess student attitudes toward the efficacy of journal writing. As noted, little research has been undertaken in this area and much of the literature advocating the use of journals is written from the teacher's perspective. The student's perception was seen to be an important and a much overlooked determinant of the value of journal writing as a learning resource.

The Method

Sixty-three second year students enrolled in a diploma nursing program at Lethbridge Community College were asked to participate voluntarily in this study. All students were about to enter the senior psychiatric nursing practicum which operated between January and June of 1995. This

student experience may consist of a four week placement in which students are present three days a week on the psychiatric unit of a local hospital or a two week placement in which students are present five days a week. All clinical groups consist of six to seven students who are supervised by an on-site full time clinical instructor. Students were provided with a letter explaining the purpose of the study, their participatory roles and their right to withdraw from the study at any time (See Appendix A). The study design received prior approval from the Human Subject Research Committee at the University of Lethbridge.

Students commencing the psychiatric practicum had, for several years, been asked to keep a journal of their clinical experiences. The journal was meant to help them reflect on their interactions with clients, their feelings and responses regarding those and other learning experiences and any other events which were significant for them. Journal entries were to be completed at the end of each practicum day and were to be submitted to the clinical instructor the morning of the next day. The clinical instructor would respond in writing on a daily basis and return the student journals by the end of that day. Journal writing was seen to promote student self-assessment, thinking and question posing. The exercise was also viewed as an invaluable means of ensuring consistent communication between student and teacher in a stressful learning

environment which often allows little time for student-teacher dialogue.

Rovegno (1992) maintains that if students do not fully understand why they are being required to complete a clinical journal, they may simply view the exercise as "busy work". Moreover, Bode (1989) states that journal assignments should be preceded by a written and oral statement of the purpose of the journal writing activity. The purpose statement should provide an overview of the goals and teacher expectations (Patterson, 1995). Therefore, a statement of objectives and a set of suggested guidelines had, in the past, been provided for students at the outset of the clinical experience. With the commencement of this study and based on a search of the current literature, two clinical instructors made revisions to the existent objectives and guidelines. Students were then provided with copies of the revised document. (See Appendix B).

The study was conducted in two parts. In the first part of the study, students were asked to submit their completed journals to their clinical instructors at the end of the psychiatric rotation. Three clinical instructors, including myself, were responsible for eleven clinical groups of five to six students throughout the period in which the study was conducted. Students were informed that I would then be given access to all journals submitted and

that I would be examining their journals for significant themes appearing consistently in student writing.

Confidentiality was assured and students were informed that I would be the only person completing analysis of the journals. The submitted journals were photocopied with student permission and were returned to the students promptly.

The aim of analyzing qualitative data is to produce a detailed summary of themes and to link them together through an exhaustive category system (Burnard, 1991). Therefore, a modified grounded theory approach as described by Strauss and Corbin (1990), was utilized in an effort to discover central themes or categories in student writing. Grounded theorists search for social processes present in human interaction. The aim of grounded theory is the development of a more inclusive, general theory through analysis of specific social phenomena. Examination of everyday behaviours and organizational patterns assist in generating theory through the study of the richness and diversity of human experience (Munhall and Oiler, 1986).

All student journals were repeatedly read in an effort to discover central themes. As themes were identified they were coded. One of the goals of the coding process was to seek out excerpts of student writing that were indicative of the reflective process. Student comments that were strictly

documentary, lacking indication of reflection or discussion, were not coded.

In the second part of the study students were asked, on completion of the rotation, to complete a twelve item Likert scale questionnaire. The twelve items were followed by an open question. The questionnaire was developed by me for the purpose of assessing student attitudes toward the effectiveness of journal writing as a learning tool. Potential response to each of the twelve items was placed on a five point Likert scale ranging from "strongly agree" to "no opinion." The open question invited students to make further comments about the journal writing experience with a view to eliciting both supporting and opposing perspectives (See Appendix C). The twelve items presented on the scale were based primarily on the objectives and guidelines for journal writing. Content validity was determined by submitting the questionnaire to faculty members involved in psychiatric clinical teaching. The faculty members examined the items and commented regarding the appropriateness and representativeness of each (Polit & Hungler, 1978). Students were permitted to complete the questionnaire at their leisure. The results were then analyzed by determining raw scores and percentages for each potential response. Responses to the open question were analyzed by sorting student comments into two categories, primarily negative attitudes and primarily positive attitudes.

The Limitations

Though all aspects of the research were successfully completed, several limitations in a study such as this must be acknowledged at the outset.

First, student writing may well have been influenced by the Hawthorne effect. Though students would normally have been accustomed to writing journals as part of their course requirement, the awareness that they were participating in a study and that their writing was being closely examined for thematic content may have impacted on the content and quality of writing. This may have created a situation in which "writing for the teacher" became an immediate possibility for some students.

Second, reading of the journals was not duplicated or triangulated by other persons as students were assured of confidentiality and were not informed that this was a possibility. Therefore, interpretation of themes is based solely on my own analysis and perception.

Third, it becomes difficult, if not impossible, to avoid some overlap in interpretation of themes. Therefore, some excerpts of student writing may fall into more than one thematic category.

Fourth, the sample of students surveyed was relatively small and is representative of one community college

institution. Therefore, the results may not be highly generalizable.

Finally, though the Likert scale survey tool was subjected to content validity, reliability testing was not performed.

CHAPTER FOUR**The Dominant Themes**

Fifty-five students consented in writing to participate in the study. Two students ultimately withdrew. Fifty-three students therefore completed the questionnaire. Of those fifty-three, six ultimately decided not to submit their journals for analysis. Analysis of journal themes was then conducted on the remaining forty-seven. This resulted in the review of approximately 700 pages of writing.

With initial reading of the journals, comments that were strictly documentary were eliminated from the analysis. The intent of the analysis was to identify journal entries that showed evidence of reflection, contemplation or discussion that transcended mere statement of fact. An example of a comment that was viewed as documentary follows:

I gave a patient reinforcement by saying: "I think you are ready to go home from the hospital. You know what you have to do to stay out of trouble. You were smart enough in coming to hospital to get help." I gave the patient the address and phone number of an old place I used to live that was cheap. I encouraged the patient to get a job and thought of some places she could apply to. I told the patient to "be careful of who you choose as friends and/or boyfriends, only hang out with those who bring out the best in you."

The remaining entries were then repeatedly read and reread and coded as representing particular categories or themes. The coded comments ranged from brief sentences to blocks of several paragraphs which were seen to represent a

significant theme or idea. Repeated reading of the journals elicited 28 separate themes or categories. On further examination, it was determined that many of these categories shared commonalities and related to particular topics. Therefore, the categories were collapsed to form larger thematic units which were inclusive of a number of categories. This process ultimately led to the elicitation of five dominant themes in student writing. These were identified as the therapeutic relationship, learning, competency, personalizing and ethics (See Appendix D). Each of the themes will be presented in the order of frequency of their appearance in student journal entries.

The

Therapeutic Relationship

Students' efforts at establishing, maintaining and terminating a therapeutic relationship with their clients was the most frequently occurring theme found in student writing.

In the helping professions, the therapeutic relationship is viewed as encompassing several characteristics. Most importantly, it is established for the benefit of the client and has a well-defined purpose. Moreover, it is marked by certain boundaries, defined by phases which culminate in resolution and it employs well defined means to assist clients in achievement of their goals (Arnold & Boggs, 1995; Peplau, 1952; Purtillo, 1990).

These features are viewed as distinguishing the therapeutic relationship from a social or personal relationship.

The therapeutic relationship as a relationship with a purpose was the concept most often expressed in student writing. However, in the early stages of the relationship, a lack of purpose or impediments to the achievement of a purpose were clearly evident in multiple journal entries that described student frustration:

Today was very frustrating for me. I'm really not used to people not opening up but my patient was very reluctant to talk to me or anyone about anything. I'm trying to have a positive attitude about the whole thing but I can't see how I've accomplished anything with her at all.

Another student who was assigned to care for a schizophrenic client also expressed frustration at what she perceived as the lack of purpose in the relationship. The client in question had murdered her children twenty-two years prior and had been under almost constant psychiatric care ever since:

I asked myself what good, if any, did I actually do for her? Keep her safe from harm, that's about it. What could I possibly do for her that someone else hasn't tried in the last 22 years? I am truly frustrated with this.

A lack of purposiveness was also expressed by a third student who obviously missed the more immediate gratification of caring for clients with physical rather than psychological problems:

I don't see as I'm being very helpful. I'm just so used to fixing sick people quickly and sending

them home fixed [student underline]. I find it really hard to see no improvement.

The use of well-defined means (sometimes referred to as tools) to assist clients in achieving goals and resolving problems was clearly seen in much of the writing. This was often evidenced by the student's desire to "say the right thing" or employ the "correct" technique or skill in communicating with the client:

The admission [interview] was unbelievable. My eyes were opened. I learned that I have to be more relaxed and just ask what is on my mind. I am worrying greatly if my questions are "right" [student quotations and underline].

