Faculty Experiences Supporting Mental Health Needs of Nursing

Students in a Psychiatric Nursing Setting:

An Interpretive Description Qualitative Study

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FACULTY EXPERIENCES SUPPORTING MENTAL HEALTH NEEDS OF NURSING STUDENTS

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Abstract

The importance of supporting nursing students' mental health is well recognized, yet the roles and experiences of faculty providing this support are unclear and under researched. Utilizing interpretive description and grounded in Bandura's 1977) *Self Efficacy Theory*, ten nursing faculty were interviewed to better understand their experiences in providing support to nursing students training in a psychiatric setting, whether in a classroom, lab or clinical environment. Findings yielded important insight on the impact faculty support has on the mental health of nursing students when they are in a psychiatric setting, as well as clarifying faculty identities, roles, experiences, and significance behind this support. The insights allow for new knowledge in all four domains of psychiatric nursing: clinical practice, education, administration and research that can positively impact the success of students. This impact will manifest in many ways, such as inspiring further research initiatives aimed at improving student success rates and influencing policy adaptations that benefit students, leading to higher rates of success among students and improving job satisfaction for faculty members.

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Chapter 1 - Introduction

Mental illness in the form of emotional distress, depression, anxiety, heightened stress, or general psychological distress is one of the most common problems appearing in higher education student populations (Conley et al., 2015). Students living with such issues are at greater risk of suicidal behaviour and academic impairment (Keyes et al., 2012). Emotional and behavioural disorders such as anxiety disorder, major depressive disorder and attention deficit hyperactivity disorders are common in the student population and negatively affect learning and student-teacher interactions (Conley et al., 2015; Laws & Fiedler 2012).

Students rely on faculty to help them with mental-health support and have reported that instructor support has positively influenced their well-being by developing their psychological resources of self-efficacy, hope, resilience and optimism (De George-Walker, 2014). Additionally, students report that instructor's comfort, caring, and encouragement has a motivational effect helping the student more positively deal with challenges they face (Shaban et al., 2012). Students reported positive benefits received from faculty support such as discussing coping strategies, problem-solving skills, and an optimistic point of view (Shaban et al., 2012). Students' need and request for faculty support highlights the importance of understanding faculty's role in supporting the mental-health struggles of students in the classroom and clinical settings.

Faculty roles are multi-faceted and often include mentor-mentee, advisor-advisee, supervisor-supervisee, and instructor-student relationships such as coaching or classroom and

clinical instruction. Each relationship role contains different responsibilities, support

requirements, time restraints, and ethical considerations such as boundaries in the faculty-student

relationship. A range of factors have been identified that may positively influence faculty

willingness and capacity for involvement in supporting nursing students' mental health. These

factors include competing curriculum demands, limited time for planning, implementation and

inclusion of self-wellness or self-care teachings within the nursing curriculum, the extent of

availability of teaching resources and faculty confidence in executing such support (Cancio et al.,

2013).

      According to a study conducted by Austin et al. (2006), faculty members identify

numerous ethical issues that emerge within the boundaries of professional helping relationships

among practitioners. This study reported that faculty did not have a clear perception or a

recognized structure for their role in supporting student mental health and continue to voice

concerns regarding instructor-student relationship boundaries and request clarification on roles

and responsibility. Faculty have appealed to higher education institutions for training in how to

best support nursing students with mental-health issues (Adams, 2011; De George-Walker,

2014). According to Hoppe et al. (2013), when faculty and students have increased awareness

about the boundaries and roles between faculty and students, a professional mentoring

relationship that fosters learning and leads to success in professional relationships is gained. The

findings of Gulliver et al. (2019) in studies of student and faculty relationships reveal three

themes that are considered in this study. First, when examining faculty self-trust, faculty reported

at least moderate confidence in their ability to provide emotional support for students. However,

many staff felt under-equipped overall to deal with student mental-health problems and almost

half reported they did not have access to formal training in this area of expertise. Second, faculty

reported providing support to students through listening to students, consulting others for advice, and referring students to services. Many of the faculty reported feeling prepared to talk to, listen to or reassure students; however, a majority reported feeling ill-prepared to cope with students voicing suicidal ideations. Finally, the faculty reported a need for formal training and support from the higher educational institution (Gulliver et al., 2019). While there is significant literature available regarding student mental health, there are gaps in knowledge and research regarding faculty's perspectives, experiences and concerns and their role supporting nursing students' mental health.

The purpose of this research was to explore faculty experiences supporting the mental-health struggles of nursing students in a psychiatric setting, as well as address gaps in the literature between nursing students' mental-health challenges and faculty experience supporting their students in resolving these concerns. Utilizing interpretive description, the following question was investigated: *What are faculty experiences supporting mental-health needs in nursing students in a psychiatric nursing setting?* This research directly contributes to pedagogical knowledge for faculty to create effective and supportive teaching and learning environments for nursing students. The research enhances understanding of mental-health struggles among nursing students working in a psychiatric setting in British Columbia (BC) and aids faculty in comprehending their own experiences, difficulties and solutions when supporting their students' needs. Furthermore, it offers new knowledge and insights for current and future faculty to effectively advocate for and support nursing students with mental-health challenges in a psychiatric nursing environment.

The knowledge gained through this research will increase understanding of what mental-health struggles look like for nursing students working in a psychiatric nursing setting in British

Columbia (BC); assist faculty in understanding their own experiences, address difficulties and solutions when supporting the needs of their students, and; provide new knowledge and understanding for present and future faculty to better advocate and support nursing students with mental-health struggles within a psychiatric nursing setting.

Chapter 2 - Literature Review

The purpose of the following literature review was to critically examine and evaluate literature relevant to the subject of faculty experiences supporting mental-health needs in nursing students practicing in psychiatric settings. Specifically, the researcher sought to meet the following learning objectives through the literature review process: 1) understand the state of nursing students' mental health within Canada; 2) identify stressors related to training as a nursing student in a psychiatric nursing setting; 3) identify support structures for nursing students; 4) identify students' expectations of faculty support; and 5) faculty's struggles with competing roles and boundaries. From this review, the researcher found a paucity of literature that explores faculty experience in supporting nursing students training in a psychiatric nursing setting's mental health.

The literature review was conducted using the Brandon University library and EBSCO Host. The key words and topics searched included "mental health," "university or college," "student," "faculty," "support," "psychosocial support," and "interpretive description." Articles were included from 2000-2023, available in English language, and accessible through electronic databases. Manuscripts older than ten years were included only if they were considered integral to the topic's knowledge base. The following topics were identified through this search: student mental health in Canada, nursing student stressors, supporting students, expectations of faculty support, role complexity, and ethical obligations.

Student Mental Health in Canada

Prevalence of Mental-Health Issues among Canadian Students

Buchanan (2012) highlights the vulnerability of Canadian students in post-secondary institutions and the high prevalence of depression within this population. Similarly, Conley et al. (2015) report that emotional distress, in the form of depression, anxiety, heightened stress, or general psychological distress, are commonly experienced by post-secondary students. Javeth (2018) discusses how academic pressure can lead to apprehension and stress-related health issues:

In order to meet academic goals and when the student is under heavy demands of time and energy academic pressure occurs. Academic anxiety - some academic goals lead to apprehension of damage. Academic stress can severely affect academic achievement. The important reasons for academic stress include academics, environment, extracurricular activities, peers, and parental pressure. It also contributes to major mental-health hazards, problems both physical and mental stress-related diseases. (p.130)

Canadian students in post-secondary institutions are vulnerable to the stresses of academic pressure, placing them at risk for major mental-health hazards.

The Significance of Mental Health in Post-Secondary Education

The Canadian Mental Health Association (2014), conducted a survey which revealed that mental health was the second most frequently reported health concern among post-secondary students in B.C. The findings indicated that 56% of students reported experiencing overwhelming anxiety, 45% reported feeling depressed, and 15% reported having seriously considered suicide. It is essential to recognize that students' mental health correlates with academic success and students' ability to participate fully and meaningfully throughout all aspects of their lives (Canadian Mental Health Association, 2014).

Empowering Students for Well-being

Along with recognizing the importance of prioritizing mental health, it is crucial to empower students to actively take charge of their well-being. By addressing mental-health issues and equipping students with the necessary tools and support, students are better prepared to navigate the challenges they may come across in their academic journeys (Canadian Mental Health Association, 2014). This proactive approach lays the foundation for improving overall well-being and enhances students' ability to thrive in their academic pursuits.

The prevalence of mental-health issues among Canadian students in post-secondary education is a significant concern. The impact of emotional distress and academic pressure on students' mental well-being is evident. By prioritizing mental health, providing appropriate support, and empowering students to actively care for their well-being, we can create an environment conducive to their academic success and holistic development.

Nursing Student Stressors

Apart from the factors that impact the mental health of all students, nursing students face various stressors unique to their field of study. These stressors include competing demands, exposure to stressful environments, and the need to navigate challenging aspects of the human life cycle.

Competing Demands

Nurses have a demanding school schedule that involves balancing classroom and clinical responsibilities. Nursing students face the challenge of managing various competing demands on their time, personal resources, income, and physical capacities, such as energy, strength, and mental sharpness. First-year nurses in particular report a constant struggle to find balance and equilibrium (Mills et al., 2020; O'Grady et al., 2018). Juggling these demands adds an additional layer of stress to their already challenging academic workload.

Exposure to Stressful Environments

Preparing to become a psychiatric nurse can be significantly emotionally stressful and potentially detrimental to students' well-being (Tully, 2004). Student nurses often face high-stress environments such as psychiatric settings and emergency departments, where they may face agitated patients, experience violence, handle deceased bodies and witness illness and death. These experiences can have a profound impact on students' emotional and mental well-being, increasing the risk of developing physical or psychiatric illnesses, academic failure, higher dropout rates, and poor performance outcomes (Keyes et al., 2012; Tully, 2004).

Psychiatric nurses working in acute-care psychiatric units face an elevated risk and are often exposed to violent and aggressive behaviours from patients, posing significant threats to their physical, emotional, and psychological health (Hiebert et al., 2022). Psychiatric settings pose a higher risk of encountering physical and verbal violence due to the unpredictable nature of patients' behaviours caused by mental illness such as schizophrenia and psychosis (Dean et al., 2021). Aggressive incidents are commonly managed reactively, relying on containment methods like compulsory medication, restraint, and seclusion. For new students entering psychiatric units, this can be a source of stress, discomfort, and fear. It is crucial for those supporting nursing students to be aware of the toll these stressful environments may take on students. Fear and apprehension stemming from working in such climates can result in increased sickness absence, low morale, and less therapeutic ward environments, ultimately hindering patients' recovery (Foster et al., 2007).

Challenging Aspects of the Human Life Cycle

Nurses play a vital role in providing daily care to a diverse range of patients, including those who are healthy, sick, disabled, or frail. Their responsibilities encompass ensuring the

support of vital functions and meeting basic needs. These tasks involve dressing, undressing, washing, administering treatments, and facilitating the healing process (Picco et al. 2010). For inexperienced nurses, this can present an emotional learning curve as they navigate these responsibilities.

According to Picco et al. (2010), the relationship between nurses and patients is characterized by closeness, particularly during personal care. The physical proximity involved in providing personal care can be distressing for student nurses. The need for direct access to the patient's body to carry out various duties can give rise to discomfort and conflicting emotions. Patients' bodies may emit unpleasant odours or exhibit deformities due to the presence of diseases. Additionally, nurses often handle bodily excretions as part of their professional duties. It is not uncommon for nurses to experience unease and distress in certain situations throughout their careers (Pico et al., 2010).

Impact of the COVID-19 Pandemic

Through a thorough review of current literature, the researcher discovered an additional stressor that students, particularly those in healthcare field, have had to face during their studies: the COVID-19 pandemic. According to Black Thomas (2022), the pandemic intensified mental health struggles and increased stress among nursing students, primarily due to the removal or reduction of crucial supervised and hands-on experiences in the stressful healthcare environments in which they would typically practice. Nursing education and students were significantly impacted by this global crisis.

Black Thomas (2022) explains that nursing students must engage in direct hands-on patient care activities as part of their path toward licensure. However, the pandemic prompted a shift from traditional face-to-face instruction to remote learning in many nursing schools. "As a

practice profession, student nurses must participate in direct hands-on patient care duties to become licensed. At the same time…schools of nursing shifted from brick and mortar to remote instruction" (Black Thomas, 2022, p.94). This transition deprived students of valuable clinical practice experiences and introduced uncertainty within the nursing community. Consequently, nursing students have experienced increased stress and mental-health struggles.

Airey (2012) highlights the fact that every student nurse faces unique challenges and the objective is to find effective strategies to overcome these hurdles. In the face of the pandemic, it became even more crucial to identify and implement appropriate measures to support nursing students and help them navigate the obstacles they encountered.

Summary

To effectively support students in their educational pursuits, a combination of social support and academic support is necessary. Social support encompasses emotional support, financial assistance and assistance with daily activities, while academic support involves various forms of guidance and resources to enhance students' educational experiences and success. By recognizing the importance of both types of support and implementing appropriate measures, post-secondary institutions and faculty can create an environment that promotes student well-being and academic and personal growth.

Supporting Students

In a study conducted by Brodys-Cupak et al. (2022), the correlation between perceived stress levels and psychosocial factors among nursing students in a clinical setting was explored. This research highlighted the significance of providing support to students, as discussed in existing literature (Bravo, 2021; Hunt, 2012) However, there is a limited understanding of the specific support needs of nursing students, particularly those practicing in a psychiatric setting.

Protective Factors

Social support protective factors are conditions or attributes that assist individuals in effectively dealing with stress and mitigating risks at various levels (Muris, 2016). Within the post-secondary environment, social support and interpersonal coping play an important role in facilitating better adaptation to university life for certain students (Fink, 2014; Holland, 2016). Insufficient support or lack of internal resources may lead students to resort to maladaptive coping mechanisms, such as increased alcohol or drug use (Holland, 2016). Family support, social support and academic support are among the various forms of support identified in the literature (White & LaBelle, 2019).

Social Support

Social support, defined as assistance available to individuals through their connections with others, groups, or communities, is an essential component of student support (Ozbay et al., 2007). This includes networks provided by friends, family, significant others or neighbors, who offer help during challenging times (Ozbay et al., 2007). Social support has been found to contribute significantly to individual overall mental health, as it provides protection from stressful experiences, promotes coping strategies, enhances self-esteem, and mitigates distress during crises (Meluch et al., 2022). The importance of family support, friendships, companionship and the influence of cultural norms and values in support systems is highlighted in the literature (Bravo, 2021; Aldwin, 2004). These factors play a crucial role in providing students with the necessary social support to navigate challenges and enhance overall well-being.

Post-Secondary Involvement and Academic Support

The Canadian Mental Health Association (2014) emphasizes the need for university involvement and academic support to promote student mental health. This includes strategic supports systems such as academic adjustments, counselling, and mental-health inclusion in lesson planning. Campuses should have many opportunities to identify students struggling and provide channels through which faculty might positively affect student mental health. Hunt (2010) discusses the need for higher institutional support to students experiencing mental-health issues, and provides suggestions for support measures, including priorities for improving practice and policy. Supporting students through the development of coping skills, instructor-student relationships, and emotional intelligence programs are crucial aspects of faculty support (Holland, 2016; Hunt, 2010).

Students require a combination of social support and academic support to succeed in their educational pursuits. Social support often includes emotional support and encouragement, as well as help with finances and activities of daily living. Academic support encompasses various forms of assistance provided to students to enhance their educational experience and success. It commonly includes teachings and guidance on developing strengths, coping mechanisms, and resilience to navigate academic challenges effectively. Additionally, academic support entails facilitating access to resources related to both academic and mental health, providing students the necessary tools and services to support their educational and psychological well-being.

Summary

To effectively support students in their educational pursuits, a combination of social support and academic support is necessary. Social support encompasses emotional support, financial assistance, and assistance with daily activities, while academic support involves various forms of guidance and resources to enhance students' educational experience and success. By

recognizing the importance of both types of support and implementing measures, post-secondary institutions and faculty can create an environment that promotes student wellbeing and facilitates their academic personal growth.

Role Complexity and Ethical Obligations

The Complex Role of Nurse Educators

The nurse educator role is complex and multifaceted; it includes dual professional identities and the establishment of supportive yet professional relationships with students (Adams, 2011). Supporting nursing students requires faculty to provide mentoring, advocacy, and encouragement to empower students (Fisher, 2016). However, nurse educators must also understand learners' needs, help navigate complex tensions and uphold ethical obligations inherent in their role. The demands of a career in academia require adaptability and responsiveness to students' unique and evolving needs. Nurse educators must stay updated in nursing skills and regulations while demonstrating expertise in curriculum development, learning outcomes and evaluation (Adams, 2011).

The Challenges of Supporting Student Mental Health

The complexity and evolving expectations placed on faculty can make supporting student mental health feel overwhelming. Francis (2010) emphasizes the importance of therapeutic intervention while maintaining adherence to standards of care for nursing professionals to ethical guidelines. Faculty must have a clear understanding of their scope of practice, limitations of services available to students, counselling and administration to prevent conflicts and misunderstandings when assisting students with mental-health challenges.

With such complex and evolving expectations, faculty may find supporting student mental health overwhelming. Francis (2010) encourages support through therapeutic intervention

but highlights the importance of standards of care for mental-health professionals. Faculty must follow a clear understanding of the scope and limitation of services regarding students, administration, and counseling centres in order to prevent struggles and misunderstandings from occurring when working with students with mental-health challenges.

Ethical Considerations in Supporting Students' Mental Health

When supporting students with their private mental-health issues, it is essential for faculty to give thought to the ethical issues surrounding boundaries of professional helping relationships (Austin, 2006). Privacy and boundaries must be respected as client or student vulnerability and the potential for power abuse is present in all professional client or patient relationships (Austin, 2006). The concept of boundary permeability refers to how an individual chooses to control their private information, which is relevant when supporting students' mental health (Westerman et al., 2015). Some instructors may choose to share their own struggles, to establish empathy and connection when discussing student mental health (Meluch et al., 2022). However, when navigating boundary permeability with students, instructors must balance personal involvement and professional detachment when responding to student health disclosures (Price, 2020). This tension requires faculty to consider their confidence, personal skills, and abilities when deciding whether to personally intervene or refer students to campus resource centres and medical professionals (Price, 2020). The goal of faculty is to support students' growth and success academically and personally. Establishing and maintaining boundaries is essential when supporting students in university due to privacy and confidentiality, providing clear expectations, protecting oneself from burnout and maintaining a professional role.

Summary

The role of the nurse educator is complex, requiring an understanding of learners' needs and the ability to navigate ethical considerations. Supporting student mental health can be a challenge and adherence to ethical guidelines and professional standards is essential when establishing boundaries, maintaining a professional role and protecting privacy. These aspects are necessary to both ensure successful support but to also promote the growth and success of the student.

Summary of the Literature

In summary, when examining the literature discussing the current mental health of students in Canada, it was found Canadian students have significant mental-health struggles due to the pressures of academia and are at high risk of mental illness in the form of emotional distress, depression, anxiety, heightened stress or general psychological distress. Students living with such issues are at greater risk of academic impairment, maladaptive coping, and unsafe behaviours. Additionally, the literature identifies that nursing students have their own unique stressors such as learning in new environments, exposure to human bodies, the challenging environment of acute psychiatric settings, patient aggression and potentially being subjected to mental or physical violence on the job. Nursing students require significant supports in the form of family support, psycho-social support, academic support, and faculty support. There are many ethical considerations for faculty when supporting nursing students' mental health, and faculty voiced a spectrum of both desire and skill to support students in their struggles. The existing literature lacks comprehensive exploration of faculty experiences, concerns, barriers, and potential solutions regarding the responsibility to support nursing students' mental health and how faculty can effectively contribute to the development of resilient nurses. This nursing research attempts to fill that gap by increasing understanding of what mental-health struggles

look like for nursing students in British Columbia, exploring faculty experiences, difficulties and solutions when supporting the needs of their students and providing new knowledge and understanding for present and future faculty to better advocate and support nursing students with mental health struggles within a psychiatric nursing setting.

Chapter 3 - Research Methodology

The existing literature fails to adequately address the concerns, barriers, and solutions of faculty members regarding their responsibility to support nursing students' mental-health challenges in a psychiatric setting. There is a need to explore how faculty can better enhance their support for nursing students and thereby empower them to become healthy, resilient, competent nurses. The aim of this nursing research was to explore faculty experiences supporting the mental-health struggles of nursing students in a psychiatric setting as well as address gaps in the literature between nursing students' mental-health challenges and faculty experience supporting their students in resolving these concerns. The main goal of the study described here was to explore and understand the nature of nursing student mental-health challenges and seek to investigate the experiences, barriers, and potential solutions put forth by faculty as participants within this study.

The following question was investigated: *What are faculty experiences supporting mental-health needs in nursing students in a psychiatric nursing setting?* The objectives of this research were to 1) Explore the interest, experiences, challenges, and outcomes of faculty supporting student mental health; 2) Discover the complexities of faculty's role while supporting student mental health; 3) Consider ethical considerations of which faculty must be aware when supporting student mental health; 4) Explore barriers to support and; 5) Determine faculty recommendations to enhance support. The research questions and objectives were met using self-efficacy theory as a theoretical framework and interpretive description as the qualitative methodology.

Self-Efficacy Theory

Albert Bandura's *Self-Efficacy Theory* served as a guiding framework for this research; the researcher considered the need for faculty to reflect on their own skills, abilities and confidence levels when addressing students' mental-health issues. According to Bandura (1988), a person's confidence and belief in their ability to perform a particular task, known as self-efficacy, influences and affects choices, behaviours, effort, perseverance, and self-aiding and self-hindering thought patterns. By applying this theory to faculty research, De George-Walker (2014) reports that instructor self-efficacy theory may assist in understanding teacher attitudes and capacities and addressing mental health in their student population. The exploration of self-efficacy theory has practical implications for increasing faculty capabilities in developing students' skills and emotional abilities.

Ozyilmaz et al. (2018) theorize that employees' confidence in themselves (self-efficacy) should be jointly studied along with their trust in the organization. They suggest that self-efficacy plays a strong role when one operates in a trustworthy context. Trust in the organization creates a positive environment conducive to higher performance and cooperation (Alfes et al. 2012; Brown et al., 2014). In line with this thought, Gulliver et al. (2019) found that faculty reported a critical need for formal mental-health response training and explicit guidelines for faculty to ensure they can support students and know where to refer them for help.

Determining faculty's experience through the framework of self-efficacy theory assists to determine what supports, training and professional development investments are required to improve psychiatric nursing students' overall mental health and well-being.

Interpretive Description

Interpretive description methodology was utilized as it provides practical direction for researchers in applied sciences such as nursing and generates understanding of complex clinical

phenomena. Interpretive description strengthens qualitative research by realigning it with the epistemological underpinnings of the disciplines being used (Thorne, 2016). According to Thorne (2016), conventional social science methods are insufficient for advancing clinical knowledge in the way applied health discipline requires, and this prompted the necessary creation of alternative approaches. In health research, we focus on studying specific instances and integrating our findings with relative clinical reasoning to uncover underlying meanings and develop optimal clinical responses. Interpretive Description arose from the necessity to find a way to conduct applied qualitative research that would generate understanding of complex clinical phenomena one might find in the nursing profession (Thorne, 2016). Prior to the development of Interpretive Description, nurse researchers would often modify established research methods to develop inquiry approaches that better align with the unique philosophical foundations, interpretive themes, and disciplinary objectives of nursing (Thorne et al., 1997). Interpretive description supports nursing research by focusing on the development of nursing knowledge. It involves analyzing data at both descriptive and interpretive levels, incorporating historical context and theory to tell a coherent story (American Psychological Association, 2021).

For nursing researchers, interpretive description serves as an analytical and inductive approach to understanding human health within a clinical context, contributing to the evolution of qualitative methodological application in nursing:

Interpretive description supports nursing research with a focus of developing nursing knowledge. The researcher is a psychiatric nurse who looked to discover faculty experience supporting student mental health, by asking clinical questions relevant to this topic. Interpretive description is an analytical inductive approach designed to create ways

of understanding human health clinical context of health and practice in health, which is

of interest for nursing researchers. It stands out as a qualitative research method capable

of generating reliable and meaningful disciplinary knowledge, allowing for the evolution

of the qualitative methodological application in the evolution of qualitative

methodological application in the scope of nursing. (Teodoro et al., 2018, p.2)

Overall, integrating self-efficacy theory and interpretive description methodology allowed for a

deeper understanding of participants experiences and shed light on how self-efficacy influences

behaviours and outcomes in a teaching context. This integration allowed for a thorough

exploration of faculty experiences in supporting student mental health and the faculty support

role.

Researcher's role

The researcher is a registered psychiatric nurse (RPN) employed in an acute psychiatric

nursing unit, and as faculty at a British Columbia post-secondary institution, teaching clinical lab

and theory within an undergraduate psychiatric nursing degree program. Previous nursing and

instruction practice areas have included tertiary, acute psychiatry, detox and addictions,

psychosis intervention, community health, and neuropsychiatry. The researcher's educational

training includes a Bachelor of Psychiatric Nursing degree from Kwantlen Polytechnic

University, and current graduate studies in the Master of Psychiatric Nursing program at

Brandon University. The researcher had no associated conflict of interests and completed this

research as part of their post-secondary education/master degree requirement.

Participant Selection and Sample

The methods of purposive sampling and snowball sampling, both common recruitment strategies in interpretive description, were utilized to select nursing faculty who teach in a psychiatric setting. Purposive sampling allowed the researcher to find participants willing to provide detailed and insightful accounts of their experiences with the phenomenon of interest and provided opportunity to ensure that the selected respondents were most likely to yield appropriate and useful information (Kelly, 2010). Specifically, participants were chosen based on their potential to provide relevant and valuable rich data, rather than being selected randomly (Campbell et al., 2020). Snowball sampling was also utilized, asking each participant to share the letter of invitation with colleagues they felt would meet the inclusion criteria (Emerson, 2015). The researcher distributed letters (Appendix A) via email to invite faculty members from universities within British Columbia to participate in the qualitative interview.

The goal of the researcher was to attain 8-12 participants, as similarities, and themes evolve within the data. Ten participants engaged in the interviews, allowing for rich meaningful data. Inclusion criteria for the research study was Registered Psychiatric Nurses (RPNs) and Registered Nurses (RNs) with current registration with the British Columbia College of Nurses and Midwives (BCCNM) who currently teach nursing students in an undergraduate nursing program approved by the BCCNM, training nurses in a psychiatric nursing setting. Exclusion criteria included any faculty with a personal relationship to the primary researcher.

Demographic data was collected from all participants in the sample comprised of 10 participants, all of whom identified as female in gender. All participants received undergraduate or diploma education and have current work experience specifically focused on teaching nursing students in a psychiatric nursing setting in B.C. Out of the total 10 participants, eight were RPNs, and 2 were RNs. The participants had diverse backgrounds in nursing and teaching, with work

experience ranging from 5 to 20 years in various nursing settings. All of the interviewees had prior experience in teaching nursing students who were facing mental-health challenges while studying in a psychiatric setting.

Data Collection

Due to restrictions around the COVID-19 pandemic and requirement of social distancing, all semi-structured interviews were conducted and recorded over Zoom online meetings:

Although remote interviewing may be new to some researchers, it is a viable and valuable option that has proven useful in a number of studies. With advances in technology, online interviewing can now provide researchers with the same level of data as face-to-face interviews, but with added convenience and reduced costs. In the context of the COVID-19 pandemic, remote interviewing may also offer a safer alternative to in person data collection, enabling researchers to continue their work without compromising the quality or safety. (Kopecka-Piech & Coyle-Shapiro, 2020, p. 221)

The interviews started with a script outlining information on the research purpose, the identity of the researcher, and overview of participant activity. The researcher read a clear statement regarding the study being voluntary followed by an explanation of confidentiality. The researcher ensured time for participant questions before continuing with the interview. Participants were informed that they could withdraw from the study at any time without negative consequences to the participant.

Interpretive description offers the qualitative health researcher an opportunity to work outside of the disciplinary confines of the more traditional methodological approaches and create a design logic that is consistent with the aims of an investigation of clinical health and illness phenomena (Thorne et al., 2004). The freedom and flexibility of interpretive description allows

for participants to elaborate on details, express thoughts and offer opinions. Using interpretive

description, the researcher considered what types of questions would help to understand the

phenomenon in depth, while allowing the process to generate new insights and understandings.

Interpretive description research questions should be open-ended and flexible. This allows the

researcher to explore and discover rather than seek confirmation of preconceived ideas. As such,

the researcher used semi-structured open-ended questions (Appendix C) to explore the faculty

role, a design which allowed for further details in faculty experience supporting psychiatric

nursing students' mental health. Interviews were completed online, audio and video taped, and

each participant had 60 minutes of interview time, allowing for flexibility in the description of

participants' experiences. Average interview time was 45 minutes.

Data Analysis

The researcher transcribed the audio/video recordings for data analysis. Transcribing is

an essential part of initial data analysis, as it allows researchers to understand the data in detail.

During this process, the writer can listen to recordings multiple times, which helps the researcher

to identify key themes and patterns in the data. As identified by Mathews & Cramer (2008), by

personally transcribing interviews, a researcher can gain a powerful learning experience,

enabling insight into the dynamics of the research encounter and the way in which participants

respond to the questions. Hands-on transcription can also help develop qualitative research skills

by allowing the researcher to reflect on their own performance and identify areas for

improvement. Moreover, transcribing your own data can be a time-efficient and cost-effective

way of conducting initial analysis.

To protect participant confidentiality, interviewee names were changed to pseudonyms

and all identifying information was removed from the transcript. There is no singly appropriate

way to conduct qualitative data analysis, although there is general agreement that analysis is an ongoing, iterative process that begins in the early stages of data collection and continues throughout the study (Bradley et al., 2007). The hard work of data analysis relies on the intellectual practices associated with seeing possible relationships among pieces of data being gathered and considering how these relationships play out across the growing and evolving data set (Thorne, 2016). During transcription the researcher completed initial analysis, reading through the data and coding data by similarities. The researcher then read through coded transcriptions multiple times, splitting codes into themes. This process allowed the researcher to identify emerging themes in participant thoughts, feelings, and experiences, and the researcher adjusted themes many times to best express the data and participants' experiences.