As students began to progress through the stages of the therapeutic relationship, they sometimes wrote of searching for direction or meaning. Questions were posed, some of them rhetorical, some seeking guidance from the instructor:

I felt helpless after this last statement. I didn't know what to say. Should I have said something? If so, what?

However, questions were also contemplative, causing students to truly reflect on the nature of their roles:

It is a major challenge to empower these people to help themselves. D. wrote of a list of things he was mad about. Most of the things that we take for granted, he is being denied. He feels he will never fall in love and get married, etc. How does one weed through the limitations imposed on him by his disorder and give him hope?

Boundaries are a much discussed aspect of the therapeutic relationship. Whereas, according to Purtillo (1990) "anything goes" in a social relationship, the same does not apply to the therapeutic relationship. The

purposive nature of the therapeutic relationship must be kept in constant awareness. This is achieved by maintaining a certain "professional distance" from the client with allowance for some self-disclosure, but only if it is meant to benefit the client. The focus on the client must be maintained. Therapeutic self-disclosure in the nurse/client relationship was described only occasionally:

It allowed me to share some of my own personal experiences, which was kind of nice. Sometimes I feel like the patients must feel as though everything has to revolve around them. I'm sure they like the attention but I imagine sometimes it is nice for the patients to realize that the nurse is human too. I found self-disclosure helped build a good relationship with M.

More frequently seen was the notion of the therapeutic relationship as one that has well-defined boundaries that need maintaining:

He kept asking me about my plans for the weekend. I felt guilty because he was giving me a look like he wished I could take him with me. He also asked a couple of times if I would be back on Monday to talk with him. I reassured him I would but I also reinforced that we would only be staying for another week.

As the students' anxiety level decreased and their therapeutic relationships began to evolve and mature, they began to write with increased confidence in their roles. Journal entries became more client-focused and there was less venting of their own insecurities. Situations which might, at the outset, have been described from a more self-focused perspective, were now often described from the perspective of concern for the client:

He was unreceptive, however, and stated he just "feels like running"--so we put him back on close [observation level] under consult with his doctor. Tomorrow it should be interesting to see how he reacts to me--I expect he may be very angry with me for that or for my part in it and will regard it to be a sign of personal failure, thus increasing his reasons for depression. That concerns me, not the anger, but the depression issue.

By the end of the clinical assignment, all students had experienced two or more relationships with clients. Some students required more time than others to adapt to the very different demands of working through a therapeutic relationship founded on psychosocial needs in which physical tasks could not be used as a vehicle to communication. Students also met with varying degrees of success. However, virtually all students matured in their ability to forge a therapeutic relationship. This was brought home to some students when their relationships with their clients were about to end:

Today was the last day with R. It is very weird for me to think I won't see her tomorrow or again, for that matter. I always understood that the termination phase of the therapeutic relationship was important for the patient but tonight I realized it was important for me too. I told her that she has made a lot of progress since she has been here and that I was proud of her. It makes me happy that I had something (however minute it was) to do with her progress.

Learning

The second most prevalent theme found in student writing involved learning experiences. The learning that

takes place in the psychiatric setting may take several forms and may be derived from several different sources.

The theme of learning was ever-present as students first stumbled, then gained confidence and gradually progressed toward the culmination of their clinical experience. Learning tended to be experienced in several ways. Often seen was general reflection on new learning experiences to which the students had been exposed. However, reactions to the new learning experiences varied. One student wrote positively about her first experience with group therapy:

The group focused on motivators. I found the session to be helpful in recognizing feelings that you usually don't think about i.e. using different motivators and people...to help in troubled times. I think it was also helpful and therapeutic for the patients because it made them write down who and what they have as motivators in their lives.

In other instances, new learning brought forth disturbing emotional responses and the experience elicited poignant descriptive accounts:

The admission interview today was a bit of "reality therapy" for me. This patient represents people who have been helped to become totally helpless. All of the pain of her youth is so reinforced, dramatized and glorified that life as we know it is obviously meaningless for her. It takes rapes and razor blades to make her feel alive. She has to convince herself and us that she really does exist by extremes of pain...the less reaction she gets now, the more pain she has to feel to get that wanted reaction--proof that people care. Even to point of cutting cuts that haven't healed yet.

Many students never achieve a degree of comfort with the psychiatric setting. Psychiatric treatment and mental illness has been highly stigmatized in our society (Cohen & Struening, 1962; Sarbin & Mancusco, 1970) and it is well documented that virtually all students enter the psychiatric practicum with preconceived ideas and fears about what they are about to experience (Morrison, Yablonovitz, Harris & Nevid, 1976; Schoffstal, 1981; Wilkinson, 1982). It is my own experience that students who persist in their preconceived negative attitudes toward the setting will often approach and describe learning experiences in primarily negative terms. One student, who insisted that because of her self-perceived idyllic upbringing, she was not capable of identifying with mental illness or client problems, maintained an air of discomfort and defensiveness throughout the rotation. Her description of her exposure to new learning reflected her attitude:

As for the groups I did attend, I'm going to be brutally honest.... If these groups actually help people, I think it's wonderful. But from what I observed today, I don't know how they could. X group is a group of people who try to top each other with who's got the most raw deal. I saw nothing therapeutic.... Finally, regarding this rotation, I can honestly say I won't be becoming a psych nurse. I disagree with many things I've seen and heard, all of which are too extensive to get into and some of which might offend some people...

Some of the learning experienced by students was indicative of growing self-awareness. It was not unusual for students to write of learning more about themselves.

Rawlinson (1990) has emphasized the importance of students becoming more self-aware so that they can be more therapeutic in the use of self. Krikorian and Paulanka (1982) describe self-awareness as the key to a successful therapeutic relationship. Several students made comments that indicated the presence or growth of self-awareness:

The wellness session was therapeutic for me also. I think I am feeling burned out at this point in the program and this is a reminder to take care of myself so I can take care of my patients.

Several students wrote of how the practicum had enhanced their self-awareness and helped them to recognize their strengths:

I have learned a lot about myself. I see many of my shortcomings but I also uncovered, for myself anyway, many of my strengths--my best being--I really do care about people.

There were some occasions on which students described learning from the staff on the unit. Yonge and Hurtig (1987) have found that students value staff as sources of learning and staff role modelling has been found to influence students' levels of empathy (Anderson, 1990). One student described how the staff became learning resources and role models for her after a client for whom she was caring attempted suicide:

I used my observational skills to watch the staff handle the situation.... I helped physically but allowed the staff to handle the emotional part. By doing this, I allowed myself to soak up and think about the important points of handling a situation like that. Things like removing anything potentially harmful, even their clothing. I was able to see the staff react well to this

patient's needs during and after this incident. This shift was quite the shocker--it got me to understand that I have to be more confident and relax.

The teacher was also sometimes mentioned as role model for learning. Teachers' attitudes, role modelling, support and guidance have been identified by students as the greatest influence on their learning in the psychiatric setting (Yonge and Hurtig, 1987). One student wrote about her first admission interview in which she was assisted by her clinical instructor:

Thank you for being my "crutch" and my "saviour" [student quotations] during the interview with P. Upon analyzing afterward, I realize the importance of having a relaxing manner and how necessary it is to create a natural flow to the interview. I do have to practise that "directness" you displayed. Timing or rating is an art that I'm sure improves with experience. I will try to model your approach and your genuineness in my interactions with my patients.

At times, students also recognized that their clients were their primary teachers and could introduce them to new personal insights:

I learned a lot from it [stress management group]. I learned that we can learn a lot from our patients today and that stress management is for everyone, not just for psych patients.

Finally, as students concluded their clinical experiences and terminated with their clients, there was a tendency to reflect on the spectrum of learning and change that had taken place. Most comments were positive and many students who commenced the rotation with obvious reserve and trepidation wrote about a new realization of learning:

When I look back on it, I realize that I have learned a lot, especially about people in general. I think now with my experience on psych that I can help alleviate or educate other people who have a bias about people on the psych ward. They aren't actually "crazies" but normal, everyday people who have normal, everyday problems. The difference between them and me is that they are having some problems coping with their life. Many people need a break and some encouragement to know that they can do it or survive in their lifestyle. I'm also happy that I learned about various help centres or social support groups available in the community.

Another student reflected on her learning experience with an insightful final entry:

Working on psych has been a real affirmation of why I want to be a nurse. These people [staff] really enjoy what they do and go out of their way to pass it on to us. They don't seem threatened by our presence. These nurses are all approachable and actually encourage questions--which creates an excellent learning environment. The longer I am in this program--the less I see things in black and white. I'm feeling less ethically challenged and more intellectually challenged. Each situation is completely different and must be viewed (not judged) as unique.

Competency

Tied to the issues of learning and the therapeutic relationship was a need to experience a sense of competency. This theme was frequently addressed in all student writing. Students expressed ongoing concern with lack of it, achieving it, proving it and feeling it.

The need to feel competent was expressed in student writing in several ways. As indicated, a number of students wrote of trying to find the "right" way to approach the

client. Competence was viewed as acquiring the proper skill or technique in much the same manner that a nurse is expected to acquire skills and techniques when providing physical care. On the other hand, a lack of competency was often expressed as a lack of skill or technique:

I often wonder on this floor just how therapeutic we "rookies" are. Because often if we had the right "next" question or comment [student quotations and underline], a whole new flood of information would come. But instead, I said, "How long ago did that happen?" "Age 26," she said and then end of conversation--back to playing Crazy Eights.

Saying the "right" thing often appeared to equate with finding quick solutions which would expedite the business of treating illness. Competency was thought to be measured by the rapidity with which a student successfully demonstrated proper "technique." The belief in the existence of a "right" technique would appear to be a byproduct of the student's prior experience with the reductionist, biomedical model of nursing care:

I can see that it must be very hard to make progress in fighting eating disorders; and I felt that if there are any "right" techniques to say, I didn't know them.

Students also showed a clear tendency to be self-critical if, at any time, they felt their comments to the client were not semantically correct or said in proper context:

I did say (and I know this was a mistake) something like "You're probably more familiar with these questions than I am." While this was an attempt to try to put her [client] at ease, I

realized right away that this wasn't the right thing to say. I'm glad that K. [nurse] was there to step in.

On the other hand, when students evaluated themselves positively, their assessments were usually contingent upon perceived successful acquisition of certain skills and techniques:

...the interview went well and I feel more confident with each interview and feel that my techniques are improving greatly.

Many students initially associated competency with "doing." Clement (1988) notes that students derive part of their perception of what nursing is from the media and part from a socialization into nursing that implies nursing is "doing something to people" (p.40) or performing for immediate outcome:

I sometimes find myself wondering what exactly we are doing [student underline] for these patients because improvement is not usually seen but rather is internal.

The aforementioned high level of anxiety associated with entry into a psychiatric practicum also appears to be associated with "doing" or the inherent lack of it. Some student anxiety is apparently related to a focus on their expectations of themselves and what they "should" be doing rather than on the client's problem (Clement, 1988). When the practice of psychomotor skills is seen as the major component of clinical learning, communication becomes merely an adjunct to skill performance and many students will demonstrate high anxiety if the adjunct becomes the sole

focus. One student, who carried a solid reputation as a competent student in the more task-oriented practicum settings, had extreme difficulty in the psychiatric setting, as demonstrated in these comments:

I do not usually find it difficult to talk to people but when it is expected [student underline] of me, I find it very intimidating i.e. on a surgical floor, if a patient has just recently had a colostomy performed, it is necessary to find out the patient's feelings re: same but there are things you can do (like changing the bag on it) that precipitate a conversation.

Finally, for some students, competency appeared associated with being in control. The desire for control was seen in various expressions--need for control of the client, control of the environment and control of one's own emotions. One student wrote about her need for control in this entry:

When I am on a surgical floor, I feel in control-- I know my theory, my drugs and my approach. But on psychiatry I feel out of my element. There are no social norms to fall back on. I can only rely on how I can properly interact with my patients.

Being in control also meant feeling unafraid or personally comfortable and keeping one's emotions in check. The sense of fear and insecurity that commonly grips the neophyte to psychiatric care is, as previously indicated, a well-documented phenomenon. Students who did not see themselves as emotionally controlled, therefore, tended to question their competence:

I have to admit that I was very nervous about the whole thing. Before the orientation, I really had no idea of the different types and ages of people

you find on this unit. During the orientation I was fine with everything but when I started reading my patient's chart while I was researching, I started to get nervous and wondered how I was going to sit down and talk to people about how they wanted to commit suicide or why they beat their wife when they got mad. I guess I wasn't sure of how I would ever do it.

As would be expected, the majority of students developed a stronger sense of competency as they progressed through the practicum. Yet, many students continued to view competency as an acquisition of skills and techniques--"the interview went well and I feel that my techniques are improving greatly" or as "doing"--"I feel much more comfortable on the unit now but I feel that I am still not doing [student underline] much for anyone." Few students viewed competency as an always unfinished process or one that involves much more than a self-focus on personal skills, "doing" and controlling. However, one student, whose level of caring and empathy was exceptional was able to surpass concern with her own competency and realize that the competent nurse is not necessarily the one who "cures" but always the one who "cares":

I would like to be the one who "says the right thing" [student underline and quotations]. I want to mend these people and have them healthy again. Unfortunately, no matter what I say, I can't make everything right. Talking is not nearly as important as listening.

Ironically, this student, who was able to focus on the client early in the rotation, later wrote an entry in which she commented on her ability to evaluate her own competency.

It read, "I'm finding it hard to evaluate myself because I'm loving this rotation a lot." Apparently, she viewed evaluation of competency as something that required strict objectivity on her part. Emotions should not be allowed to colour her assessment. Loving a rotation was seen as a potential distortion of reality. Competency and context were seemingly unrelated. Yet, in her discussion of the naturalistic evaluation paradigm, Malek (1988) points out that while studying reality, the inquirer and the object of inquiry interact and influence one another. This is especially evident when the object of inquiry is another human respondent, in that the inquiry cannot help but be value-bound. Values become important in the naturalistic paradigm because of its social behaviour context. Therefore, it follows that whether we are discussing teacher-initiated or self-initiated evaluation, objectivity becomes a mythical and elusive goal. "Loving" a rotation may perhaps serve as one of the true indicators of competency, in that "love" for the rotation translates into love for the work and the clients.

Personalization

It is not unusual for students to personalize or apply to themselves many of the experiences encountered in a psychiatric setting. This may occur through identification with the client as being similar to self or significant

other or as a deep sympathetic emotional response to the client's suffering. These experiences may precipitate introspection, examination of relationships with significant others and unexpected emotional reactions ranging from anger and resentment to deeply felt pain and empathy.

Perhaps the most common form of personalizing is through identification with the client. The identification experience can be easily elucidated through the writing of this twenty-four year old student:

I was sitting in adolescent group when it hit me-- it's hard to be a teenager. I remembered back to when I was growing up and thought, "Boy, it really is hard." You're trying so hard to be like everyone else--except for the fact that you're destined personality is beginning to emerge. You're trying to be something you're not and you're trying to fight someone you're becoming-- MAJOR INTERNAL CONFLICT [student capitals]. It wasn't so long ago I was thinking to myself these kids are delinquents but they are who I used [student underline] to be.

This student seemed, at first, to place psychological distance between herself and the adolescents who had been admitted to the unit with various social and adjustment problems. This is not surprising in light of Novak and Lerner's finding (as cited in Schoffstal, 1981) that individuals prefer to interact with others whom they perceive as similar rather than dissimilar to themselves unless the individual in question is emotionally disturbed. In that case, individuals prefer interaction with a dissimilar rather than a similar person. As well, Young (1990) notes that when despised groups (in this case, the

mentally ill) cross over the border of our identity, our basic security system is threatened. The student's need for distance, then, is clearly explicable. Her comments indicate that having initially labelled the adolescent clients as "delinquents", she suddenly identified with them. The adolescents were now seen as a composite of the person she used to be. Though she initially employed means to objectify the client, this student subsequently incorporated her identification into the therapeutic use of self. She appeared quite comfortable in her discovery and was successful in developing a close relationship with the fifteen year old to whom she was assigned.

At times, personalization involved sharing a present identity as opposed to an identity of the past. A male student wrote of identifying with a client as he observed a group therapy session. The experience led to contemplative introspection:

While watching reality group, I noticed there was a man in there who constantly explained away and rationalized everything. By listening to him it made me wonder if I sounded that way. I do know that I explain everything I do (from my actions to my thoughts) but I never really thought I explained them away. It does make me wonder.

Identification with the client did not necessarily engender positive responses. Clients were sometimes seen as bearing close similarity to a significant other and reactions to this experience varied. One student, who wrote eloquently throughout the practicum, nevertheless

communicated a thinly veiled attitude of impatience and resentment when discussing and writing about clients. One of her written comments was particularly revealing:

C. at times reminds me of my sister. When she becomes restless and irritated because she knows she is due for a medication, she can be distracted for awhile but resents our hesitancy to give the drug and says so...a couple of times she shook her head and looked disgusted and just muttered something about how it was [student underline] ordered by the doctor (reminding me of my sister).

For this student, the client became identified with her sister. Much of her writing tended to have an angry edge and clients were sometimes labelled negatively with descriptors like "manipulators", people who play "mind games" or people one cannot trust. Her experiences in psychiatry appeared to parallel aspects of her life and her reactions were played out in many highly charged journal entries.

Other students experienced similarity of a client to a significant other but they were able to employ the identification therapeutically. Identification became a means of understanding what the client was going through. The similarity was empathetically embraced and incorporated into the therapeutic repertoire. Such personalization of encounters also led to the "opening up" of relationships for consideration. One student wrote this touching comment in which she identified an alcoholic client with her own father:

I wondered after if my father would ever be admitted on a psych ward because the social worker said that alcoholics often come in when they have nothing left and not a friend in the world. This is my father. But I think he will never admit to anything. I can honestly say I do understand a lot of what these people have gone through because of my childhood.