Overall, integrating self-efficacy theory and interpretive description methodology allowed for a deeper understanding of participants' experiences and shed light on how self-efficacy influences behaviours and outcomes in a teaching context. Using this theoretical framework and methodology offers new insight, understanding and knowledge around supporting nursing students' mental-health struggles, from the perspective of faculty.

Ethical Considerations

Prior to the start of data collection, ethics approval was received from Brandon University Research Ethics Committee (# 22955). The writer also received a Douglas College Research and Ethics Board certificate of approval (Cert # FEB.22.17a), a requirement from Douglas College for faculty to discuss their teaching experiences.

Prior to scheduling the interviews, participants were provided with study information and a consent form (Appendix B). Informed consent was obtained prior to each interview and was reviewed at the onset of the interview.

Summary

The research interviews provided invaluable insights into the challenges and experiences of nursing faculty in supporting the mental-health struggles of nursing students in a psychiatric setting. The interviews involved 10 faculty members teaching in post-secondary nursing institutions in British Columbia, and as such, provided a variety of nursing and teaching experiences in regard to student mental-health challenges. The data analysis revealed five main themes and twelve subthemes. The themes and subthemes identified a strong belief by faculty that students' health needs to be a priority in post-secondary institutions. However, their experience in supporting students has shown that numerous barriers exist, necessitating changes to overcome these barriers and to cater to the diverse needs of students. Trends and significant findings will be discussed in the next chapter.

Chapter Four - Findings

Faculty engaged in post graduate nursing education across British Columbia provided a

wealth of knowledge regarding their challenges and experiences supporting the mental-health

struggles of their students practicing in a psychiatric setting. The principal investigator led the

research by completing ten interviews with nursing faculty teaching in nursing education

programs.

The themes identified in data analysis were: 1) Prevalence of nursing students' mental-health

struggles; 2) Support system and support needs regarding individual students; 3) Faculty

experience in a supportive role; 4) Identified barriers to support, and 5) Faculty

recommendations for support. A summary of the themes and subthemes is identified in Table 1.

Table 1. Summary of Emergent Themes and Subthemes

THEMES	SUBTHEMES
Prevalence of nursing students' mental-health struggles	• School stressors and life balance • Exposure to human bodies and mental health
Support system and support needs regarding individual students	• Family dynamics and social supports • Academic supports • Student self wellness / coping and resilience
Faculty experience in a support role	• Methods of support • Importance of boundaries
Identified barriers to support	• Stigma • Student insight • Fear of failure • Availability of academic support
Faculty recommendations for support	• Why face-to-face communication matters • Increased availability of supports • Mandatory counselling / curriculum inclusion • Guidance for faculty

Prevalence of Nursing Students' Mental-health Struggles

In the teaching experiences of all ten participants, the prevalence of nursing student mental-health struggles was evident. Participants gave an account of a wide variety of mental-health symptoms observed in the educational environment in both a clinical and classroom setting. Performing well in school is a priority for most students, however, this goal can cause students to experience high levels of stress. Nursing school is challenging as it is intended to prepare students for the rigors of the profession while teaching them to deliver the best possible care for future patients. Nursing preparation includes complex concepts and practice skills, including clinical rotations where students provide care to patients with both medical and psychological issues. This can be a new and stressful experience for students. Subthemes in this section include school stressors, life balance, and exposure to human bodies and mental-health issues.

School Stressors and Life Balance

Stress was a predominant theme mentioned by faculty. Students often struggle with managing both school stressors and life balance as nursing programs often have rigorous academic demands, leaving little time for students to balance other life responsibilities and their own personal needs such as sleep, exercise, and socializing. This theme was discussed by participant K.M.:

> *The word anxiety is really high up there in terms of the word that they use to describe it, it's more stress, very stressed, and feeling overwhelmed. There are students that come with their own experiences, with mental health, and that can be exacerbated in the program especially when there are other stressful things going on for them in their personal life. (K.M.)*

School expectations such as extensive homework and project work contribute to the pressure of being in a nursing program. Students have to juggle a full-time course load with between 12 to 24 hours of clinical time per week. In addition, some students work part-time jobs, are in relationships, have children and have a variety of other obligations. For example, a participant vocalized the life and school stressors they notice with students,

> *The balance of being in nursing school and carrying on the responsibilities of life can be difficult: I always try to remind myself of how challenging it is to complete nursing education and clinical training. Bachelor of Science in Nursing and Psychiatric Nursing is definitely one of the toughest undergraduate degrees to complete and nursing students are under a tremendous amount of pressure to succeed not only just on the theory classes, but to perform well in clinicals and then they also are responsible, providing care for some very vulnerable individuals. (Beth)*

One concern among faculty members was the challenge of balancing the demands of school and personal life. As participant Jerry pointed out, "*Students often prioritize academics at the expense of personal factors including relationships and physical exercise.*" The inability to find a healthy balance can lead to burnout in students, and ultimately affect the quality of their work and ability to focus on the learning environment. Faculty discussed observing students in the classroom who were visibly burnt out and unable to focus on class:

> *Some students have jobs and families and other responsibilities outside of school, and I know our courses are quite heavy. They look so tired, they're so stressed out, none of them are like engaged in my class. They're all somewhere else, and/or studying their pharmacology in the classroom. (Stacy)*

Participant Lee echoed the strain seen in her students' presentations on the unit and in the classroom:

Sadly, I think of all of the strains that my students are under right now. Especially in the last few years I've really seen a lot more strain in students, and I just think so many more students are juggling multiple demands. Whether it's financially, they have to work or they have family commitments that they need to look after. Also, just dealing with working in our healthcare system right now is a challenge in itself, and I just see that students are very strained and under a lot of stress. And it just adds to the student's stress level on top of the trauma that everybody has been through in the last few years with COVID and all the uncertainty and change that's happened with that. (Lee)

The mention of COVID-19 arose in several interviews when discussing stressful environments. When asked what struggles she had seen in students, one participant reported that the school environment has been particularly difficult for learning since the start of the pandemic, adding to student stress and burnout:

Burnout I would say, especially with COVID, is a big problem. I'm noticing in this last cohort a lot of students are saying, oh, we weren't able to practice that because we didn't have lab, and I feel in a lot of the reflective assignments that I create students are saying that clinical settings were challenging as they weren't able to do practice in Lab because of COVID. This last group kind of got the short end of the stick per se. (MJ)

The comfort and safety of one's learning environment can play a huge role in ability to succeed. Several participants discussed setting and environment as a contributor to student stress levels. As mentioned by one participant, Jerry, "*Students essentially struggle to find balance,*

work, life, schoolwork, and manage their own feelings in relation to the things they see on the

unit, and what they go through as a group themselves in the classroom."

Exposure to a hospital setting may be new for a student. For experienced nurses, this is a

work environment but most young adults may not have spent considerable time in a hospital, and

as identified by one participant, this can be overwhelming and triggering to personal memories:

My first day (teaching in hospital) is usually walking (students) around the hospital. And

this is how you get up to the unit. Take a breath. What does it smell like? What do you

see, what do you hear? Because it is overwhelming if you've never been there as a career.

You've possibly been there with family when they've died. It's not a happy place for the

most part. (K.M.)

Another participant identified interdisciplinary staff attitudes and unit milieu as

environmental stressors for students:

A problem can be the other nurses and faculty, and other student nurses. It's how they

approach my students. Sometimes nurses disrespect the students when they're trying to

provide a hand over or critique them, because they feel they're not doing their job fast

enough. (Jerry)

As identified by faculty, stressors in life for nursing students are high. Balancing work

and life priorities while managing a heavy course load, new learning experiences and exposure to

new environments and attitudes may have consequences on students' mental health and may

require support and understanding from faculty.

Exposure to Human Bodies and Mental Health

Participants brought up the significant stress nursing students experience in hospitals and more specifically on psychiatric units. The experiences mentioned by participants included touching others, cleaning others, and seeing naked bodies. Participant K.M. put it quite simply, "*Maybe they've never seen a naked body, and so that's very, very likely that can be triggering or traumatizing.*" Nursing students have to deal with difficult parts of the human life cycle such as aging, decompensation, illness and death. A student nurse requires coping and support to process difficult experiences, as voiced by participant Nancy, "*Within my role as faculty, I have to help students identify somebody who is going to support them through school because they're going to see birth and death.*"

Participants acknowledged that the psychiatric learning environment comes with its own set of challenges. "*In the clinical environment I find that they're (students) are very stressed, often due to collaborating with certain patient populations they've never seen*" (K.M.). A participant provides an example as to how important for faculty it is to remember each student has their own beliefs and feelings.

> *I think that with mental health and well-being we have to be mindful that it's very specific to the individual person, and it may not reflect our own ideals and values, but as long as it's meaningful and of course safe to the person in question (patient) that the students' beliefs and actions need to be respected and supported in this environment. (Beth)*

This participant also goes on to discuss the emotional toll of psychiatry on students and nurses alike:

> *We may not have the physical demands of the other units, but psychiatry definitely takes an emotional toll, and I think it's critical for nurses to be able to separate work from their*

personal lives. I think they (students) have to have a lot of emotional grips, to survive in

psychiatry long. (Beth)

The exposure to nudity, aging, death, and mental illness may all be new and stressful to a

new student. Recognizing the experience, and the stress and anxiety, even trauma that may occur

from these important and instrumental experiences. Students may experience fear, and

embarrassment, and require coaching, and professional sensitivity from faculty and nurses.

Summary of Theme: Prevalence of Nursing Students Mental-health Struggles

Overall, participants emphasized that nursing students practicing in a psychiatric nursing

environment struggle with mental health issues. Participants voiced recognition that their

students are stressed, tired, and often distracted in class and clinical settings. Faculty echoed that

the students' struggles are often exacerbated by struggles in school-life balance as well as

dealing with new environments, populations, and the new experiences of touching and caring for

the human body. *"Students often prioritize academics at the expense of personal factors*

including relationships and exercise" (Jerry). This can lead to a decline in academic

performance, general health and well-being as well as jeopardize the success of their nursing

education. School-life balance, the quality of relationships, and ability to handle stress in new

environments is important for optimal academic functioning. In order to optimize functioning, it

is necessary to find a balance between the various roles a student plays and their practice of self-

care, along with helping them to utilize available supports and tools to improve resilience.

Support System and Support Needs Regarding Individual Students

Participants identified a variety of supports that should be available to students to ensure

they are successful in their nursing education and future careers. Participants recognized that

each student has their own support system, which may differ in strength compared to others. As a

result, students may rely on various forms of support to help them succeed academically. These forms of support can include family dynamics and social support, faculty and academic support and student self-wellness/coping and resilience.

Family Dynamics and Social Supports

Participants identified that students may have family as a key support when coping with stress and time management. However, they also recognized that family can also be a source of stress and anxiety when balancing life pressures and responsibilities at home. It is important for faculty to understand that not every student has an equal support system, or a healthy family dynamic, and therefore student reliance on faculty and/or school supports may be different for each student. Several participants reported seeing family as more a cause of stress than a support. Faculty reported a belief that many families apply pressure to students and boundaries may need to be set by the student. Participant Y.M. reports, "*the majority of the students that have approached me with concerns, the majority of the times, it stems from family.*" Stating a similar idea, another participant identifies boundaries and communication are important for healthy family dynamics:

> *We do talk a lot about how it's important to communicate with family what you can and can't do, because this program is intensive. And so I teach about boundaries, because I also find these students take on a lot with their friends and family, and they're kind of usually known as the go-to people. (K.M.)*

Some participants reported that students' families have their own mental-health struggles and faculty need to be aware, supportive and insightful when hearing these reports from students. Participant Beth identifies, *"students may have lived experiences themselves, or have friends or*

family members who have struggled with mental-health concerns. So, I do feel that sensitivity and understanding are required from clinical instructors." Faculty can be supportive to students' experiences through listening and promoting healthy boundaries, as identified by the following participant:

> *Maybe students have had their own experiences with mental illness, or they've had family experience, where they have some transference when they come into clinical about a situation that reminds them of something from their own life. It's really supporting students through that by talking it out, debriefing and really encouraging strong, healthy boundaries. (Lee)*

Since family support may vary intensely between each student, support often needs to go beyond the family structure. Participant K.M. stated, "*support is everybody's job, including the student, their families, their friends, faculty, everyone. I think we all play an integral part.*" A support network can be a team effort and holistic approach, as echoed by the following participant:

> *I think it's a team effort. In terms of our practice, whether it's nursing frontline staff, or as an instructor, it's a team, so it's not the role of instructor but it's also an institution. I feel like it definitely should be a holistic team approach in order to support the student. (J.Y.)*

Participant Lynn reported a similar belief that everyone has a role in supporting students, although support may come in different forms:

> *I think everyone has a role. I think the instructor has a role in encouraging resilience. I think families have a role in supporting nursing students by helping decrease some of the stressors that they might be experiencing. There needs to be peer support. If peers are noticing someone struggling, they should talk to them, or talk to an instructor so the instructor can refer them to programs that can support them as well. (Lynn)*

When struggling with support at home, participants identified that students may require other social supports:

> *I really think it's about social support. I think if you have a student who has a strong friend or family network around the home who can provide emotional support, but also some practical physical support things like driving them, or paying for bills, or making meals, or doing laundry, or helping with chores, it allows the student to have more resources available for coping with school and coping with the health care environment. I find the students that are on their own, or trying to manage work, or maybe have kids or have other responsibilities who have a lot of strain in their social supports, it's a lot harder for them to navigate all of the ups and downs of school. Social support is a huge factor for students. People who have their own kids and have a really supportive family even with their responsibilities, can really flourish too. I think it's just about having people who are able to kind of pick up the slack for you a little bit during school, and who really understand what you're going through, and who can, give you some support. (Lee)*

Since each student has a unique family and friends' network, their support needs will also vary. Support for students may come in different forms and require different amounts of understanding. Awareness and approachability are a requirement for instructors to be perceptive and responsive to their students' needs of support and/or referrals to resources available.

Faculty/Academic Supports

Participants acknowledge that academic institutions offer a variety of support services to students who may require extra help. These options can be accessed to aid students in

overcoming the personal obstacles they may face in their academic pursuits. Participants specified mental-health supports available to students as: student mental-health initiatives, student mental-health committees, peer mentorship, learning centre, counselling services, accommodations for learning, Aboriginal supports, early intervention programs, and wellness centres. Participant Beth identifies, "*I also ensure that students are aware of crisis lines, and I think the biggest challenge for anyone struggling with mental health is to ask for help.*" Stating that *"I feel that as a clinical educator and also their teaching faculty, we do have obligations to offer support and guidance whenever possible."* The following participant, Nancy, identifies that as faculty we may have the opportunity to identify a student in distress and can act to provide resources and support, "*If they (instructors) read something in an assignment, or they see something, or something is shared with them, they need to act on it. And the role of the university is early alert, the early alert being with counseling."* Participants report academic support includes faculty and staff on the hospital units and in the classrooms. Faculty and staff have the responsibility to identify students in distress as well as the opportunity to teach students to identify their own mental-health struggles and concerns, as stated by the following participant:

> *I believe if you come in contact with students on the unit, you should care enough to listen and hear what they have to say. I also think it's the school's responsibility to do check-ins to make sure that specifically their clinicals are going well, and if they don't feel supported how they can support them. I believe that support fits into the role in the classroom and specifically feel like we're teaching nurses to support other people's mental wellness, but it has to start with a wellness within themselves as well, so we should be educating them how to recognize certain things straight from the very beginning.* (Jerry)

Faculty are often the first line of defense in identifying student struggles. Participants recognized that they have the ability to offer support to students in many ways. Faculty may offer guidance, a listening ear, or elevate the concern to resources in the school. Instructors may combat their student's mental-health struggles through education regarding services, mental-health tools, and promotion of student self-care and healthy living choices.