Finally, personalization sometimes took the form of powerful, sympathetic emotional responses to clients and their situations. The client's pain and distress were intensely personalized and became the student's pain as well. A mature student who left an abusive marriage of twenty years, thereby bringing about the estrangement of her grown son as well as her husband, reacted emotionally to a video on family violence and literally fled from the clinical conference. She later wrote of the experience:

Last Wednesday was emotional for me. On top of feeling like I wasn't accomplishing anything with my patients, I reacted to the abuse video. Many old feelings resurfaced and lots of guilt about how things could have been different. In reality things are different, maybe not in a way that pleases everybody but in a way that pleases me.

The women interviewed in the video were actual abuse victims and they provide a raw, powerful representation of the reality of abuse. Even for viewers who have never known any form of abuse, the depiction can only be aptly described as "gut wrenching." For this student, however, the video too closely resembled reality. Her personalization of the women's experience was complete and she was unable to contain her own pained emotional identification.

Sympathetic emotional responses to clients were often viewed as failures, however. Rather than helping students understand their clients more fully, such responses were seen as possibly jeopardizing the therapeutic relationship. Several students wrote of experiencing strong reactions to client situations causing them to lose perceived objectivity:

Because the client was so upset, I didn't get to finish the admission [interview]. Things were going OK with questioning but I felt myself getting upset and feeling for the patient. I tried not to let my feelings get in the way of the interview but I couldn't. If I could do things differently, I would try to remain objective and not let things bother me and focus on the questions I wanted to ask. But to be honest, I have a very hard time not feeling for a person in distress and keeping my feelings under control. I know that in an interview a person should be neutral and not let their feelings get in the way--but I find that hard to do.

Another student expressed the perceived need for avoiding personalization as a matter of remaining detached:

I found it difficult emotionally, however, to stay detached. All I wanted to do when M. was so upset was to give him a big hug and tell him everything would be OK.

Both students have written poignantly about the issue of objectivity in the therapeutic relationship. Most health care workers have been well socialized to this notion and the objective, scientific paradigm which has for so long dominated nursing and other health care fields has done little to dispel the belief that to feel or personalize too much is to fail.

Ethics

Regardless of the environment in which health care workers practise, ethical and moral questions and concerns are an ever-present reality. Though ethical and moral decision-making are intrinsic to nursing practice, in few places is it as topical an issue as in psychiatric nursing care. Because many clients are admitted to designated psychiatric facilities on an involuntary basis by order of a provincial or state mental health act, they are being treated without their consent. As a result, the issue of client rights and nursing responsibilities is always salient. Conversely, if the client seeks treatment voluntarily, the nurse must be clearly cognizant of the client's right to refuse treatment and to leave the facility at will. Legal ramifications are compounded by moral and ethical dilemmas which arise simply because of the sensitive nature of the therapeutic relationship. Aroksar (1980) has described an ethical dilemma as a conflict between values or a choice between equally unsatisfactory alternatives. Perhaps because of their lack of prior experience in dealing with issues around a relationship which is psychotherapeutically-based, students sometimes wrote of experiencing such dilemmas. A student who was questioning her client following the client's return from a day pass wrote about this dilemma:

I then asked what she did the rest of the day.
She shocked me as she stated that she went out and

got drunk and was drunk for the rest of the day. The reason this statement shocked me was because I knew she was talking to me as a friend and not as her nurse. I knew I was going to have to chart this information...and I also knew that I had to let her know this. I could tell that she was confiding in me with this information and thought of me more as her friend--meaning that I wouldn't "tell on her" [student quotations]. I found it very difficult explaining to her that I was her nurse and I needed to report what she told me. This made me very uncomfortable and was the most difficult part of the evening.

If I could have prevented this from happening, I would have explained the nurse-patient relationship to her more thoroughly.

This student's ethical dilemma involved a choice between meeting her professional obligation to chart the information given by the client and risking losing the client's trust, resulting in the possible demise of the therapeutic relationship as well. Another student faced with a similar dilemma chose to deal with it in a different way:

I know I could have gotten the truth out of my patient about going off hospital grounds to drink or do drugs if I wanted to but I would have had to report it and that would have ruined trust so I did not push it when the patient denied it--even though I highly suspected it.

Her choice was to avoid the risk of losing ground in the relationship by uncovering the truth and thus being under obligation to report it.

Ethical questions sometimes tested the boundaries of the therapeutic relationship between student and client. Requests from the client for personal information about the nurse must be monitored so that the focus of the relationship is not lost. Students and indeed all

therapists are often concerned about how much personal information to give and how much to withhold in the interest of the client. The question also arises as to the purpose served by giving it. This young student's experience with her adolescent client is quite typical of a moral dilemma that may be encountered:

I came across a dilemma to which I did not know how to respond, so I was honest. My patient asked me if I had done drugs before and I have so I did not want to set a bad example so I told her I did them during a stage I went through when I was a teenager and that they did not do anything positive for me. Afterwards, I was not sure if this was the ethical thing to say.

Another student encountered a situation in which an accusation of client exploitation was a possibility:

One of the patients, a schizophrenic male, gave me a gift that was fairly expensive. He wasn't even my patient and I had never even talked to him. I felt very uncomfortable [student underline] accepting it and I knew it wasn't appropriate, so I tried to give it back to him. When he wouldn't take it back, I got D. the RN, to come with me.

In rural settings, the nurse may be involved with the client in circumstances other than the therapeutic relationship. The nurse is then under obligation to use his/her judgment to maintain a therapeutic focus despite the social and therapeutic overlap (Ethical Guidelines for the Colorado Society of Clinical Specialists in Psychiatric Nursing, 1990). The psychiatric facility in which the practicum was completed is the only one serving this particular health authority. Therefore, it is not unusual for students to encounter clients whom they recognize or

with whom they already have a social relationship. Most students are disturbed by this experience primarily because they are unsure of how to react to the client. Moreover, because of the unfortunate social stigma attached to mental illness, most clients are uncomfortable with being recognized in a psychiatric facility by a person from their social world. One student described such an encounter and the sense of moral and professional confusion it engendered:

Doing rounds with an RN, I came across a person whom I knew very well, a woman for whom I worked this summer. She hired me to take her son out daily to do "fun" things with him. I had often wondered if she was having emotional problems while I worked for her. I was not sure if she realized it was me at first and I was so shocked I could not think of a good way to go about the situation.

During the 1960's and 1970's our society experienced a social and legal revolution in which human rights, social consciousness and challenge to the status quo were in order. In mental health, this led to a greater focus on clients' rights and use of the least restrictive alternative in order to control behaviour or treat illness (Sclafani, 1986). In the province of Alberta, guidelines governing treatment and control of involuntary clients are set out in the Provincial Mental Health Act (1988). However, the presence of these guidelines does not alter the fact that many psychiatric nurses feel uncomfortable implementing and monitoring certain treatment and control measures. Most nurses remain ever-conscious that they are sometimes restricting or

interfering with client freedom and many will admit to being bothered at times by this aspect of their professional roles. Students occasionally commented on the ethical and moral implications of such a role, expressing reservations about what they had observed. One student wrote a comment after observing a situation in which behaviour modification was used to deal with an adolescent who had been acting out quite loudly. The client was sent to a room in which she was secluded from the other clients and given access only to a mattress:

I saw something today that I wasn't sure I agreed with--the bed and everything being taken away from that adolescent when I have seen her do worse and get less punishment. I almost think it was barbaric to do.

A second student felt that the physician's orders were extreme and that the client's welfare was being jeopardized:

How long will it go on that the doctor will keep him so drugged? He's walking into walls. I think it's worse for him. He spills coffee all over himself and he's aware that he's unsteady. I think this makes him feel worse.

Ethical concern for client rights was also evident in this student's writing describing a situation in which a client refused to have students observe administration of his ECT (electroconvulsive therapy) treatment:

...I was bothered by the fact that the patient said he didn't want anyone watching ECT and the staff said his wife would sign [consent] for it. The patient has a right to say if he'll permit it. I don't think it's fair or therapeutic to do this behind his back.

The five themes presented represent the major issues

and concerns addressed in student writing throughout the duration of the practicum period. As indicated, identification of these themes was seen to provide insight into the needs of students undergoing the psychiatric experience and to assist with future planning.

CHAPTER FIVE**The Messages in the Themes**About Students and the Therapeutic Relationship

The finding of the therapeutic relationship as a strongly occurring theme in student writing is consistent with results of a similar study conducted in 1995. Landeen, Byrne and Brown identified the therapeutic relationship as the third most frequently occurring theme in the journals of students completing a psychiatric practicum in the nursing program at McMaster University. Karshmer (1982) discusses student concerns about establishing a therapeutic relationship with psychiatric clients and notes that students tend not only to be overcautious but to be concerned with causing further degeneration in clients.