Student Self-Wellness, Coping, and Resilience

Participants recognized that students have their own responsibility to take care of their mental health in the form of self-wellness. Student self-wellness was described by participants as the students' own efforts to complete self-care and self-reflection activities. When these efforts to attend to one's own needs failed, and students found themselves struggling, participants emphasized that students required coping and resilience strategies to overcome these challenges in a positive way.

Participants voiced that student mental health and wellness starts with the students' own efforts. As stated by Beth, *"Ultimately, I think, optimal mental health results from the time and efforts of the individual students. We can provide tools and resources, but it's ultimately that student's responsibility to implement them and to find what's going to work for them."*

Participants identified the need for basic self-care activities to combat stress and burnout, as stated by the following participant:

> *Wellness is important, having a balanced life, getting enough sleep, and getting enough proper nutrition. I really focused on every time I teach is really to be good to themselves, because these programs are so stressful and the amount of reflection that is required can really be exhausting. (K.M.)*

Many faculty reported the belief that self-care should be encouraged by faculty in the classroom and clinical setting. As identified by Lynn:

> *I think that students, especially nowadays, deal with a lot of stress, whether it's school stress or other external stressors. I think that instructors need to be aware of doing their best to promote student mental health, it should be incorporated into whatever your teaching style is. (Lynn)*

Many faculty reiterated this belief and suggested self-wellness often occurs through self-reflection. Participant J.Y. reports her belief that it is important to teach students self-reflection and ask the questions, "*How do we take care of ourselves, and how are we feeling?*" and remind students of the need to check-in on their own mental health in busy times.

The following participant coaches her students that self- reflection is a key component of student wellness:

> *I think it's a shared responsibility with the student to have self-awareness and act on that self-awareness. Let's go into the classroom and chat, first off where are you at? Right now, what happened? My questions are what happened the one hour before you came to clinical? Could you not find parking? Did you not eat breakfast? Was the sky train crowded? What did you witness? Because when you walk in to clinical? You have to kind of take a deep breath and let everything go in order to be curious. (Nancy)*

Participant Jerry discussed the importance of self-reflection in relation to students identifying whether they are fit to practice before showing up in a clinical practice environment:

> *It affects my job greatly, because if my students come and they're not prepared, and they don't feel well rested, they are incompetent on the floor and they're not safe to provide*

>*care. I tell all of my students that if you're not ready to be there, then you should not*
>
>*come in because it puts patients and co-students at risk. (Jerry)*

Participants reported that if students are unable to complete self-care despite their best efforts, it is crucial for them to have resilience and coping strategies to overcome the challenges they are facing. As reported by the following participant, Nancy, without resilience the student will struggle:

>*If their personal resilience is not at a very high 8 to 10 rating, they are going to struggle.*
>
>*Struggle in nursing school and struggle in clinical as they become a nurse. Mental health*
>
>*for students should be the top priority, because without an openness and solid*
>
>*foundation, they are not going to take in the lessons, or be prepared for the things that*
>
>*they're going to see, they have a lot to navigate. (Nancy)*

This idea was echoed by other participants, identifying that the lack of coping and resilience would eventually affect other areas of student life and wellness:

>*Stress is going to happen, if they (students) are not able to cope with the stress they're*
>
>*going to burn out very quickly, then they might not have the empathy that it takes to be a*
>
>*psych nurse or they're going to affect their personal lives. I think it's really important that*
>
>*we have to start right at the beginning to make sure that we're building resilience and*
>
>*teaching ways that they can support their own mental health as well. (Lynn)*

Participant Lynn reported that after every clinical she conducts a post conference on resilience as a key skill in nursing as well as to practice as a healthy student nurse:

>*We could all experience the exact same situation, but each person could have a different*
>
>*outcome and how it's going to affect them. If the students don't have skills to be resilient*
>
>*then it's probably going to affect them a lot harder than it might someone else. I review*

> *resilience because I think it's important to promote patient resilience. So, I think that*
>
> *students need to understand how to support their own mental health by learning about*
>
> *resilience, so that they can pass that onto the patients, because we want to be able to*
>
> *hopefully practice what we preach. (Lynn)*

Highlighting the different teaching styles and approaches to providing support, participant Lee identified she builds resilience by not granting special accommodations to students, so that they learn to time manage and overcome academic stress relating to assignment due dates.

> *Making accommodations, or allowances for students that somehow make it too easy*
>
> *when students need to toughen up to be able to manage this environment. We worry*
>
> *about students not building resilience, and so I always say with that one is that being*
>
> *supportive of a student's mental health is not about always just making accommodations*
>
> *and making it easier. (Lee)*

Regardless of the support measures voiced by each faculty, the message was clear: self-reflection, coping, and resilience is a mandatory part of succeeding in nursing. One participant put it simply, "*We teach students to look at our patients holistically but if we don't look at ourselves, and don't consider students holistically I think we're missing the boat." (M.J.)*

Support structures come in many forms. Self-support/self-care minimizes stress, depression, anger, and frustrations, which may lead to a happier and healthier life. When students take care of themselves this sets them up for success, as they are better equipped to handle the demands of both academic and personal life. The ability to build coping skills and improve resilience are also important for students to be able to navigate the challenges within their

personal and academic lives. By prioritizing their well-being and building resilience, students can cope with challenges and achieve their goals.

Summary of Theme: Support System and Support Needs Regarding Individual Students

Overall, participants emphasized that support should be provided by many, in a holistic approach. The goal of a holistic approach is to cultivate students' physical, emotional, moral, psychological, and spiritual attributes. The participants emphasized the significance of students receiving support from their families and social networks. They also highlighted the importance of academic institutions providing support and stressed the crucial need for self-reflection and self-care.

In addition, participants revealed that coping and resilience are important and mandatory skills for students for success in nursing environments/psychiatric settings. Faculty are supporting students in building their coping and resilience through lessons, class discussions, by example, and by advocating for students' own learning to overcome tough times. Each student is unique in their strengths, weaknesses, needs and wants. The need to treat each student as an individual was recognized by participants as crucial in providing emotional, academic, and tangible support.

Faculty Experience in a Support Role

Participants voiced different points of view when discussing their beliefs and experiences on the role of supporting nursing students in a psychiatric setting. Each faculty member voiced their own support style and confidence levels in providing support. The faculty experience in a support role is broken into two sub-topics: methods of support and the importance of boundaries.

Methods of Support

Participants identified many methods they use in supporting nursing students within their role as faculty. Popular methods identified by faculty included student wellness checks before and after class, validating feelings, positive reinforcement, addressing concerns, self-disclosure, accommodations, providing low-stress environments and open communication. Participant J.Y. sums it up simply, *"The ultimate goal of the role of an instructor is really to help them succeed."* The following participant reports her view on the importance of regular clinical check-ins.

> *I always do a check-in and a checkout, (wellness check) and it really is just to check in where people are at like at the beginning and end of the shift. A lot of students come, and they haven't slept, or they've had a really bad night, or they've had a stressful week. I want to know that going in just to see if I could support extra. We also set goals at that point.* (K.M)

Validating feelings and needs was a strong theme in faculty support as voiced by Jerry, "*I work with my students to make sure that they are feeling heard and valued, and that they're getting what they need from the educational program, but also for their emotional needs as well."*

The following participant acknowledges the importance of positive reinforcements for student growth but also for building a trusting relationship with the student:

> *It is important that instructors can take that time, and validate students, and provide positive reinforcements, and positive affirmations. I think that is what's really going to help students, those small teaching moments, those small acknowledgments. What's really important is teaching taking moments of self-care, we all know we should do it. Knowing you're worth it to take care of yourself, you're worth it, and slow everything down for that brief minute and then you can proceed with your life. I have done that multiple times, and*

it helps me build that relationship and that trust with the students. I think when students

feel supported, they thrive. (J.Y.)

Participants voiced the importance of addressing students' educational concerns in the classroom right away to ensure best outcome for the student, and to reduce unnecessary stress, as identified by the following participant:

If I do notice any concerns we address it right away, so it is not for them to fret about,

and you know I always try to utilize each opportunity as a learning opportunity, not as a

criticism at all. How can we? They're not going to be perfect. I'm not perfect as a nurse.

At the end of day we're human beings. Open communication is really important. (Beth)

The support offered to students can be in the emotional context, as participant Lynn states:

Student mental health is important. If we want to be, you know, promoting the next

generation of nurses, it's not about giving people a break per se, but that you can be

more just be more supportive in those situations. Just open up and let them know that you

know you're there to support them if they need it. but also give them a little bit of space

and a little bit of grace. (Lynn)

Participant Lee described another form of emotional support, which involves self-disclosure and relating to the student:

I try and be transparent about that (my own experiences being a student) because I think

it means a little bit more, and that authenticity is important. I think positively in that it's

really what I'm passionate about is supporting students, and so it gives me a lot of

personal meaning. When I can help a student feel better and feel relaxed. Or re-center

with their sense of purpose of why they're in nursing school. So, it does give me a lot of

personal meaning and connection to my job. (Lee)

Some academic approaches that faculty report utilizing include academic adjustments in the form of extensions on due dates, or group work in class, or amendments as a tool to help struggling students. Participant Amiya reports, *"I think sometimes the workload on the students is a lot and I think sometimes that just needs to be adjusted to actually help with the student's mental health, because sometimes they're not eating or like sleeping well."* This belief in academic adjustment is reiterated by another participant who adjusts class deadlines for struggling students:

> *I think it would help if I extended this deadline, because I feel like I'll end up getting a better product from the students. I think it goes back to if you take care of the students, then they'll learn how to take care of our patients, to me it's almost a bit of teaching through mimicking. (M.J.)*

One participant reported building and utilizing her own style to ensure low-stress exam environments, a method she uses to support student mental health in the classroom:

> *I structure my exams a little bit differently. I always do relaxation exercises before exams and yes sometimes it's frustrating because it does take extra time, and it does take extra energy, but I've made that choice that this is the kind of instructor I want to be, and this is the kind of environment I want to foster, and that is my goal is to really to do what I can to support. If I'm finding it difficult, if I'm getting frustrated or tired or annoyed then I'll take a step back and come back to it when I have some fresh perspective. (Lee)*

As identified by participants, there are many ways faculty can identify and support students with mental-health struggles. Faculty placed great emphasis on the importance of self-

disclosure, relation and building trust, to allow students not only to be heard, but also to relate to instructors and peers.

All participants voiced the importance of communication as a tool to support struggling students. Participant Beth reports, "*I strive to ensure that open, honest, and respectful communication exits between myself and the student and definitely welcome inter-departmental coordination between myself and their theory instructors.*" The assignment of self-reflective journaling and private evaluations with students are reported to be a helpful tool to identify students who may need some extra support:

> *Students submit independent learning journals to me, which gives them an opportunity to voice concerns privately, and I also ensure that they can reach out to me independently. We complete private evaluations when I do the midterm, and also final evaluations which are conducted independently of each student. Open communication is really important, and we are having to provide a response. (Beth)*

Participant Nancy identified her attempts to provide open communication by being available and approachable. By providing students with open meeting times to reach her easily and/or remaining in class after the set time, Nancy reports students took advantage and approached her almost every time for support:

> *So, I've kind of adapted my teaching online so that I stay online and let everyone know that I will be the last person leaving this meeting. In case anybody wants to stay and chit chat and found many people have stayed behind every single time. I've even gotten smarter by making the meeting time an extra two hours after the meeting is supposed to end, because people have that need to connect and want to talk, and a lot of times it is not about the assignment. (Nancy)*

Nancy goes on to report her belief that as a faculty member you may have to seize the opportunity to help when the student is open and willing to get help. Stating, *"I've walked students from my office over to counseling and I've made the phone call, saying we are coming. We are walking across, because I'm not sure that person would have walked across for help without me."* Nancy's open door and approachable style not only allows students to open up and feel there is a listening ear, but may have saved lives:

> *In the last semester I have had two people, two students, who were actively suicidal. When a student phones me at seven o'clock in the morning getting off shift…you take the call, after asking the questions, I found he was heading to the bridge. He was committed for two weeks. (Nancy)*

Importance of Boundaries

Participants voiced a strong desire to support students' mental health in the faculty role, as reported by participant K.M., *"Oh, it's basically my full-time job, and a priority for me."* Participants also voiced just as strong beliefs in the importance of boundaries when supporting nursing students' mental-health needs. Faculty acknowledged that there is an important need to adhere to the responsibilities within the professional role of faculty at an educational institution and this needs to be prioritized when supporting nursing students' mental health in a psychiatric setting. Put simply by participant K.M., *"We have dual roles in terms of our profession, as instructors, but patients still have to come first."* This belief was echoed by participant Nancy:

> *Faculty roles I think we are a professional first and foremost. I think that there is boundary setting because we hold the power of the grade to make or break somebody's life. I take very seriously the decision to put a failing grade on a paper or in a class,*

because that means financially four more months if a student repeats, it might mean that

they're not with their peer cohort group as they go forward, or it might mean the loss of

money because of scholarship. We're not there to be their therapist, we're there to

identify their mental-health issues and to move them along, to the appropriate

professional, whether that's counseling/red alert or somebody that they're already

connected to at home. (Nancy)

Participants voiced an important awareness of boundaries in that as faculty, there is a

responsibility to provide feedback and grades, and to ensure that students are competent in their

practice. This is summarized by the following participant:

If you're not able to meet these clinical competencies, then I'm going to have to put you

on a contract or place a note on file, or you may not even master the course. If the

persons/students are already very fragile, then it's tough because you're like, I'm going to

make the situation worse but that's my role as educator is to evaluate. We still have a

responsibility to make sure that the patients are safe and that we're passing the right

people. You're not their nurse and sometimes I find that those lines can be easily blurred,

I really have to be strategic when I'm thinking about how I am going to support this

student in terms of their mental health. (Stacy)

Similar struggles in supporting students were voiced by many other participants.

Participant J.Y. reports, "*There are certain things that it's okay to say, which allow you to build*

trust and rapport. I think it's important to know those lines and that you are there as an

instructor. You are not there to assess anybody, you're not there as a psychiatric nurse you can

refer them and guide them to services like counseling or a mental-health team." Other

participants report the real struggle in maintaining both roles while yet another participant, K.M.,

describes the difficulty failing a student due to mental-health problems. "*Failing a student is probably the hardest part about your job. Absolutely, but is it worth it? Yes, I mean I'm a nurse first, I identify as a nurse, not as a teacher, and my role is to protect patient*s."

The need to both support and respect boundaries was verbalized by participant Beth, who reports her belief that faculty does play a role in support by providing resources or ensuring proper support exists in the student's home life:

> *We do have to be obviously cautious in that we are working with these students in a professional role. That being said, I do think that we do have an obligation to ensure that students do see adequate support through either their friends or family. It's wonderful that you want to be there for that to support, but you don't necessarily have the background to be providing that support, you have to know your role is you're the educator. Maybe you're a professor in the English department, so really, it's not your job to be counseling on suicide ideations. (Beth)*

It is natural for faculty to want to help and support their students but it is also important to maintain a professional role and avoid crossing any boundaries that could compromise the well-being or confidentiality of students. The importance of professional conduct and boundaries was voiced by all participants.

Summary of theme: Faculty Experience in a Support Role

Participants reported a variety of experiences and methods to support their nursing students' mental-health struggles in a psychiatric nursing environment. Faculty discussed how the faculty role is to identify student struggles early on as well as support and teach using a variety of teaching methods. Faculty identified a moral responsibility to support students with

their struggles, but to also maintain a professional role and necessary boundaries with students.

Educators hold a great responsibility of duty of care toward students, and the practice of teaching

is multifaceted and complex. Practitioners are expected to both educate and support their

students while upholding professional standards in and out of learning environments. They play

many roles, as educators hold authority and students trust their safety and welfare to them.

Identified Barriers to Support

All participants identified that there were multiple barriers to nursing students receiving

support. This theme has been broken into four subthemes: stigma, student insight, fear of failure,

and availability of academic support.

Stigma

Participants reported a common belief that stigma around mental health is very much

reality in nursing programs. Participant K.M. reports, *"It's hard for students and I would even*

say faculty to reach out for support, because they're supposed to be the experts in our field."

Even in a psychiatric nursing/nursing program, stigma is a current issue affecting student access

to supports, as identified by the following participant:

> *Their peers are going to see them walk over to counseling and fear the talk. What did you*
>
> *want to talk with the prof about afterwards? They know all student's chit chat and they*
>
> *want to know what's happening, and they share so much, so yes, stigma is still a major*
>
> *barrier. (Nancy)*

Furthering this point, participant Amiya reports her belief that students compare

themselves to other students and fear addressing their concerns:

I think stigma's definitely a barrier especially when students might see other people around them doing well, and they might be struggling so they're almost embarrassed to say something as they are thinking why I can't deal with it, it's normal. (Amiya)

Participant Lee shares a similar point of view, voicing that comparison to each other and online chat often creates more struggles for students, *"I also find that students really are comparing themselves to one another a lot are using social media and there's a lot of problematic communication that happens with that."*

Despite nursing students being educated on combating stigma in the mental-health field when working with psychiatric patients, it is noteworthy that stigma remains prevalent in their own personal struggles with mental health. This stigma often acts as a barrier preventing students from seeking the help they may need.

Student Insight

Several participants voiced that poor student insight regarding their own mental-health struggles can be a barrier to receiving help and support, as stated by the following participant:

Students' insight or self-awareness is definitely a barrier in support. For example, I had a student who was, you know, seemed really distractable or distracted and wasn't able to focus on the task that was being assigned and then when I tried to approach them about it, they get very dismissive and argumentative. They don't recognize they need support, so that acceptance piece definitely is a barrier. (J.Y.)

This view was shared by participant Nancy, who states, *"I think the biggest barrier is their own communication, that they don't know the language. Students don't know how to understand that they need help, and that you as an instructor are only one of the solutions."*

Nancy also reports that nursing is not for everyone, not all students will like their experiences, and not all students are going to be successful. The insight and ability to recognize this can be a struggle, causing students to feel overwhelmed and stressed when they are not doing well:

> *If they are not going to be successful, or this is not what they want in nursing, and*
> *hopefully they will come up with the plan to withdraw before I have to say this really isn't*
> *working out for you because of A, B and C. (Nancy)*

Students are required to be able to identify their own personal struggles in order for faculty to be able to provide meaningful and effective support. This remains a barrier, as without this insight, faculty cannot fully understand the extent of students' struggles and challenges to best support and accommodate their needs.

Fear of Failure

Many participants reported they believe students are fearful of reaching out and reporting their mental-health struggles due to fear of failing. Nancy stated, *"the fear of failure, the fear of sharing too much affecting their status in the program."* This belief is summarized by the following participant, K.M., "*The barrier is just allowing them to say I'm struggling can you help me? Without fearing that Oh, my God, you're going to get punted from the program, right?"*

Participant K.M. goes on to share:

> *It is nice for students to have somebody outside their direct faculty, because I think*
> *students can feel like if we share that, it might be held against them. But I think there's*
> *that too. So, I think there needs to be a balance of direct faculty, and outside the program*
> *supports. (K.M.)*

Asking for help is often difficult for students under stress, and in a competitive and challenging program and environment, the worry of failure or being flagged as a struggling student may create extra anxieties. Yet, asking for help and accepting assistance protects students from burnout, from being overwhelmed and supports mental wellness.

Availability of Support

Participants report that academic supports are limited to school hours, and this can be an issue/barrier for students looking to reach out for help, as identified by the following participant:

> *Everything's always governed by like rules and time structures, where let's be real mental health is 24/7 and dysregulation usually happens after hours. It's my experience that students are pretty distracted during business hours doing their schoolwork. (K.M.)*

Participant Stacy reports similar issues with attaining counselling services in a timely manner, "*you know the like counseling services are really busy. There's not really enough, and you know they have like emergency appointments for every day, just in case someone needs these emergency approaches.*"

Participant Lynn shares a similar point of view regarding access to supports:

> *There are programs in place, but they're difficult to access, or the times aren't helpful to the student, so I think that unfortunately there always seems to be some sort of barrier in place, which is why we need early intervention programs set up. (Lynn)*

The limited availability of student mental-health support affects the mental wellness of nursing students. Limited availability of mental-health supports can have a negative impact on nursing students, potentially increasing stress and anxiety and creating burnout or inability to complete academic work. The emotional and mental demands of nursing can be significant and as such, it is important for schools to prioritize mental-health resources for their students and

improve support initiatives. Schools should be seen by students as a positive and safe environment where help is not only offered but readily available.

Summary of Theme: Barriers to Support

Faculty agreed there are multiple barriers to supporting nursing students' mental health in a psychiatric nursing setting. Participants voiced that stigma is still a large concern for students, as are lack of student insight, fear of failure when reporting struggles and the inability for the academic institution to properly provide support due to the lack of availability of academic support. The presence of these barriers poses challenges for teaching faculty and academic staff in their efforts to promote and support student mental health and well-being. Following the identification and discussion of these barriers, faculty offered suggestions on how they can be overcome or addressed to better support nursing students' mental health. The faculty interviewed completed the first step to better identify needs, and barriers and now focus on solutions and recommendations for better support for nursing students.

Faculty Recommendations for Support

All participants believed it was crucial for post-secondary institutions to prioritize the mental health and well-being of their students and provide ideas and recommendations to combat barriers, promote well-being and provide better supports to allow for students to receive the help they need. Faculty recommendations for support are broken into four strategies or subthemes: why face-to-face communication matters; increased availability of supports; mandatory counselling/curriculum inclusion; and guidance for faculty.

Why Face-to-Face Communication Matters

Many participants voiced why face-to-face communication matters and emphasized the need for better connection with students, in order to recognize and identify those who may be struggling. Participants voiced frustrations with on-line teaching, and the inability to connect properly with students. Participants reported in class teaching and clinical as a much more intimate setting to connect with students. Participant M.J. suggested it would be beneficial in the attempt to recognize struggling students, "*If they made sure that there was always a blend of face to face and virtual, we would spot more struggling students easier.*" Participant Nancy voices frustrations in her online teaching experiences:

> *I don't know whether it's due to COVID and the isolation, or with instructors not having eyes on them because clinicals have been online, but we pick up on the cues easier when you're in face-to-face class or clinical, and you can help people walk through the anxiety, but when they're online they're blank. (Nancy)*

Nancy further explains:

> *Coping has been very difficult for our students, because as an instructor when you go to leave the clinical agency, you don't leave without having your praxis and the takeaways from the day, and that's where you do your check-ins. Here students are usually tired so they're more honest at that time, they're a little bit raw from the experience they've just seen so they're very willing to share, so you don't leave until everyone's okay. Online people just disappear, they just click off and leave the meeting. (Nancy)*

Participant Amiya reports instructors have many responsibilities and may find it difficult to make meaningful connections with every student in their class due to lack of time for these important moments in their busy teaching schedules.

> *Faculty struggle with competing time restraints. When you look at faculty supporting*
>
> *student mental health and their ability to step in and help is difficult, because they're busy*
>
> *with other expectations or roles. A lot of the clinicals are only six weeks in time, I think*
>
> *it's very kind of limiting to even get to know the actual student. (Amiya)*

To be an effective instructor and leader, strong communication skills are essential to reaching students. Face-to-face communication encourages engagement and participation and builds a culture of trust. Connecting in such a way allows faculty to see their students more clearly, and observe their struggles, possibly identifying a struggling student early on.

Increased Availability of Supports

Several participants voiced the importance of academic institutions to provide improved availability of support for their student's mental-health struggles. Ensuring that students are aware of the resources available to them and that the hours and access to these supports are conducive to student needs is crucial. Participant Lee discussed the need for additional resource availability for retaining students:

> *University is very much a business model. All about limiting costs and increasing profits.*
>
> *Students support services can cost a lot of money or use a lot of resources, but this is*
>
> *what helps your students to be resilient to stay in school, keep coming to class, take on*
>
> *new projects, to participate in activities, to support the school, to take on leadership*
>
> *positions like this is what keep students thriving. So, it is a worthwhile investment, in my*
>
> *opinion, and some schools are more open to that investment than others. (Lee)*

Participant KM reports the need to extend hours and maintain emergency slots for those in crisis:

> *I always think that there should be more counseling. I mean that's just my bugaboo, but*
>
> *we need easier access to it, I know they have emergency slots, but really there is not*

enough. The school I work for recently expanded their hours to work with our students

specifically because they kind of have a Monday to Friday/8am to 4pm generally, and

that's when students are in class. (KM)

Students are faced with the task of balancing academic pressures with their personal

lives, making it challenging for them to prioritize self-care. Improved accessibility to support

services can bring about increased quality of life and give students the opportunity to access

what they need without the burden or barrier of time restraints.

Mandatory Counselling/Curriculum inclusion

Several participants strongly advocated for the inclusion of additional counseling services

and expressed their belief that counseling and self-care should be integrated into the nursing

curriculum as mandatory components for nursing students. In assessing ways for faculty to

enhance their involvement in supporting nursing students' well-being, one suggestion is for

faculty to incorporate self-care education into the curriculum. This would involve presenting

current research and strategies related to coping and wellness. The idea behind this is for students

to self-reflect on their own needs as well as decrease stigma around mental-health struggles and

make this a normalcy. Even further, the idea to include mandatory counselling was raised by

multiple participants in order to foster a strong, healthy, self-aware nursing student population.

They identified that nursing students practicing in a psychiatric nursing setting could then relate

and promote counselling to patients and teach the positive effects of counselling.

Participant K.M. discusses the idea:

I almost want to say it's mandatory that you do counselling and that it would be part of

curriculum, and part of the completing your clinical. You have to go to Dialectical

Behaviour Therapy and Cognitive Behaviour Therapy at least once. (K.M.)

With similar thoughts, participant Beth discussed coursework focused on human flourishing, as well as mandatory counselling as part of nurse training, "*I'd like students to complete two foundational courses that focus on human flourishing and ideas that inspire, which would give them sort of a crash course into looking at that balance.*"

Beth goes on to express her hope for mandatory counselling for nursing students:

> *My goodness, this is my opportunity. So many times, as we've gone through working with students, I thought it would be so useful for it to be mandatory for students to see a counselor so that they have that experience of what it's like especially when we're working with mental health of how to negotiate, how to find a counselor, what is their role, how useful it could be along in the future. That would be wonderful. It really would mean there's so much that you can just learn that you can then use with your own patients over time. Everyone has things to work through that would just be so great and would set the stage up for success for psychiatric nurses to know that they've been through the process. I think it just creates a lot more advocacy around like advocates of counseling right. This would decrease stigma, and increase success for the student, possibly setting a lifelong pattern. (Beth)*

Participant Lee identifies an idea to include self-care as part of her clinical evaluations to better support her students, requiring students to include a component on how they are maintaining self-care and wellness:

> *How are they (students) maintaining their own wellness would be a component. This doesn't mean they may not still have struggles, but they would need to identify little steps that they're taking to help. This would allow students to see mental health given weight which is saying this is really important for your own fitness to practice. What are you*

doing to maintain your wellness? Making that more transparent, and saying, you know

nursing is challenging, so how are you going to navigate that world? What are you going

to do to make yourself stronger and more capable of navigating that challenging

environment and making that a part of our language from day one is something that

we're working on right now. (Lee)

Considering the struggles faced by nursing students, it is crucial for students to have a

solid understanding of their own needs and receive strong support to thrive. Guidance during this

pivotal stage of their life and education is invaluable, as it empowers students to develop self-

help skills and become aware of available assistance and resources.

Guidance for Faculty

Many faculty identified a lack of orientation to their institution's resources upon hire.

Several participants voiced the desire to have ongoing updates from their institutions on the

available resources, mental-health support and guidance on proper steps to take when supporting

a student. For example, participant Beth requests "*more discussions around what we're expected*

to do in particular situations, and what's our policy and procedure?

As voiced by participant Nancy, "*Proper orientation, saying, these are the steps to take*

when you have a student struggling, and this is what we can offer. For example, some type of

page on the online delivery system, like Moodle." The following participant agrees that guidance

for faculty would be helpful in supporting students' needs, "*I think having some more specific*

guidance on resources, because I haven't access to any of the resources. I don't know how easy it

is if they reach out, how quickly they connect with students."

Participants voiced the desire to efficiently support their students' mental-health

struggles, and recognized that to do so they require proper training, education, and guidance on

available resources to which they could refer students. They felt that academic institutions have a

responsibility to equip their faculty with knowledge and tools to best support their students and

provide a healthy environment promoting success and wellbeing in their student population.

Summary of Theme: Faculty Recommendations for Support

When prompted to share personal experiences and offer recommendations for support,

each participant provided suggestions. There was a consensus among faculty that establishing

stronger, more frequent face-to-face connections is necessary for faculty to effectively identify

students who may be facing challenges. Participants identified the need for increased availability

of support, including extended hours. Numerous educators expressed their optimism regarding

the inclusion of mandatory counseling and the integration of self-care and coping materials

within the curriculum for students studying nursing and psychiatry. Faculty emphasized the

importance of preparing students for a field in which strength and resilience in their own mental

health are essential. Finally, faculty urged administration and the educational institutions to

provide improved guidance and communication regarding resources available in order to better

allow faculty to provide the important supports needed for mental-health struggles of nursing

students working in a psychiatric setting.

Chapter 5 - Discussion

The purpose of this research was to investigate the experiences of faculty in providing support for nursing students' mental-health struggles in a psychiatric nursing context using interpretive description. The following question was explored: *What are faculty experiences supporting mental-health needs in nursing students in a psychiatric nursing setting?* This research provides valuable insights for faculty members to create supportive teaching and learning environments for all students. Research findings may assist faculty in understanding experiences, challenges, and solutions when supporting the mental-health needs of their students. The articulation of these faculty experiences may lead to new knowledge and understanding which could then inform choices and create change regarding mental-health supports in post-secondary institutions.