The dominance of the therapeutic relationship theme has a number of implications. Preparation of students for the experience of the psychiatric setting must be carefully considered. While students commence new practica in most settings with some degree of anxiety and trepidation (Blainey, 1980; Kleehammer, Hart & Fogel Keck, 1990; Selleck, 1982), the psychiatric setting precipitates a unique form of anxiety in that many of the familiar routines employed as routes to establishing the therapeutic relationship are not normally utilized in the psychiatric setting. As clinical teachers, we must also not be

reluctant to acknowledge the fear and distrust that some people experience upon initial exposure to the mentally ill, whether or not these attitudes are justified (Bairan & Farnsworth, 1989; Clarke, 1989; Creech, 1977; Lewis & Cleveland, 1966; Morrison et al, 1976; Procter & Hafner, 1991; Wilkinson, 1982). We can best prepare students for the setting by encouraging open and honest discussion of issues impinging on the establishment of the therapeutic relationship prior to commencement of the experience.

Moreover, the nature of the therapeutic relationship should be reviewed, with particular emphasis given to the phases through which it normally passes. This may assist students in understanding that immediate success is not a realistic expectation in a psychotherapeutic encounter; it may also help allay the feelings of frustration which sometimes seem to accompany the slower pace of the intervention phase.

Hypothetical problems and situations that could conceivably arise during the course of the relationship should be identified and discussed and students should be encouraged to vocalize "what if" concerns. Issues such as rejection by the client, lack of progress in the relationship, inappropriate familiarity and aggressiveness on the part of the client should be presented as real possibilities. Coping mechanisms can then be examined.

About Students and Learning in the Psychiatric Setting

The theme of learning was the second most prevalent in student writing. Krikorian and Paulanka (1984) identified several student-identified sources of learning in the psychiatric setting. These included the clinical experience itself, changes in self-awareness, lecture, readings and assignments, the teacher and peers. Yonge and Hurtig (1987) identified all of these and a number of others, including the clients and the staff. Meaningful learning also comprised one of the themes identified in Landeen, Byrne and Brown's 1995 study of student clinical journals.

The psychotherapeutic milieu indeed exposes students to a wealth of new and unique learning experiences which may, at times, appear strange or foreign to the novice. Events such as participation in group therapy, observation of ECT (electroconvulsive therapy) and admission of a highly disturbed client can be valuable if often intimidating experiences. Adequate preparation and support of students undergoing such experiences for the first time should become a primary objective for all clinical teachers. As well, students should be encouraged to maintain an open mind and to employ critical thinking skills as they approach new learning situations. Most students enter the psychiatric practicum not only with preconceived notions of the mentally ill client but of the modalities used in treatment. Some of their preconceptions are heavily influenced by the media

depiction of psychiatry and others may result from life experiences (Clement, 1988). Open discussion of stereotypes and preconceptions during the initial orientation phase will help dispel myths and keep students receptive to new learning. Students should also be encouraged to utilize the expertise of staff as learning resource persons.

We must also help students understand that they will receive from the experience what they give to it. Many students enter psychiatry with entrenched attitudes, believing that it is a hurdle they must "survive". When students are made to realize that the quality of their experience depends on their own initiative, they will be more likely to seek and utilize available learning resources and less likely to assume an attitude of inevitability.

Finally, as teachers, we must encourage students to frequently consider what they are learning about themselves as they progress through the clinical experience. As noted, self-awareness has been identified by Krikorian and Paulanka (1982) as an integral component of success in the therapeutic relationship and yet many students fail to consider this aspect of learning unless they are encouraged to do so. The journal itself provides an invaluable means for encouraging self-awareness. By asking students to specifically focus on self, we can stimulate them to assume a broader and more introspective assessment of their accumulated learning.

About Students and Their Understanding of Competency

That the issue of competency was articulated as the third major theme in student journals would perhaps come as little surprise to most nurse educators. The prescriptive, objectives-driven Tylerian curriculum model has served nursing well and not so well for many years (Diekelmann, 1993) and as indicated, curricular approaches have only recently begun to broaden. As a result, teaching in nursing has traditionally focused upon the meeting of predetermined objectives and the demonstration of competencies. However, Benner (1982) has criticized what she perceives as nursing's undue emphasis on competency-based testing. She points out that when competencies are human activities, the intentions and meaning inherent in the situation must be taken into account. According to Benner, overestimating the power of competency-based testing will cause an undesirable reductionism in nursing. Nevertheless, most nursing students seem to communicate an intense need to feel and demonstrate their competence. The expectations of teachers and institutional staff and the ever-present spectre of final evaluation seem only to exacerbate student concern with this issue.

The finding that students are very much concerned with achieving competence is consistent with the findings of other studies. Jensen and Denton (1991) found in their

study of the journals of physical therapy students that self-adequacy and self-inadequacy constituted two of the six major themes arising from student writing. Moreover, Landeen and her colleagues (1995) identified control as one six major themes found in the journals of the nursing students they studied. Control was also an aspect of competency elucidated in this study. As indicated, Clement (1988) points out that students come into nursing having been socialized to believe that nursing is "doing something to people" (p.40) or performing for immediate outcome. That competency would be associated with doing follows naturally, then, from what students seem to perceive nursing to be.

As nurse teachers, we must take pains to educate students about the dynamic meaning of competency in nursing and particularly in psychiatric nursing. The results of this study seems to indicate that competency is being narrowly interpreted by students as an acquisition of skills, as "doing" things to clients and as being in control of self, situation and client. It makes sense, then, that students' perceptions of competency would be confounded when they are thrust into a setting where these issues have reduced importance. The result is the experienced role confusion as described by Clement (1988). Again, we must exercise appropriate preparatory measures so that student perceptions of competency are made topical and, if necessary, reconsidered prior to commencement of the

clinical experience. Discussions addressing the holistic nature of nursing care and the time-worn notion of the nurse as "doer" or as all-powerful (Karshmer, 1982) should become part of the focus of preparatory sessions. Students should be invited to share their perceptions of what competency in the psychiatric nursing setting might entail in order that belief in the existence of the "perfect" intervention or the "quick fix" might be dispelled and the discussion opened to more realistic perspectives. Students will also need reassurance that they will not do damage to the client if each and every verbal encounter with the client does not derive from the pages of a textbook on therapeutic communication. Perhaps most important of all, students need to understand that simply "being" with a client can sometimes be far more therapeutic than all of the verbal formulas that can be pulled from a textbook.

About Students and the Significance of Personalization

The theme of personalization, expressed as identification with the client and as intense sympathetic response to client suffering, comprised the fourth major theme. The phenomenon of identifying with the client has been found in previous studies of psychiatric nursing students (Schoffstal, 1981; Landeen et al, 1995). Student comments gathered by Procter and Hafner (1991) and Clement

(1988) indicate that students often saw themselves as being similar in certain ways to the client.

Most students enter the psychiatric setting under the assumption that they have little in common with the clients they will encounter. The mentally ill have traditionally been stigmatized and separated from the rest of society, reinforcing the assumption that they are "not like us." Moreover, media depictions of mental illness have done little to dispel these negative images. Popular movie depictions of the person suffering from mental illness tend to be either comic in nature (The Dream Team) or serve the purpose of completely terrorizing the viewer (The Silence of the Lambs). Each is unfortunately a potentially damaging and inaccurate representation of mental illness and its outcomes.

Students commencing the psychiatric practicum should understand that they are far more likely to find vestiges of themselves, their friends and their families in the clients they encounter than they are to find popular media stereotypes. As teachers, we are under an obligation to dispel the myth that the mentally ill are inherently different from ourselves and to assist students in realizing that it is normal and healthy to recognize aspects of the self in the client. A discussion of this issue can bring students to understand that each of us is vulnerable to mental illness, thereby encouraging neophyte nurses to begin

taking responsibility for educating the public. Teachers should also be aware of students whose negative reaction to clients is extreme in that close identification with clients can often be manifested in complete rejection of them. Schoffstal (1981) has found that one of the greatest fears expressed by students commencing a psychiatric practicum was finding the clients to be similar to themselves. The therapeutic value of identification should also be emphasized. Students who can identify the client as being similar to self or significant other can often empathize more fully with client needs, though the reverse can also be true. However, students should also be cautioned regarding the pitfalls of identifying too closely, a situation which can lead to over-involvement and consequent violation of the therapeutic purpose of the relationship.

Based on the data collected and analyzed in this study, it would appear that the concept of objectivity should also be addressed. Many students mistakenly believe that a sympathetic emotional reaction to client pain denotes failure. With the current emphasis in nursing education on promotion of a caring curriculum model (Watson, 1989), beliefs such as this one are hopefully being dispelled. However, students will continue to need support in understanding that such responses are acceptable and healthy. Direction must also be provided to assist students

in dealing with situations where they have difficulty coping with their own emotional responses.