The ten participants in this study were able to provide insights into supporting nursing students with their mental health in a psychiatric nursing setting. Their narrative provides information around the struggles that are prevalent in students, support needs may differ for every student, the faculty experience in the support role, the barriers faced, and the important changes that need to be made to better support students, but also better support faculty in their role.

Prevalence of nursing students' mental-health struggles

Academic Pressure and Personal Life Balance

Participants in this study reported observing a high occurrence of mental-health challenges among nursing students. Participants provided accounts of a wide variety of mental-health symptoms observed in the educational environment in both a clinical and classroom

setting, including stress, anxiety, depression, suicidal ideations, and inability to cope. The prevalence of mental-health issues in students is consistently reflected throughout the literature (Buchanan, 2012). Literature reports that in the general population of students in post-secondary education, there is a high occurrence of emotional distress (Conley et al., 2015). This distress can take the form of conditions such as depression, anxiety, heightened stress, or general psychological distress (Conley et al., 2015) The American Psychological Association (2017) identified that suicide in post-secondary students remains the second-most common cause of death among students (Berman et al., 2006). Although these considerations have been identified, discussed, and supported with a significant body of literature (Canadian Mental Health Association, 2014), they continue to be a growing concern because they have not yet been adequately addressed. It is crucial for academic institutions to train their faculty to be responsive, provide essential resources to students and address the mental-health challenges for students seeking help.

Participants in the study identified that nursing students have to manage a heavy workload, and thus experience stress and anxiety when attempting to balance their academic lives with their personal lives. Similarly, Javeth (2018) reports,

> In order to meet academic goals when the student is under heavy demands of time and energy academic pressure occurs. Academic stress and anxiety can severely affect academic achievement. The important reasons for academic stress are academics, environment, extracurricular activities, peers, and parental pressure. It also contributes to major mental-health hazards, problems both physical and mental stress-related diseases. (p. 130)

Participants voiced that students often chose academics over their personal lives, sacrificing their own self-care and personal relationships, and crumbling under academic pressure. The literature supported these concerns, reporting that nursing students indicate that they are required to juggle multiple competing demands for their time, physical capacities, income, and personal resources and are constantly trying to find balance and personal equilibrium (Mills et al., 2020).

Unique stressors of nursing education

Participants expressed their belief that nursing students face a unique set of obstacles, including learning to care for human bodies and working in psychiatric nursing settings with patients challenged by psychiatric illness (Hiebert et al., 2022). According to the existing literature, nursing students are a high-risk population for mental-health struggles because preparing to become a psychiatric nurse is significantly emotionally stressful (Tully, 2004). During the interviews, participants brought up the significant stress nursing students experience in hospital clinical environments. These experiences included caring for human bodies, cleansing patients, and seeing naked bodies. Depending on age and life experience, a student may have never previously experienced bed care or caring for another's body and this can be a major stressor for a student nurse. Participants discussed student nurses experiencing difficult lessons, such as dealing with difficult parts of the human life cycle like aging, decompensation, illness, and death. Picco et al. (2010) provided support for the notion that student nurses are involved in various aspects of care for ill patients. This involvement includes tasks such as dressing and undressing patients, assisting with their personal hygiene, administering treatments, and facilitating the natural healing process. They are responsible for recognizing and giving voice to bodies burdened by disease. Such activities were acknowledged to potentially cause discomfort

and conflicting emotions. Many nurses could remember at least one episode during their career when they had felt relatively noticeable unease and distress in coping with certain situations. (Picco et al., 2010).

Challenges in the Clinical Environment

Participants reported that a psychiatric clinical environment generally surprises students, and communicating with psychotic, suicidal and agitated patients can create anxiety and stress for nursing students. The literature supports these ideas, reporting that mental-health professionals often face aggression on the job, and that fear and apprehension can result from working in such a climate, leading to increased sickness, low morale, less therapeutic care and ultimately hindering the recovery of patients and the health of nurses (Foster et al, 2007). Aggressive incidents are frequently managed in a reactive way, with reliance on containment methods such as restraint, compulsory medication, and seclusion (Foster et al., 2007), all of which may affect the wellness and mental health of a student experiencing these environments.

Impact of the COVID-19 Pandemic

Mental-health struggles are prevalent among university students and the COVID-19 pandemic exacerbated the situation (Black Thomas, 2022). The uncertainty of the pandemic created new challenges for students, especially those working in the medical field. Students presented with high rates of stress and anxiety and had difficulty balancing work and school. For nursing students, the challenges could be even greater, as nurses have the unique new challenges of learning how to care for human bodies and those with psychiatric illness (Hiebert et al., 2022). Recent literature has also highlighted an increase in mental-health struggles among students since the COVID-19 pandemic (Black Thomas, 2022). In the nursing profession, students' stress levels were significantly impacted by the pandemic. As this research was conducted at a time of

COVID-19, the research participants voiced seeing negative outcomes to student stress and confidence. As reported by Black Thomas (2022) the COVID-19 pandemic exacerbated this alarming mental-health trend. Uniquely, the pandemic particularly had a devastating impact on nursing education and nursing students. "As a practice profession, nursing students must participate in direct hands-on patient care activities to become licensed. At the same time … schools of nursing shifted from brick and mortar to remote instruction" (Black Thomas, 2022, p. 94). The loss of clinical practice opportunities and the uncertainty of the nursing community contributed to nursing students' stress and mental-health struggles. Students voiced not feeling confident or prepared in their skills, as well as having worries about their safety when starting a career in medicine during the pandemic. These uncertain times created an influx of students reporting stress, anxiety, and inability to balance life stressors.

Summary

A substantial body of literature aligns and supports the voices of the participants in this study who said that student mental health remains a prevalent concern within post-secondary institutions (Javeth, 2018). Specifically, nursing students dealing with a unique set of stressors continue to be challenged with balancing academic pressure, personal life, and self-care. High-stress and high-risk environments that nursing students encounter create challenging obstacles for nursing students to overcome. As a result, both participants and literature suggest nursing students must rely on support systems to address their mental-health challenges and allow students to progress in a healthy manner.

Support System and Support Needs Regarding Individual Students

Individual Differences and Support Needs

Although students attending post-secondary education institutions may share similar academic objectives and goals, every student comes with their own unique set of life experiences, support structures, abilities, and skills. Participants identified that support needs may vary by student, and as such, a variety of support should be available to students to ensure they are successful in their nursing education and careers. The main theme taken from faculty interviews was that each student has their own support system, some much stronger than others, and so a variety of academic support, social support, and self-support may need to be utilized by students. Student success may be navigated by their ability to seek support from their family and social support, their academic support, and their own self-support skill sets such as coping and resilience.

Family Support and Cultural Differences

Research participants identified that the family dynamic is complex. They stated that family may be utilized as a key support for a student when coping with stress and time management but that it could also be a source of stress and anxiety when balancing life pressures and responsibilities at home. This was supported by Bravo (2021) who reported students receiving family support were able to cope through expressing feelings. Friends were crucial in day-to-day companionship and family was important during high-stress times. As every family is different, Aldwin (2004) argued that prevailing cultural norms and value systems greatly affect how an individual person reacts to stress and determines the types of coping behaviours that are considered appropriate. Aldwin (2004), believed culture not only determines the type of stressors that a person might likely undergo but also bears upon student experiences related to their family or culture's judgement of that stressor. Some families may not always understand student stressors or be supportive to student needs due to cultural beliefs, Aldwin asserts, then goes on to

say that self-efficacy or ability and confidence of students to cope with struggles can be learned

and created within the family environment. Identifying that a student's self-efficacy or ability to

self-support or cope is influenced by their experiences and/or cultural norms within their family

and/or support structure is important. If the family support system is not positive, sufficient

support may not be available to affected students and other support could be explored.

Institutional Support for Mental Health

All participants emphasized the importance of implementing policies and practices to

support the mental-health needs and challenges of students within academic settings. Supports

identified by participants included mental-health initiatives, student mental-health committees,

peer mentorship, learning centres, counselling services, accommodations for learning, Aboriginal

supports, early intervention programs, and wellness centres. The Canadian Association of

College and University Student Services (2013) identified that student mental-health support

needs to be provided at an institutional level, reporting all colleges and universities should

recognize the need for comprehensive and integrated mental-health strategies that are integrated

into institutional policies, practices and resources. A report by the Mental Health Commission of

Canada (2014), *Making the Case for Investing in Mental Health in Canada*, identifies the need

for additional support for developing policies and practices to promote mental-health awareness

and education, providing accessible mental-health services and resources, and training faculty

and staff to recognize and respond to mental-health concerns.

Faculty Role in Promoting Mental Health

Faculty had strong views on the promotion of positive mental health through lesson

planning, and emotional intelligence programs. The Canadian Mental Health Association

(CMHA) (2014) summarizes the need for university involvement to promote student mental

health through strategic support systems such as academic adjustments and mental-health

inclusion in lesson planning. The facilitation of faculty to identify and support and educate

students on coping skills to help them to learn self-care can be facilitated through the

development of emotional intelligence programs (Holland, 2016; Hunt, 2010). There is a

growing body of research on emotional intelligence and resilience in nursing students (CMHA,

2014; Holland, 2016; Hunt, 2010). According to Jiménez-Rodríguez et al. (2022),

> The university environment may be an ideal context for increasing students' emotional
>
> intelligence and resilience. The study plan of future nursing professionals should be
>
> directed and recognizing and valuing training in emotional intelligence and resilience by
>
> starting up effective programs that prepare the future nursing professionals to cope
>
> successfully with clinical practice. (p.8)

Coping Skills and Resilience

The promotion of emotional intelligence skills includes coping and resilience, both often

brought up by participants in this study. Many participants expressed that self-wellness starts

with the students' own efforts and that the family, social and academic structures can provide

resources and support but the students themselves must take an active role in developing their

own skills and routines around managing their own well-being, their emotional, mental, and

physical life and their program demands.

Participants identified that to better prepare nursing students to manage stress effectively,

coping skills are necessary. According to Klanin-Yobas et al. (2014), positive coping techniques

not only alleviate stress levels in nursing students but also serve as a buffer against the adverse

effects of stress on their physiological well-being. Therefore, it is crucial to prioritize the

development of coping skills in students. One effective approach to enhance coping skills is through simulation, which has the potential to improve and strengthen nursing students' ability to cope with and enhance their self-efficacy. Many different studies found problem-focused coping and coping styles were associated with greater resilience in nursing students (Ahmed et al., 2022).

Participants highlighted the importance of resilience in nursing. Multiple authors discussing resilience among nursing students found that factors such as support from family, self-care practices, and mentorship were important for the promotion of resilience (Thomas & Revell, 2016) and that nursing students associated resilience with factors such as coping strategies, self-efficacy, and with a positive attitude toward nursing (Lu et al., 2016). When students have effective coping strategies and are resilient, they are better able to manage their academic stress and prioritize balance and self-care. Promoting their physical, emotional, and mental well-being, places them in a healthy state for learning.

Summary

The experiences of the participants are supported by the literature (Thomas & Revell, 2016) that indicates students have unique and varied experiences and therefore require unique and varied supports. Success in supporting the varied needs of nursing students is dependent upon an ability to provide support options, including proactive strategies.

Faculty Experience in a Support Role

Effective Support Strategies

The diverse work backgrounds and knowledge of the participants allowed for a very interesting and informative breakdown of faculty experiences supporting nursing students' mental health. The majority of faculty identified their belief that checking in on mental health

was a part of the faculty role and they shared the most effective strategies gained through their experiences. It was important to all participants that ethical and professional boundaries were prioritized within these support methods, both to protect the student as well as the faculty member's own personal and professional well-being. Finally, an important theme was that each participant voiced their own support style and confidence levels in providing mental-health support, and that the self-efficacy of the faculty became transparent in these interviews.

Participants identified many methods within their role as faculty that they use in supporting nursing students. Popular methods identified by faculty included open communication, student check-ins, self-disclosure, and crisis management. All participants emphasized the importance of **c**ommunication as a tool to support struggling students. Specifically, participants reported that being available and approachable helps to establish trust and openness with students. Many participants emphasized listening and validating the feelings of students as a helpful form of support. Communication with students in the form of the assignment of self-reflective journaling and one-to-one sit-down check-in evaluations were reported as the number-one tool to identify students who may need some extra support. As identified by participants, and supported by the literature (Foster et al., 2007), the hands-on experience-based nature of clinical in nursing is unique, especially in a psychiatric setting when dealing with psychosis, suicidal thoughts and agitated patients. Thus, having the ability to discuss these experiences and hear feedback from students was a priority voiced by participants.

The faculty participants reported that regular student wellness checks before and after class/clinical sessions help them to identify struggling students and help them succeed by immediately addressing concerns. This wellness-check technique during clinical work was a viewpoint specific to a psychiatric clinical environment and no detailed literature was found

supporting this method of support. The researcher found a significant body of literature identifying that an important part of faculty support of nursing students includes mentoring, advocating, and encouraging student empowerment (Fisher, 2016), and that providing emotional support and validation to students is important (O'Hare et al., 2020; White & LaBelle, 2019). O'Hare et al. (2020) identified that in formal education settings, enhancing emotional support has been shown to increase retention, and White and LaBelle, (2019) support the theory that when teachers use emotional support behaviours to empower students to make decisions (enhancing feelings of autonomy), provide supportive feedback (enhancing feelings of competence), and establish an inclusive and positive social environment (enhancing feelings of relatedness), students are more motivated to learn and demonstrate increased social-emotional and task-oriented skills.

Participants voiced self-disclosure as a technique to create open trusting relationships with students. Boundary permeability and self-disclosure refers to how a discloser chooses to control their private information, based on the amount of information they share, who they share it with, and how they choose to share it (Westerman et al., 2015). When responding to student health self-disclosures, instructors must negotiate between personal involvement and professional detachment (Price, 2020). Meluch et al. (2022) reported instructors identifying with the empathic listener role welcome interpersonal discussion of students' mental health and may share their own mental-health struggles to empathize and relate with students. Participants voiced that self-disclosure with their students often helped to build trusting relationships, with students responding by telling faculty their own stories when they felt faculty was approachable.

Crisis Response Skills

Participants interviewed discussed the importance of acting fast to support students in crisis. Several of the faculty provided examples where suicidal ideations were voiced, and they were required to act fast to ensure student safety. The ability to act fast and identify students requiring safety requires faculty to have mental-health literacy, crisis-aversion skills, as well as knowledge on referral resources (Francis & Abbassi, 2010). Gulliver (2019) reports that faculty with higher mental-health literacy are more likely to assist students with mental-health problems. Some participants report feeling prepared to talk to, listen to or reassure students but the majority report feeling ill-prepared to cope with students expressing suicidal ideations. Faculty must practice self-efficacy when handling students in crisis, and participants voiced that faculty's comfort level may be dependent on confidence in crisis aversion and their own mental-health literacy. Introducing interventions aimed at enhancing mental-health literacy holds significant value. It is argued that in order to effectively support students, faculty members themselves need to receive adequate support and education (Gulliver et al., 2019).

Importance of Boundaries

Participants voiced strong beliefs in the importance of boundaries when supporting nursing students' mental-health needs. Faculty acknowledged there is an important need to adhere to the responsibilities within the professional faculty role at an educational institution and this needs to be prioritized when supporting nursing students' mental health in a psychiatric setting. The literature supported the importance of this topic, identifying that when considering the nurse/instructor role, one must consider the complexity of dual professional identities of the instructor and the professional relationship with students (Adams, 2011). An important part of faculty supporting nursing students includes mentoring, advocating, and encouraging student empowerment (Fisher, 2016). However, it is important for nurse educators to understand

learners' needs, and the complexity, tensions, and ethical obligations of taking on a support role. Participants voiced faculty must follow a clear understanding of the scope and limitation of services on students, administration and counseling centres in order to prevent struggles and misunderstandings from occurring when working with students with mental-health challenges. Boundaries and privacy are both important to consider when faculty is supporting students with private mental-health issues. Austin (2006) discusses the vulnerability of individual clients that bring intimate, pressing concerns to professionals, reporting the potential for abuse of power is present in all professional client/patient relationships. Participants reported that they often experience tension when assessing their relationship with the student and when determining whether to respond personally or offer resources when there is a need to support the student.

Faculty Self-Efficacy and Comfort Level

Making the decision to provide help to struggling students is often determined by faculty members' confidence, training and view of personal skills and abilities. Participants often reflected on their own comfort and skill level when providing mental-health support to their students. Providing mental-health supports to students in the classroom is instructor-driven, and a range of factors has been proposed to influence teacher willingness and capacity for involvement, such as competing curriculum demands, limited time for planning and implementation of well-being programs and lessons, and the extent of availability of teaching resources (De George-Walker, 2014). It is important to completely research and understand faculty capacities in this area, especially regarding the design of effective professional development approaches and crucial system-level considerations such as school climate and leadership. (De George-Walker, 2014). This is consistent with the theory of self-efficacy, and the individual's belief in their own capability to successfully perform a specific task or achieve a

particular outcome. In this context, understanding and addressing the factors that influence faculty involvement in mental-health support can contribute to enhancing their self-efficacy in this area (De George-Walker, 2014). This research provided an opportunity for faculty to provide insight and experience in the important topic of supporting student mental health.

Summary

The study explored effective support strategies used by faculty to support nursing students' mental health. Faculty self-efficacy and comfort level played a role in providing support, and by utilizing Bandura's self-efficacy theory, participants were able to discuss and incorporate their beliefs about their capabilities in providing this support. This theory allowed for a deeper exploration of how faculty perceive their ability to offer support.

Identified Barriers to Support

All participants identified multiple barriers to nursing students receiving support for their mental-health needs. Such barriers can have a significant impact on nursing students' academic success and personal well-being, and addressing these barriers is an essential step to promoting student wellness and success. Participants agreed the main barriers experienced by nursing students in a post-secondary setting include stigma and availability of academic support.

Stigma as a Barrier

Participants interviewed reported stigma as a barrier to students seeking mental-health support. The student population, even in nursing and psychiatric nursing programs, still holds negative attitudes or stereotypes when associating individuals seeking help for mental-health issues. This finding is consistent with other researchers who have studied student mental-health experiences (De George-Walker, 2014; Gulliver et al., 2019; Holland, 2016). For instance, in their study highlighting the voice of students and researchers as partners in providing evidence to

advocates for tackling stigma, Corrigan and Kosyluk (2013) discussed emergent themes of help-seeking for mental-health needs as a sign of personal weakness, negative attitudes toward discussing mental health, and culturally specific mistrust of mental-health services. Demery et al. (2012) reported that stigma and lack of information on available resources prevented students from obtaining sufficient support, contacting campus support and counselling, or reaching out to trusted staff when in distress. Finally, McSpadden (2022) identified the student experience of seeking help on campus as defined by a general mistrust and bias due to support services being limited and insufficient to student's needs.

Limited Academic Support

Participants reported that academic support is limited to school hours when students are in class, and this can be a barrier for students looking to reach out for help. Many participants identified the challenge of attaining counselling services in a timely manner due to long wait times for appointments with counselors or mental-health professionals, a situation which can exacerbate existing mental-health issues. De Somma et al. (2017) report mental-health services are offered at most institutions but vary considerably in their range and depth. Canadian studies identify that mental-illness rates are on the rise (Buchanan, 2012) and one of the challenges that students face is a lack of access to mental-health services within academic settings. In addition, student understanding of campus mental health availability for students and faculty is limited, and most initiatives in post-secondary settings do not appear to be conducted within a comprehensive policy framework (Mental Health Commission of Canada, 2019). The limited availability of student mental-health support affects the mental wellness of nursing students. This requires a redesign of post-secondary improvement and support initiatives (O'Hare et al., 2020).

Schools should be seen by students as a positive, safe environment where help is not only offered but readily available.

Summary

Addressing stigma and building trust in mental-health support services is an essential step in providing students with proper mental-health access. As identified by participants, stigma remains an ongoing barrier, requiring education and awareness campaigns to promote mental-health support as wellness, not weakness. The expansion and availability of proper support, as well as the prioritization of confidentiality and privacy of students who seek help, can build trust within the student population. Providing a range of mental-health services such as counselling, peer support and online resources can help students find the support that works for them. Trustworthy, accessible mental-health services are required to combat the growing mental-health crisis and improve mental-health outcomes in post-secondary institutions.

Faculty Recommendations for Support

Drawing upon their individual experiences and the challenges they have faced in supporting students' mental health, faculty members identified necessary changes and new approaches to enhance their support for students facing mental-health challenges. All participants voiced recommendations to improve support for students struggling with mental-health issues. These recommendations ideally would combat the barriers to support identified by faculty and allow for students to receive the help they need. Faculty recognized the importance of face-to-face interactions with students to better recognize struggling students and identify their needs. The faculty participants suggest increasing the availability of mental-health support for students and improving the visibility and accessibility of mental-health services and programs. The faculty recommended curriculum inclusion of mental-health education and resources and

mandatory counselling for nursing students, both to ensure their own health and promote

understanding of the therapy. Finally, the faculty participants recommended improved guidance

for faculty, suggesting that currently provided support for educators could be improved to allow

for better understanding and responses to students' mental-health needs (Table 2). The

participants said that if these recommendations could be implemented, they may make a

difference and allow for better opportunities and resources for identifying and responding to

student mental-health concerns in a nursing program.

According to the researcher, the "recommendations for support" theme was important to

discuss in detail, including subtopics, as the researcher found that this theme provided new ideas

and courses of action that had not previously been explored or documented extensively within

the literature. Further, the participants involved in the study expressed their recommendations

based on this theme, with the intention of initiating discussions, bringing about change and

enhancing the support provided to students facing mental-health struggles, with the ultimate goal

to improve the mental health of students and faculty's ability to support them effectively.

Table 2. Faculty Recommendations for Support

Theme	Recommendations from Faculty
Faculty recommendations for support	• Face-to-face communication • Increased availability of supports • Mandatory counselling and curriculum inclusion • Guidance for faculty

Why Face-to-Face Communication Matters

Participants identified a trend in teaching post-secondary nursing courses online, especially since the COVID-19 pandemic. Participants expressed that while online learning has many benefits, instructors report it can have an impact on the teacher-student relationship, specifically on the faculty member's ability to identify students struggling with mental-health challenges or requiring extra support. Participants reported in-class teaching and clinical instruction as a much more "intimate setting" to connect with students.

The literature supports the belief that face-to-face interactions are principal to identifying struggling students. Gulliver (2010) reported that in-person communication provides an opportunity for others to observe non-verbal cues and recognize emotion. This finding is supported by Paschal et al. (2019) whose studies showed that face-to face communication can help teachers identify struggling students and provide support in an efficient time frame, important in cases of crisis. In addition, with the shift to online learning during the pandemic, decreased opportunities to relate to their instructors on a personal basis could have impacted fulfilment of students' basic psychological needs, potentially leading to negative outcomes such as decreased motivation and engagement (Deci & Ryan, 2000).

To be an effective instructor and leader, strong communication skills are essential to reaching students. To address this issue, participants identified a need to better connect and support students in post-secondary education, to consider more-in-person hybrid teaching methods, and to provide opportunities for face-to-face interaction. Participants suggested establishing regular check-ins with students to create a supportive learning environment where students feel comfortable expressing their struggles and seeking help is important.

Increased Availability of Supports

The participants voiced that the availability of support currently provided by academic institutions is not conducive to student needs. Reporting resources are often only provided within school hours, leaving many students unattended to until the next day. Canadian universities have had challenges in providing adequate mental-health services to students (Mental Health Commission of Canada, 2019), which can lead to long wait times for counselling and therapy services and may limit the types of services available. O'Grady et al. (2018) completed a study that found that there are significant challenges in providing adequate mental-health services to students due to competing demands for resources and the struggle of allocating sufficient funding to mental-health services, resulting in limited access to care. Thompson and Spenser (2020) found that Canadian students faced challenges in accessing mental-health services, and they identified a lack of knowledge by students on what services were offered and how to access them.

Participants recommended improvement on many levels, articulating the need for education for students on services offered, increased service methods, and flexible service times. Mental-health services need to be conducive to student needs and provide emergency slots for those in crisis. One solution proposed by participants included that of online counselling being offered to both decrease stigma and to provide extended hours. Fang (2018) identified that exploring counselling services through different delivery formats, such as counselling online, may help to decrease waiting times for appointments. The option of expanding services to different platforms and increased hours was found to be helpful. "Despite the lack of face-to-face contact, clients who use online counselling, including text-based formats, can enjoy a medium to high quality of therapeutic alliance with their therapists" (Fang, 2018, p. 1776).

The increased availability of supports could allow students to access the help they need, regardless of their schedules or circumstances. Online mental-health supports could be a forward-thinking option for students who may be fearful of stigma associated with seeking help. It is important for educational institutions to provide a range of mental-health support options to meet the needs of all students.

Mandatory Counselling/Curriculum Inclusion

Participants voiced that proactive measures were needed to better prepare and support nursing students for the emotional struggles they may face when in a nursing program. Proactive measures recommended by multiple participants advocated for integrating education on self-care and emotional intelligence into the curriculum, as well as mandatory counselling for nursing students.

The idea of faculty including self-care education within their curriculum was brought forth by multiple participants within the interviews and is an approach that can help nursing students to learn essential skills to self-manage their own mental health and well-being. Participants identified that this technique would allow for students to learn how to recognize their own catalysts for stress, develop healthy coping strategies, and engage in self-care activities that promote resilience and well-being. Participants report this education could also help nursing students better understand the importance of self-care in their future careers as nurses. A complete literature review did not find supporting data for this recommendation, although much support was found on the benefits of nurses practicing their own self-care (College of Nurses of Ontario, 2019) as well as modelling self-care practices for their patients (O'Malley et al., 2022). The Canadian Federation of Nurses Unions (2018), advocating that nurses should be able to

prescribe self-care as part of their scope of practice, identified that the modelling and promotion

of self-care practices by nurses subsequently improves patient outcomes and allows for relation

and understanding in the patient-nurse relationship.

Mandatory counselling for psychiatric nurses was another proactive approach

recommended by multiple participants of the research. Nursing can be a stressful and difficult

field in which to work (Keyes et al., 2012; Tully, 2004). Mandatory counselling would allow

students to address any mental-health concerns they may be experiencing, learn to cope and

manage stress, and develop resilience and self-care skills. Participants reported the hope that

counselling would help students identify, prevent, or move past their mental-health struggles,

thus removing any barriers to their success and ensuring that the medical system has healthy

student nurses. Nursing students experiencing counselling could then relate and promote

counselling to patients and teach the positive effects of counseling, therefore creating better

health outcomes for patients. The researcher was unable to find any literature in relation to

mandatory counselling in healthcare education but was able to identify a call for caution, in that

institutions should be careful in implementing student mental-health interventions without

evaluating their impact (Upsher et al., 2022). Kubiak et al (2020) reported tackling traumas and

or mental-health challenges may cause agitation, anxiety, discomfort, confusion and resurfacing

of past trauma and memories. Instructors might not be competently trained to manage

participants' negative experiences. This is especially significant when considering curriculum-

embedded interventions and suggests employing caution when developing and implementing

interventions.

Overall, the inclusion of mental-health promotion in curriculum and mandatory

counselling for nursing students can provide nursing students with the skills, knowledge, and

emotional capacity to maintain and manage their mental health throughout their academic and professional careers. These proactive measures could be a valuable addition to nursing education and may have long-term effects of improved student success, a healthier healthcare workforce, and even better patient outcomes.

Guidance for Faculty

Supporting student mental health is a critical task for faculty and it is understandable that faculty may feel frustrated by the lack of guidance or training in this area. Many faculty interviewed identified a lack of orientation to their institution's resources upon hire. Several participants voiced the desire to have ongoing updates from their institutions on available resources, mental-health support, and guidance on proper steps to take when supporting a student. Many of the participants expressed a lack of awareness regarding available resources or the existence of policies and procedures within their institutions to guide faculty in supporting student mental-health needs. Participants requested general guidelines that can assist faculty in supporting students in a manner aligned with best practice.

Multiple articles were found discussing the importance of computer training and combating burnout in instructors, but there is limited literature on the training and guidance for faculty supporting nursing student mental health. Interestingly, the literature focused on the importance of supporting instructors through resilience training versus skills training. Mansfield et al. (2021) highlighted the importance of cultivating resilience at various stages of teachers' careers and reported the importance of supporting the cultivation and ongoing development of professional resilience for practicing teachers. Resilience can be enhanced in a variety of

contexts to address specific learning activities, case studies, resources and strategies, student feedback and applied outcomes.

Faculty study respondents recommended that post-secondary institutions develop guidelines and resources to help faculty navigate student mental-health concerns as they arise. This can include training and workshops, referral services in the community and updated campus resources. Faculty members also recommend ongoing support measures for faculty mental health and well-being. Equipping faculty with the necessary tools and resources fosters well-being for both faculty and students, creating a culture of care that promotes success for all.

By reflecting on and discussing their own unique experiences and challenges supporting student mental health, study participants were able to identify new approaches and recommendations to overcome current barriers in the mental-health support system to allow students to receive the help they need. These recommendations included increased face-to-face interactions with faculty, increased availability and accessibility of mental-health services, preventative measures such as curriculum inclusion and mandatory counselling, and improved guidance and support for faculty. The primary objective of these recommendations was to improve the availability of resources and support available to faculty and students. By enhancing these supports, faculty will be better equipped to identify and respond to mental-health concerns within their nursing and teaching practice.

Strengths and Limitations

The experience of faculty supporting mental-health struggles of students in a psychiatric nursing setting was examined by interviewing 10 participants working as nursing faculty within four post-secondary institutions in British Columbia. The participants provided thorough data

and significant and important information and thoughts around their experiences and recommendations for change.

The strengths of this research through semi-structured interviews and interpretive description methodology enabled the researcher to conduct a successful qualitative research project with practical outcomes. Ten interviews were conducted, each containing a wealth of data. These interviews played a crucial role in filling a significant void in nursing literature, as they provided detailed and comprehensive knowledge. This level of depth could not have been attained through quantitative methods alone. Bandura's (1977, 1986, 1997) Self-Efficacy theory, which explicitly focuses on how individuals and communities can be empowered with a sense of agency that will facilitate goal attainment, was appropriate for this research and this theme was observed and discussed throughout the data and discussion.