About Student Struggles With Ethical Concerns

As indicated, concerns about ethics formed the last central theme in student writing. Swider, McElmurry and Yarling (1985) note that nurses and philosophers who write about ethics have concluded that nurses suffer fundamental moral dilemmas because of their roles as nurses. Though this issue has not been previously identified as an immediate concern of students placed in the psychiatric setting, students in this study sometimes addressed the topic, perhaps because it comprised part of the suggested guidelines. Ongoing discussion of the ethics of psychiatric care should become part of daily clinical conferences. Students should be encouraged to present situations encountered throughout their day so that discussion is opened to the group and assumptions are challenged. Students must be helped to understand that the psychotherapeutic relationship perhaps presents more ongoing ethical challenge than the relationship in which the client's physical needs are paramount. They should be encouraged to consult with experienced staff or teachers when situations arise which cause them to question their ethical choices. At the same time, students must be encouraged to challenge perceived breaches of ethical

practice encountered in the course of their experience in the psychiatric setting and elsewhere. Perhaps most important, we as teachers must be ever cognizant of our influence as role models of ethical and unethical behaviour (Theis, 1988). If, at best, we fail to address situations that are perceived by students as unethical or if, at worst, we appear to sanction them, students will receive a damaging message. Again, as Yonge and Hurtig (1987) have found, the teacher's attitude, role modelling, support and guidance appear to have the greatest influence on student learning in the psychiatric setting.

CHAPTER SIX

Student Perceptions of Journal Writing

Student perceptions of and attitudes toward journal writing varied. Though generally positive, student responses effectively uncovered a number of important issues which merit discussion.

Responses to the Likert Survey

Table 1 represents the distribution of responses to each of the twelve items on the Likert scale survey (See Appendix C). All twelve statements on the survey were formulated positively and as indicated, students responded on a continuum from strong agreement to strong disagreement to "no opinion."

Table 1

Responses to the Items on the Likert Scale Survey of Journal Writing (N=53)

Item	SA	A	Total	D	SD	Total	NO
1	11 20.8%	29 54.7%	40 75.5%	9 17.0%	3 5.7%	12 22.6%	1 1.9%
2	26 49.1%	26 49.1%	52 98.2%	1 1.9%		1 1.9%	

Item	SA	A	Total	D	SD	Total	NO
3	25 47.2%	26 49.1%	51 96.3%	1 1.9%		1 1.9%	1 1.9%
4	16 30.2%	30 56.6%	46 86.8%	6 11.3%		6 11.1%	1 1.9%
5	11 20.8%	30 56.6%	41 77.4%	11 20.8%		11 20.8%	1 1.9%
6	5 9.4%	20 37.7%	25 47.2%	17 32.1%	8 15.1%	25 47.2%	3 5.7%
7	10 18.9%	38 71.7%	48 90.6%	5 9.4%		5 9.4%	
8	8 15.1%	31 58.5%	39 73.6%	10 18.9%	2 3.8%	12 22.7%	2 3.8%
9	24 45.3%	26 49.1%	50 94.4%	2 3.8%	1 1.9%	3 5.7%	
10	14 26.4%	24 45.3%	38 71.7%	13 24.5%	1 1.9%	14 26.4%	1 1.9%
11	7 13.2%	32 60.4%	39 73.6%	9 17.0%	2 3.8%	11 20.8%	3 5.7%

Item	SA	A	Total	D	SD	Total	NO
12	12	25	37	10	1	11	5
	22.6%	47.2%	69.8%	18.9%	1.9%	20.8%	9.4%

As the table indicates, the majority of responses fall into the category of agreement or strong agreement, making general student response to the experience of journal writing positive. Only in item six--"I feel that journal writing would be helpful in other clinical settings" --was the combined total of students agreeing or strongly agreeing less than 50% (47.1%).

Five items elicited very high positive responses. Item two--"The journal provided a means of regular, ongoing communication between myself and the instructor"--elicited the strongest agreement response with 49.1% of students agreeing and 49.1% strongly agreeing, for a total of 98.2% agreement. Item three--"I found the majority of the instructor's comments helpful"--also elicited a high agreement response with 49.1% of students agreeing and 47.2% strongly agreeing. Item nine--"The journal gave me an opportunity to express my concerns/problems and have them addressed by the instructor"--received a high agreement response, with 49.1% agreeing and 45.3% strongly agreeing. Students also demonstrated a high positive response to item seven--"The journal and the instructor's comments gave me a

sense of my progress in the rotation"--with a combined total of 90.6% in agreement or high agreement. A majority of students also agreed with item four, that journal writing helped them reflect on their experiences and put them into perspective. A total of 86.8% responded positively.

Responses to all other items excluding number six also reflected majority agreement at varying levels. There was a total of 77.4% agreement on item five, that journal writing was effective in helping students to assess their therapeutic techniques and the effectiveness of their interactions. As well, a total of 75.5% of students agreed with item one, that journal writing helped develop awareness. A total of 73.6% of students agreed with item eight, indicating that they believed journal writing helped them evaluate their own progress. The same number of students was in agreement with item eleven, which addressed the helpfulness of journal writing in linking theory and practice. Somewhat fewer students agreed with item ten, that the journal helped them set goals for client care. The item eliciting the lowest level of agreement above the 50th percentile was number twelve. A total of 69.8% of students agreed that the exercise of putting their thoughts in writing was a beneficial learning experience.

As noted, item six, which addressed the potential helpfulness of journal writing in other clinical settings, elicited the highest negative response, with the same number

of students agreeing and disagreeing (47.2%). Three students (5.7%) had no opinion on this statement. Item ten elicited the next highest disagreement response, indicating that 26.4% did not view journals as helpful in setting goals for client care. A similar number of students (22.6% and 22.7%, respectively) disagreed with items one and eight, indicating that they did not see the journal as helpful in the development of awareness nor did they see it as helpful in evaluating progress. Disagreement with items five--helpfulness in assessing therapeutic techniques and effectiveness of interactions, eleven--helpfulness in linking theory to practice and twelve--benefit as a learning experience was the same at 20.8%. However, five students (9.4%) expressed no opinion on the latter item, that is, whether writing the journal was a beneficial learning experience. This was the highest "no opinion" response on any item. Levels of negative responses on all other items were significantly less, ranging from 11.1% on item four--journal writing helped with reflection to 1.9% on items two and three, which addressed the journal as a means of communication and the helpfulness of the instructor's comments.

Responses to the Open Question

Of the 53 students who completed the survey, 41 chose to record comments regarding their experiences with journal

writing in the space provided at the end of the questionnaire. Comments were assessed as being primarily negative or primarily positive. Twenty-two students wrote comments that were generally positive, while nineteen wrote comments that were generally negative.

The most frequently occurring positive comments related to journal writing as a means of communication between student and instructor. This corroborates the results on the Likert scale, in which the journal was seen as providing a means of ongoing communication between student and instructor by 98.1% of students. Several students wrote comments which supported this aspect of journal writing:

...thoughts that I had throughout the day that I was not able to talk to [instructor] about, I covered in the journal and then we discussed...

...my instructor and I could communicate because I could write questions down before I forgot them.

...felt that it was a good communication link between myself and the instructor...

I enjoyed doing the journals because I wanted the feedback from the instructor.

Self evaluation and assessment were also identified as a major advantage of journal writing. Several students indicated that journal writing helped them evaluate their progress by encouraging reflection on their interactions with their clients:

...it gave me a chance to review my day and my interactions with the patients. I was able to look at and evaluate interventions to see if I could have done something better or different.

I did...find the journals useful in reflecting on how my day had gone and what I'd done well and what I needed to improve on.

Going over the day's events helped to plan my goals for the next day and also helped me to recognize areas that I could have addressed throughout the day and improved upon.

Other students saw journals as a vehicle for venting feelings or expressing concerns:

I liked the journal because it gave me an opportunity to "vent" [student quotations] and to look back reflectively--a safe way to talk about concerns and opinions.

...excellent medium to keep track of my own feelings and progress.

I enjoy writing a journal because it puts care and feelings in perspective...

Some students indicated that journal writing stimulated introspection and thinking:

Journals are great for self-awareness of own values and character traits. They enhance perception of issues and stimulate more extensive thought.

I find that if I were to say all that I have to say, I'd be writing forever and I had a tough time breaking it down because it all seemed important to me.

Negative comments focused on several perceived drawbacks of journal writing. The most frequently identified concern was discomfort with writing and a stated preference for discussing issues with instructors and peers rather than writing about them:

I can understand the use of journal writing but I would much rather talk about my experiences,

concerns and progress than write about it. I would much rather have immediate feedback.

I feel I get more out of talking about a problem, idea or experience than I do by writing it all out. It never seems to come out on paper as it does when I'm thinking about it.

Written media is not always the best way to express the clinical experience. Some students do not write well or put thoughts to paper well. I find a short one to one is more beneficial.

I find I have a harder time thinking when I have to write it down.

The issue of time was also raised by many students.

Students saw journal writing as time consuming when done on a daily basis. This concern was expressed most strongly by students who completed the psychiatric rotation in the spring semester just before their final, comprehensive examinations:

I found that writing a journal every day was time consuming and not necessary. It seemed more like a pain at times because I have many other things to do.

To be honest, I just felt like I had a lot of things on my mind and writing in the journal was the last thing on my mind...

They are OK but very time consuming, especially with exams taking priority...

I felt that journal writing took up a lot of time...