One limitation to this study was that it was conducted during the COVID-19 pandemic. Although this may have allowed for more participants to engage in the study, it did not allow me to provide a face-to-face interview option. Second, COVID-19 had such an impact on student mental health and education that it required the researcher to do a significant review of the literature to ensure the most up-to-date data was utilized.

Recommendations for Future Research

This research shed light on the difficulties encountered by nursing students amidst the pressures of academic demands and unfamiliar environments and the challenges and perspectives of faculty members regarding support and responsibilities that contribute to this complex situation. The impact of the COVID-19 pandemic further intensified the stressors experienced in both nursing education and practice (Black, 2022). The participants in this study identified the

essential qualities and dedication that instructors need to possess in order to effectively support students in overcoming their mental-health challenges. Further, they discussed ways instructors could adapt their time, lessons, and curriculum to incorporate discussions on mental health, coping mechanisms and combating stigma. The study also identified a series of barriers for students accessing proper mental-health supports (Demery et al., 2012; McSpadden, 2022), with faculty reporting a lack of support, training and institutional supports to help students with mental-health struggles.

Overall, the participants within this study provided a wealth of information that will contribute to the literature on student mental health. Along with the information provided, gaps in the literature that could be future projects were identified. For instance, participants identified that there is a lack of support and training for faculty and that more research in this area is required. As well, participants provided solid advice on strategies such as face-to-face communication, increased availability of support, and mandatory counselling and curriculum inclusion that could be effective in supporting students. As support and training for faculty in supporting students' mental-health struggles has been given little attention in current published literature, further investigation of this gap is warranted. The recommendations from faculty regarding extension of support service hours, mandatory counselling, and emotional intelligence programs were not found in Canadian nursing student literature. More research with a focus on promoting mental-health support for nursing students and providing assistance to faculty is needed to fully investigate the outcomes of changes to such supports, explore strategies for enacting positive change and overcome reported barriers. Further research could include specific Canadian studies to identify the outcomes of extended support service hours, mandatory counselling for nursing students, and the effects on nursing students' mental health of emotional

intelligence programs being incorporated into curriculum. Finally, further research on students'

mental health and faculty confidence after specialized guidance and training around mental

health for students could prove valuable. The study just completed offers new insight into the

experiences of faculty working in psychiatric nursing settings. Their stories, insights and

struggles in supporting the mental-health concerns of nursing students within a psychiatric

nursing setting provide a basis for further study and could help inform future nursing pedagogy.

Chapter 6 - Conclusion

The importance of supporting nursing students' mental health is well recognized, yet the role and experiences of faculty providing this support is unclear and under-researched. Previous studies have investigated the experiences of students struggling with mental-health issues and how these students feel they may better be supported, however, there is minimal literature identifying the experiences of faculty supporting students with mental-health struggles, particularly in respect to post-secondary psychiatric nursing instruction in British Columbia.

The research was conducted utilizing the *Self-Efficacy Theory* framework, which allowed faculty to reflect on their capacities to develop students' social and emotional competencies, as the research questions targeted under-explored faculty experiences within this supportive role. *Self-Efficacy* theory allowed for the exploration of faculty experience and for practical implications to enhance the capacities of faculty to develop students' skills and emotional competencies. Interpretive description methodology was utilized as it provides practical direction to researchers of applied sciences such as nursing and generates understandings of complex clinical phenomena one might find in the nursing profession.

This qualitative study provided the opportunity to gain insight, understanding, and value from the experiences, opinions, and recommendations of faculty currently teaching, nursing, and supporting students with their mental-health struggles in post-secondary institutions. Findings yielded important insight on the impact faculty support has on the mental health of nursing students when they are in a psychiatric setting, as well as clarifying faculty identity, roles, experiences, and significance behind this support. This research directly contributes to pedagogical knowledge for faculty to create effective and supportive teaching and learning environments for nursing students. This research has the potential to create ongoing research

opportunities with positive outcomes that extend beyond just the research findings themselves. Implications for clinical practice, education, and research have been established through this study, and recommendations for change have been made.

This impact will manifest in many ways, such as inspiring further research initiatives aimed at improving student success rates, influencing policy adaptions that benefit students, leading to higher rates of success among students, and improving the job satisfaction of faculty members. The knowledge gained through this research will increase understanding of mental-health struggles of BC nursing students, can assist faculty in understanding their own experiences, difficulties and solutions when supporting the needs of their students, and will provide new knowledge and understanding to enable present and future faculty to better advocate and support nursing students within a psychiatric nursing context.

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Appendix A: Letter of Introduction and Invitation to Participate

Dear Colleagues,

I am a Master of Psychiatric Nursing Program student through the Faculty of Health Studies at Brandon University. I am conducting a research study as part of the requirements of my program, and I would like to invite you to participate in my study. My thesis advisor is Dr. Candice Waddell-Henowitch. The title of my research is "Faculty Experiences Supporting Mental Health Needs in Nursing Students in a Psychiatric Nursing Setting, An Interpretive Description Qualitative Study".

You have been contacted because you have been identified as having knowledge and experience in supporting psychiatric nursing students with mental health needs. The key features being sought in participants include a practicing RPN / RN faculty member (1) currently working for educational programs approved by BCCNM to offer psychiatric nursing programs in BC. (2) understands the state of psychiatric nursing students' mental health within British Columbia, having contact with psychiatric nursing students as an instructor in a nursing program, teaching in a psychiatric setting. (3) may help identify/has experience with students' expectations of faculty support (4) has own perspectives on the concept of supporting students (5) have experience and understanding with faculty's struggle with competing roles.

The knowledge gained through this research will increase our understanding of what mental health supports look like for psychiatric nursing students in British Columbia, and what faculties experiences, supports and roles may be in providing support. Present and future faculty, as well as present and future psychiatric nursing students may benefit from the results of this research. The primary investigator also plans to disseminate the findings through the Faculty of Health Studies Presentation at Brandon University as well as a presentation in British Columbia to educators.

If you volunteer to participate in this study, you will be asked to take part in an online /video interview that will last approximately 60 minutes. You will be provided with a twenty-dollar gift card of your choosing for your time. The interview will be audio-taped, or video recorded and transcribed by the primary investigator, myself, Barbara Bishop. You will have the choice to have the screen on or off. You will also be asked some demographic questions, for example, your age, education, and teaching / nursing experience.

Your name will not appear in any report or publication of the research. Your data (e.g., interview recording, transcripts of interviews) will be safely stored in a locked cabinet and in a password-protected computer. The primary investigator solely has access to your data, the thesis advisor will only have access to data that has been anonymized. Your identity will be protected by the use of a pseudonym. You may choose this pseudonym. When your interview is transcribed, your name will be removed, and efforts will be made to remove any features of your interview that could make you identifiable. Any details in the interviews that identify workplaces will be replaced with pseudonyms. All data will be destroyed one year after

completion of the primary investigator's master's thesis defense. Paper copies will be shredded, and electronic files will be deleted.

Participation is voluntary and you may refuse to answer any questions or withdraw from the study up until one month after the follow-up phone interview. Participating or declining to participate in this study will not affect your relationship with the researcher or Brandon University.

Thank you for taking the time to read this information. If you have any questions about the study, you may ask my thesis advisor at the contact information given below or me. The research has been approved by the Brandon University Research Ethics Committee (BUREC). (#22955) If you wish you may contact them for questions regarding ethics at (204) 727-9712 and burec@brandonu.ca. If you would like to participate in this study, please contact me either at the phone number or email listed below.

Sincerest Regards,

Barbara Bishop, RPN,

Masters of Psychiatric Nursing

Student

Faculty of Health Studies

Brandon University

Phone: (778) 549-7220

Email: BishopBR54@Brandonu.ca

Dr. Candice Waddell-Henowitch, RPN BScPN MPN PhD

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Phone: (204) 727 7404

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FACULTY EXPERIENCES SUPPORTING MENTAL HEALTH NEEDS OF NURSING STUDENTS

Appendix B: Consent – Agreement to Participate

Research Project Title

Faculty Experiences Supporting Student Mental Health Needs in a Psychiatric Nursing Setting

Principle Investigator

Barbara Bishop, Student, Master of Psychiatric Nursing Program, Faculty of Health Studies,

Brandon University. Phone (778) 549-7220 or email: BishopBR54@Brandonu.ca

Research Supervisor

Dr. Candice Waddell - Henowitch, Master of Psychiatric Nursing Program, Faculty of Health

studies, (204) 727 7404 Brandon University. WaddellC@Brandonu.ca

This consent form, a copy of which will be left with you for your records and reference,

is only part of the process of informed consent. It should give you a basic idea of the research

and your participation. If you would like more details about something in this letter, or

information that is not included here, please feel free to ask. Please take the time to read this

consent form carefully and to understand any accompanying information.

You are invited to participate in a study called "Faculty Experiences Supporting Mental

Health Needs in Nursing Students in a Psychiatric Nursing Setting. An Interpretive Description

Qualitative Study", which is being conducted by myself, Barbara Bishop.

Purpose and Objectives

This study aims to explore experiences of faculty supporting nursing students' mental

health needs in a psychiatric nursing setting. Other themes explored will include theoretical

perspectives on the concept of supporting students; students' expectations of faculty support; and faculty's struggle with competing roles.

Inclusion Criteria, Exclusion Criteria and Participation

You are being asked to participate in this study because you are a Registered Psychiatric Nurse (RPN) or a Registered Nurse (RN) who is actively employed and practicing as faculty at a British Columbian University. You will not be able to participate in this study if you have a professional or personal relationship with the primary researcher, myself Barbara Bishop. Participation in this study is voluntary. You may stop at any time without any negative consequence or explanation. You may decline to answer any question, or you may withdraw from participating in this study at any time during the interview. You may also withdraw from participating following the interview by contacting me by phone at (778)549-7220 or by email at BishopBR54@Brandonu.ca up to one month following the interview. If you withdraw from this study, your data will not be used, and it will be destroyed.

What is involved?

If you agree to participate in this study, you will be asked to participate in an interview that will take approximately 60 minutes or less. The interview will be conducted at a mutually agreed upon online /by video. You will be asked to complete some demographic questions including age, education, and experience. You will be asked semi-structured open-ended questions and are encouraged to share your experiences.

Risks

Participation in this study may cause some inconvenience to you, including the time it takes to be interviewed. If at any time you feel uncomfortable and wish to stop, please let me know. As a participant you have the opportunity to withdraw from the study up to one month

after the interview. If you do not wish to discuss a particular question, please let me know and the question will be omitted.

Benefits

The knowledge gained through this research will increase our understanding of what mental health supports look like for psychiatric nursing students in British Columbia, and what faculties experiences, supports and roles may be in providing support. Present and future faculty, and present and future psychiatric nursing students may benefit from the results of this research.

Confidentiality

Your interview will be audio/video recorded and transcribed by the primary researcher (myself) who will have signed a confidentiality agreement. Audio recording the conversation will allow our conversation to be transferred into notes. Video recording is optional, and you may choose to keep your screen off during the interview. I may also make a few handwritten notes during the interview. The computer files and transcripts of our conversation will be kept confidential and only accessed by myself Barbara Bishop. The computer files will be saved on a USB flash drive and safely stored in a locking filing cabinet. Transcribed electronic copies will be stored on a password protected computer. Your identity and any identifying information about your workplace will be protected by the use of pseudonyms. When your interview is transcribed, your name and any identifying information will be removed and will appear in any report, publication, or research publication. I may quote you to illustrate a point, however, efforts will be made to remove any features of your interview that could make you identifiable.

Dissemination of Results

It is anticipated that the results of this study will be shared with others in the following ways: The primary investigator also plans to disseminate the findings through Faculty of Health Studies Presentation, (Presentation in BC to educators).

Research findings will be shared with study participants following completion of the study via email with a link to the thesis. There is no intention to commercialize the research findings. There are no potential or perceived conflicts of interest on the part of the researchers, their institutions, or the research sponsors.

Your signature on this form indicates that you have understood and are satisfied with the information provided regarding participation in the research project and have agreed to participate. By signing this consent form, you are stating that you understand the research project and are willing to participate in one online/video interview (audio or video taped). In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time up until one month after the interview or refrain from answering any questions you prefer to omit, without prejudice or consequence. You should feel free to ask for clarification or new information throughout your participation at any time. If you have any questions, please do not hesitate to contact me or my supervisor directly as the phone and emails provided.

This research has been approved by the Brandon University Research Ethics Committee (BUREC) (22955). If you have any questions regarding ethics, BUREC may be contacted at (204) 727-9712 and burec@brandonu.ca. A copy of this consent form will be given to you to keep for your records and reference.

I agree to participate voluntarily in the *Faculty Experiences Supporting Mental Health Needs in Nursing Students in a Psychiatric Nursing Setting: An Interpretive Description Qualitative Study.*

The pseudonym of my choice is: _____

Participants Signature _____**Date:**

Researchers Signature _____**Date:**

Appendix C: Interview Guide

You have been asked to participate in this study because your professional role entails practicing as a Registered Psychiatric Nurse (RPN) or a Registered Nurse (RN) who is actively employed and practicing as faculty at a British Columbian University teaching nursing student, within a psychiatric nursing setting.

With your consent, this interview is being audio-recorded/video recorded. If you feel uncomfortable and wish to stop at any point in the interview, please let me know. You may choose not to answer some questions. Take as much time to think about the answer to the questions as required. Your responses are confidential. My thesis advisor Dr. Candice Waddell-Henowitch and myself, Barbara Bishop will have access to your responses to these questions. When transcribed, any names present will be removed, and efforts will be made to remove any identifiable features of your interview.

Interview Questions:

Please tell me about your current role as a registered nurse or psychiatric nurse.

How long have you been practicing as a nurse?

Please describe your faculty role.

What gender do you identify as?

Student Mental Health

1.) What is the story that you most need to tell about student mental health? When you think of student mental health what comes to mind?

a) With as much detail as possible, share experiences you have had providing psychiatric nursing students mental health support in your role as faculty.

b) In your belief what are the most important physical, mental, or emotional influences on your students' wellness and quality of life?

Faculty Role + Expectations

2. What are your own perspectives on the concept of supporting students' mental health struggles within your role as faculty?

a) How do you believe support to students' mental health fits into an educational setting/context?

b) Discuss opportunities you have had with students in teaching about mental health skills such as coping / self-care or any other examples within the classroom or learning environment you have done.

c) On the subject of supporting students' mental health, discuss the factors and scenarios that you believe are both within and outside of our scope of practice as an educator.

3.) Think about a time where you felt you were truly able to support a student's mental health needs.

a. Please describe that experience?

b. What did your intervention look like?

c. Was there anything in particular that supported that experience?

d. How did it feel from a professional standpoint?

e. Why does this experience stand out for you?

Faculty struggles

4. Explain any barriers in providing mental health support to students?

a) Explain situations where you have witnessed a students' mental health deteriorate and felt struggles as an educator? to support?

b) What is your experience and understanding with faculty's struggle with competing roles and time restraints?

5. Explain any guidance or support from your employer regarding supporting students' mental health struggles?

a) Describe the support for student mental health provided by your academic institution.

b) Describe the support you receive from the academic institution to support students' mental health.

c) If you could recommend any changes to the institutional policy or resources to enhance support or resources in supporting student mental health, what would that entail?