There were also negative comments regarding the guidelines provided to assist in journal writing. Though the guidelines were meant to be only that, some students seemed to perceive them as firmly fixed and they went about

addressing each of them in their daily journal entries. Consequently, some students complained of finding them restrictive:

I found the guidelines to be too strict. I felt my perspective and thoughts were somewhat harboured.

I feel that the journal would have been far more beneficial without the strict guidelines because each individual has different ways of evaluating himself and may have difficulty following the guidelines.

... some issues I wanted to talk about were not in the criteria for journal writing.

Other students felt that they simply ran out of things to say:

They are easy to write at first because you have all of these ideas rushing through your mind and you can organize them better on paper but as the weeks go on, if nothing happens or you're feeling settled and the patients feel settled, I don't know what to write.

Sometimes I ran out of things to say. Some days it seemed more of a chore when I didn't have much to say.

Some days I did not have enough to write a full page and I felt bad leaving a quarter of the page blank. Since the outline said minimum of one to two pages, I thought I would get into trouble.

Finally, a few students addressed the issue of audience:

...I feel that for the most part, you don't feel that you can be totally honest because you know your instructor will be reading it. Inevitable but true.

I felt that I could not be honest in my journal because I felt it was a reflection of my mark. I was always searching for the right (clinical) thing to say.

In general, then, responses to the Likert scale portion of the survey were indicative of positive student attitudes toward journal writing. However, the invitation to make open comments yielded more mixed results. Notwithstanding this mixed response, positive comments outnumbered negative comments, albeit by a margin of five percent.

CHAPTER SEVEN

The Implications Of Student ResponsesDialogue, Communication and Progress

The purpose of the survey was to assess student attitudes toward the effectiveness of journal writing as a learning exercise. This discussion will focus upon the major findings.

Results of the survey support the continued use of journals as a means of establishing ongoing dialogue between student and teacher, thereby enhancing communication and understanding in the student-teacher relationship. This finding is consistent with those of Hennings (1992) and Dimino (1988), in two of the few published studies which examine student attitudes toward journal writing. It also supports journals as a means of providing feedback about learning as found in Hettich's survey of psychology students. Glaser (1991) maintains that dialogue between student and teacher creates a social context for learning which enables the thinking of participants to be observable. By engaging in dialogue, student and teacher attempt to understand the viewpoint and position of the other and this, in turn, requires that they examine their own ideas and perspectives concerning a topic (Brown & Palcsinar, 1989). Therefore, the value of dialogue and communication in the learning context cannot be overestimated.

Students responding to the survey clearly viewed communication and dialogue as the foremost advantage of journal writing. This was evident both on the Likert scale responses and in student responses to the open question. There was also evidence that journal writing assisted students in dialoguing about problems and concerns encountered throughout the course of the practicum. In the harried daily world of clinical learning, students and teachers are under constant pressure to maintain unit schedules and meet time lines. Unfortunately, there is often minimal time left for any sustained discussion of concerns harboured by students. The unhappy result is that student stresses and problems may culminate to a point where there is a sudden emotional scene or frequent absence from clinical lab. Ongoing dialogue with the instructor via the journal can reduce anxieties and assist students in tackling problems and concerns before they begin to affect student performance.

As indicated by the survey, dialogue also helped students get a sense of their own progress. This finding supports those of Jensen and Denton (1991) in their study of journal writing with physical therapy students. By discussing ideas, interventions and goals with the instructor on a daily basis, students seemed to find direction and achieve a clearer understanding of what they were accomplishing. It is not uncommon for students to

comment that they lack a sense of how they are progressing. All seem to need regular communication with and feedback from their clinical instructors. Yet, in the often frenzied pace of the clinical setting, feedback can sometimes become brief, perfunctory and after-the-fact, as teachers rush to meet the needs of the next student waiting for assistance. As an alternative means of dialogue, journal writing can allay the pressure of reduced communication time in the clinical setting and can keep student and teacher connected in sustained conversation.

Reflection

A high percentage of students agreed that journal writing gave them perspective and helped them reflect on their clinical experience. The value of journal writing in the promotion of reflection is well documented in the health care literature (Cameron & Mitchell, 1993; Jensen & Denton, 1991; Landeen et al, 1995; Patterson, 1995). Schon (1984) has pointed out that the contemplation of past or current behaviour and experience facilitates future action. Student journals were replete with such instances of contemplation in which students revisited their clinical day and their interactions with clients and engaged in a re-examination. Students often referred to this process as self-evaluation or self-assessment, a process which Saylor (1990) maintains cannot be achieved without reflection.

This sometimes led to a change of perspective or a decision that the intervention could have been handled otherwise. Sometimes there was establishment of new goals as a consequence of reconsideration while at other times, students simply fulfilled a need to talk about their feelings in relation to the interaction, an issue which was again addressed by students in response to the open question. Though students vary in their level of reflective skill (Grow, 1991), there is evidence that reflection is a skill that can be developed (Rovegno, 1992) and journal writing can undeniably provide students with an opportunity to develop and enhance their reflective abilities.

Thinking and Self-Awareness

Students also agreed via the open question that as documented by Hahnemann (1986) and Brown & Sorrel (1993), journal writing enhanced thinking and self-awareness. Self-awareness is an integral component of success in the therapeutic relationship and knowledge of the self is seen as the starting point for any successful therapist. Students also seemed to agree that writing enhanced their abilities to examine their own values, attitudes and identities and pushed them to think more extensively about the many issues that can challenge one's assumptions about psychiatry. If, as has been claimed, writing skills are primarily thinking skills (Allen et al 1989), it follows

that the journal automatically translates into a vehicle of introspection.

Is Journal Writing Just Another "Hoop?"

Findings were also indicative of a number of negative attitudes about journal writing. Less than 50% of students agreed via response to the Likert scale that journal writing would be helpful in other clinical settings. Moreover, a comparatively low percentage of students (69.8%) believed that journal writing was a beneficial learning experience. These findings must be interpreted in light of some of the responses to the open question. Students clearly indicated in their comments that they found journal writing to be time consuming. Several mentioned being preoccupied with examinations and they obviously did not view journal writing as a priority. Since the clinical practicum was graded as pass/fail but the journals themselves were not graded, students were naturally inclined to see them as "busy work" which interfered with time needed for, as they perceived it, more important pursuits. The danger that students will view journal writing as "busy work" or another "hoop" through which they are required to jump has been discussed by several authors (Anderson, 1992; Blough & Berman, 1991; Cameron & Mitchell, 1993; Patterson, 1995; Rovegno, 1992). In order to impress upon students that journals are far more than time fillers, we as teachers must take time to help

students understand the purposes of the exercise. When students fail to understand why they are completing journals, the objective of the exercise becomes that of "writing for the teacher" (Cameron & Mitchell, 1993). Therefore, as indicated by Bode (1989), students would benefit from being provided with a written and oral statement of the purpose of the activity. As further noted, some authors also recommend utilization of a set of guidelines or expectations (Callister, 1993; Patterson, 1995).

The Issue of Medium

Other students indicated that writing was not the medium through which they could best express their thoughts. A number of students stated that they preferred to talk and discuss rather than to write. This finding is consistent with Jensen and Denton's study (1991). Indeed, Fulwiler (1982) confirmed that "journals do not work for everyone" (p.26). Therefore, we must make an effort to provide alternative experiences which meet mutual goals for students who simply have great difficulty expressing themselves in written form (Anderson, 1992). Forcing students to engage in an exercise which is carried out solely to please the teacher and which fails to bring the student a sense of success or accomplishment reinforces the existence of an unequal power relationship between student and teacher.

Students who have true difficulty with the written medium might be invited to engage in oral dialogue through taping or face to face discussion with the teacher. Student suggestion for alternative strategies might also be encouraged.

When the Gas Tank is Empty

Several students complained of running out of things to say in their journals. This has been referred to by Anderson (1992) as "running out of gas" (p. 307). He describes a situation in which journal entries start out strong but by the end have "regressed into the banal, written in abbreviated, hurried voices" (p. 307). Blough and Berman (1991) present the concern that interest in journal writing often "waned with time" (p. 95). However, they suggest that students will continue to respond positively if given a choice of questions to which they may respond in their clinical journals. This tactic provides variety and allows students to choose their level of reflective skill. As well, the requirement of daily journal entries is more likely to cause students to feel depleted of meaningful discussion topics. Students completing clinical rotations that continue for more than six weeks may be asked to submit journals on a weekly rather than on a daily basis, thereby providing an opportunity for students to make connections between events over a two to three day period.

Do We Need Structure?

There was indication, as in Jensen and Denton's study (1991), that some students perceived the guidelines for journal writing as being too restrictive. Opinion as to the amount of structure that should be prescribed in journal writing tends to vary. In some instances, a relatively open approach is advocated (Landeem et al, 1995) while very clear guidelines and expectations are employed by others (Brown & Sorrel, 1993). In any case, guidelines that are perceived as being too strict will quickly constrain student exploration of issues and will fail to accomplish the goal of establishing open dialogue between student and teacher. In presenting the purposes and guidelines for journal writing to students, then, we must be clear regarding our expectations. If the intent is to present suggestions or possible questions for consideration, students should understand that the content of their journals is also be open to other directions.

Honesty, Audience and Power

The issue of audience was also mentioned in response to the open question. Some students felt that they could not be honest in their comments because as one student put it, "you know your instructor will be reading it." Another felt that honesty would affect her mark in the clinical

practicum. The difficulties associated with the issue of audience and the related issues of trust and safety are not easily ameliorated. Cameron and Mitchell (1993) point out that writing about experiences, feelings, ideas and opinions in a dialogue journal places the student in an extremely vulnerable position. They note that students commonly fear they will write something which serves to alienate their teacher, the same teacher from whom they require support and guidance in the clinical setting. Yet, according to Lambert (cited in Fulwiler, 1982) journal writing should be a place to "try, to experiment, test one's wings." The development of trust between student and teacher takes time and effort. Unfortunately, most clinical placements entail too brief a period for students to develop a complete sense of safety and trust in their teachers as audience. Indeed, Grauerholz (1994) questions whether power differences between teachers and students can ever be resolved, no matter how nonauthoritarian the teacher attempts to be. As teachers, we can best encourage trust by avoiding direct criticism of student comments and actions and by establishing an atmosphere of safety and acceptance at the outset. If students sense in any way that they are not permitted to express ideas freely in their journals, they will revert to a "writing for the teacher" mode, thus defeating the aim of the journal writing experience.

CHAPTER EIGHT**Final Thoughts**

Though this study is limited by the size and homogeneity of the sample studied, several relevant conclusions can be drawn from the data obtained.

Journal writing is a valuable means through which nursing students and clinical teachers can better know and understand one another in a setting which often allows little time for sustained communication, discussion and reflection. Students participating in a clinical practicum seem to naturally experience high levels of stress and anxiety (Blainey, 1980; Kleehammer et al, 1990; Selleck, 1982) and are in almost constant need of teacher support and dialogue. Journal writing can become a vehicle in which problems, issues and concerns are made topical, creating an ongoing, purposeful conversation between two interested parties. The exercise of engaging in ongoing discussion with another assists us not only in becoming more aware of alternative perspectives but in becoming more self-reflective and aware of how our own thinking processes originate.

To ensure that students perceive journal writing as a valuable and productive enterprise, we as teachers must take pre-emptive steps to prepare and educate our students as they approach the experience. This includes assisting

students to understand that there are diverse ways of knowing about nursing, ourselves and the world around us (Belenky, Clinchy Goldberger and Tarulke, 1986; Carper, 1978). Students will likely have difficulty accepting and valuing the personal knowledge that forms the basis of reflective writing if they are educated to believe that objective, scientific knowledge is the only legitimate form. Unfortunately, we in nursing education are perhaps more guilty than most of having propagated this belief. Yet, our sustained and limited focus on empiricism and science has brought us to a turning of the tide. Students, then, will need our support in coping with the shifting waters. They will appreciate the knowledge that derives from putting their thoughts in writing only when they understand that the most valuable forms of learning involve self-reflection that leads to self-transformation. It becomes our responsibility as nurse educators, then, to navigate the journey and to bring our students to a vantage point where they can view the ebb and flow as an opportunity to uncover a host of heretofore unseen knowledge treasures brought to them by a new tide.

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Appendix A

Dear Student:

I am conducting a study of journal writing by nursing students who are completing their clinical rotations in the psychiatric setting. The purposes of the study are to identify the major themes addressed by students in the process of journal writing and to examine students' perceptions of/attitudes toward this exercise. I anticipate that you and other students will benefit from participation by assisting in the examination and evaluation of this exercise in order to guide future planning of the psychiatric experience. I would very much appreciate your participation in this study.

As part of this research, you may be asked to allow utilization of some parts of your writing as examples of dominant themes which will be identified in the final analysis. As a result, I may request that you allow me to keep your journals for a short period following the completion of the rotation in order that I may identify themes. Some photocopying may be utilized. You will also be asked to complete a brief, survey questionnaire at the conclusion of the rotation.

Please note that all information will be handled in a confidential and professional manner. Further, all names, locations and other identifying information will not be included in any discussion of the results. You have the right to inquire about this research while it is in progress or at any time following its completion. You also have the right to withdraw from the study without prejudice at any time. Moreover, participation or non-participation in the study will not affect on your clinical grade in any way.

If you choose to participate in the study, please indicate your willingness by signing the attached form in the space provided and returning it to me.

I appreciate your assistance in this study. If you have any questions, please feel free to call me, Elizabeth (Betty) Skinner at 320-3425, Lethbridge Community College. Also feel free to contact the supervisor of my study, Dr. Robin Bright, at 329-2066, the University of Lethbridge and/or any member

Appendix A (continued)

of the Faculty of Education Human Subject Research Committee, if you wish additional information. The chairperson of the committee is Dr. Rick Hesch who may be contacted at 329-2118, the University of Lethbridge.

Yours Sincerely,

Elizabeth A. Skinner
Clinical Nursing Instructor
Phone: 320-3425

I agree to participate in this study.

Name: _____

Signature: _____

Date: _____

Appendix B

Nursing 261/262

Psychiatric Nursing Clinical Experience

Journal Writing

Objectives

Writing of the daily journal will:

1. Provide an opportunity for the student to define and articulate the lived experience of psychiatric nursing.
2. Assist the student in making linkages between theory and practice.
3. Promote further development of self-awareness in terms of values, attitudes and feelings
4. Assist the student in analyzing and evaluating his/her own effectiveness in the use of therapeutic communication techniques.
5. Assist the student in planning future strategies for the furthering of client support and the fostering of the therapeutic relationship.
6. Provide an opportunity for ongoing self evaluation and measurement of personal growth.
7. Facilitate learning through ongoing dialogue with the teacher/facilitator.

Guidelines for Journal Writing

On each day of your clinical psychiatric rotation, you are asked to submit an entry of one or more written pages which is indicative of the following:

1. An objective or goal for your clinical day
2. Description and analysis of an interaction with a client which includes what you observed during the interaction, your thoughts and/or feelings throughout the interaction and identification of one or more therapeutic communication techniques employed at the time. Try to use direct quotes. Include your rationale for the use of the techniques. Consider whether you would approach the situation differently in the future. If so, how?

Appendix B (continued)

3. Description of any observations or events throughout your day that were part of a new learning experience for you. Include your attitudes/feelings toward these events.
4. Interactions/experiences with other health care providers (e.g. observation of caring/noncaring behaviours, role modelling or client teaching).
5. Clinical examples of concepts/theories discussed in class/conference.
6. Ethical dilemmas you may have encountered.

Appendix C

PARTICIPATION VOLUNTARY. COMPLETION CONSTITUTES CONSENT

Survey on Journal Writing

The following is a list of statements pertaining to your recent experience with journal writing while you were assigned to the psychiatric clinical setting. Please indicate with a check mark your level of agreement with each of these statements.

SA- Strongly Agree
 A - Agree
 D - Disagree
 SD- Strongly Disagree
 NO- No Opinion

Statement	SA	A	D	SD	NO
1. Writing the daily journal helped me to develop an awareness of my attitudes, values and feelings about psychiatric nursing.	---	---	---	---	---
2. The journal provided a means of regular, ongoing communication between myself and the instructor.	---	---	---	---	---
3. I found the majority of the instructor's comments and responses helpful.	---	---	---	---	---
4. Writing the daily journal helped me to reflect on my experiences in the clinical setting and to put them into perspective.	---	---	---	---	---
5. The journal helped me to assess my therapeutic techniques and the effectiveness of my interactions with clients.	---	---	---	---	---

Appendix C (continued)

Statement	SA	A	D	SD	NO
6. I feel that journal writing would be helpful in other clinical settings.	---	---	---	---	---
7. The journal and the instructor's comments gave me a sense of my progress in this rotation.	---	---	---	---	---
8. Journal writing helped me to evaluate my own progress.	---	---	---	---	---
9. The journal gave me an opportunity to express my concerns problems and have them addressed by the instructor.	---	---	---	---	---
10. The journal helped me set goals for client care.	---	---	---	---	---
11. Writing the journal helped me to link material covered in class/conference to the clinical setting.	---	---	---	---	---
12. I found the exercise of putting my thoughts in writing to be a beneficial learning experience.	---	---	---	---	---

Please use this space to make any further comments regarding your experience with journal writing. These may be positive or negative.

Appendix D

The Five Major Themes and Their Sub-Themes

<u>Major Theme</u>	<u>Sub-Themes</u>
The Therapeutic Relationship	Frustration, lack of progress Descriptions of conversations Feelings about interactions Questioning, dialogue with instructor Feelings regarding termination Observations of clients Saying the right thing Gaining confidence Self-disclosure
Learning	Reflection on new learning Learning about self Staff role modelling Teacher as role model Learning from clients Change in personal life Theory to practice Final reflections on learning
Competency	Planning and goal setting Self evaluation Control Inadequacy of skill/technique Doing
Personalizing	Identifying with the client Associating the client with a significant other Sympathetic emotional response to client suffering
Ethics	Issues of trust Professional boundaries Treatment and control