Student nurses' experiences in the clinical psychiatric learning environment: The use of drawings and naïve sketches in qualitative health research

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Abstract

The use of drawings and naïve sketches in qualitative health research is particularly relevant in investigating personal experiences, attitudes and feelings, as well as narrating experiences and perceptions. In the case of drawings, participants use projection for inferring underlying motives, urges or intentions that cannot be secured through direct questioning, as participants either resist revealing them or are unable to discover the experiences themselves. The purpose of this paper was to describe the use of drawings and naïve sketches in conducting qualitative research on the transition of beliefs and aspirations of student nurses working in a psychiatric ward. A qualitative, explorative, descriptive and contextual research design was used. The participants for the study were (27 female and 2 male) fourth-year student nurses from a purposefully selected nursing education institution who work in psychiatric wards. Data were collected by means of three focus group interviews, as well as drawings and naïve sketches of the participants' and the researcher's field notes. Tesch's method of open coding was used to analyse data. Ethical principles were observed and trustworthiness was ensured. The results show that student nurses experience a range of challenges in the clinical psychiatric learning environment. However, through the use of drawings and naïve sketches they come to an emancipated understanding of their growth and development capacity. It was suggested that the support needs of student nurses in the clinical psychiatric learning environment cannot be ignored. Drawings and naïve sketches are recommended for use by advanced psychiatric nurse educators and other mental health care practitioners to assist student nurses to realise their potential in the clinical psychiatric learning environment.

Keywords: Drawings, naïve sketches, projective techniques, qualitative research, student nurses.

Introduction

Student nurses can encounter the clinical learning experience in psychiatric wards as unexpected and disturbing (Janse van Rensburg, Poggenpoel & Myburg, 2012; Van Rhyn & Gontsana, 2004). Student nurses experience a reality 'shock' in the world of psychiatric nursing, as it is difficult for them to differentiate between their role as learners and workers in the clinical learning environment (Nash, Lemcke & Sacre, 2009). Student nurses in the course of their clinical learning experience in psychiatric wards come across complex and challenging situations with mental health care users (MHCUs). A MHCU is a person receiving care, treatment and rehabilitation services at a health establishment (Mental Health

Care Act No. 17 of 2002). Beech (2008) is of the opinion that nurses are major targets for incidents of violence, with student nurses being a high-risk sub-group. Student nurses in the clinical learning environment experience stress as a result of the sometimes uncontrollable behaviour of MHCUs, which may lead these nurses to experience nervousness, depression, anxiety, fear, frustration, anger, hopelessness, loneliness and feelings of inferiority (Shipton, 2002; Moagi, Janse van Rensburg & Maritz, 2013). These complex and challenging situations contribute to student nurses' adjustment difficulties in the clinical psychiatric learning environment (Van Rhyn & Gontsana, 2004; Janse van Rensburg et al., 2012).

It is important for student nurses to be exposed to the clinical learning environment in order that they can learn how to become professional nurses and to shape their professional identity, attitudes, values and norms (Peyrovi, Yadavar-Nikravesh, Ouskouie & Bertero, 2005). Clinical learning plays a significant and essential role in nursing education, as student nurses learn about the 'norms' of practice by applying the theory learned in the classroom to their clinical learning practice (Tiwari, Lam, Yuen, Chan, Fung & Chan, 2005; Hartigan-Rogers, Cobbett, Amirault & Muise-Davis, 2007; Henderson, Cooke, Creedy & Walker, 2012).

In a study conducted by Moagi et al. (2013) on student nurses' experiences of the clinical psychiatric learning environment in a nursing education institution, drawings as a projective technique helped participants to project their own attitudes and feelings sub-consciously on the subject under study. Drawings are usually visual, but may also be tactile – that is, perceptible through the fingers (Picard & Lebaz, 2012) and are intended to evaluate the sub-conscious conflicts, motives and needs in personality functioning. As a socio-cultural activity**,** drawings are reflected in symbolic and cultural conventions or resource preferences in productions (Khunyakari et al., 2007).

Drawing as a projective technique was developed by psychologists for patients who either resist to reveal or who are unable to become aware of their underlying motives, urges and intentions (Bergh & Theron, 2003). Drawing is used as a way of self-expression and self-exploration in experiences that are difficult to verbalise (Visagie, Gmeiner & Van Wyk, 2002). Additionally, drawing as a projectory technique are used for inferring underlying motives, urges or intentions that cannot be understood through direct questioning.

In qualitative research, naïve sketches are defined as brief essays written by participants on a formulated question (Giorgi, 1985; Guest, 2008; Moagi et al., 2013). Naïve sketches in research can be used to obtain descriptions of personal experiences with regard to the research phenomenon, taking into consideration the social and cultural context of the study.

Drawing as a projective technique plays an important role in research as it reflects the contexts and indicates the intentions of the research design (Khunyakari, Mehrotra, Chunawala & Natarajan, 2007). A naïve sketch is a technique used to obtain descriptions of personal experiences of participants. This method can be used to provide the opportunity for discussion and debate on a research topic (Charleston & Happel, 2006).

The importance of naïve sketches and drawings, therefore, is not the productiveness of the descriptions but what one does after the description has been obtained (Giorgi, 1985) in responding to the issues revealed by these naïve sketches and drawings.

Student nurses working in the clinical psychiatric learning environment experience anxiety, uncertainty and feelings of abandonment when first exposed to the clinical psychiatric learning environment. The clinical learning environment as an interactive network of forces in the clinical setting influences the learning outcomes of student nurses. Therefore, a positive clinical learning experience provides student nurses with the opportunity to increase their understanding of and skills in psychiatric nursing and to improve the care given to MHCUs (Chan, 2001; Moagi et al., 2013).

In a study conducted by Moagi et al. (2013), drawings as a projective technique helped participants to project and thereby develop an understanding of their own attitudes and feelings sub-consciously about the clinical psychiatric learning environment.

This paper describes the value of drawings and naïve sketches as projective techniques in qualitative health research to assist student nurses in psychiatric nursing to adjust to the clinical environment. The paper is based on a study conducted by Moagi et al. (2013) on experiences of student nurses in a clinical psychiatric learning environment.

Methodology

The population comprised all student nurses who were in their fourth year of study for the comprehensive four-year nursing diploma at a nursing education institution. During the time of the study, there were 94 student nurses who were in their final year of training. The comprehensive four-year nursing diploma is a course leading to registration as a nurse (general, psychiatric and community) and midwife (Regulation R425 of 22 February 1985, as amended). Purposive sampling was utilised. The inclusion criteria were participants who were student nurses enrolled at a specific nursing education institution, who were in their fourth year, had experience of working with MHCUs, and were placed in the clinical psychiatric learning environment. Twenty-nine (29) participants out of ninety-four (94) student

nurses gave informed consent to participate in the study. Twenty-seven (27) were females and two (2) were male nurses and only one was white, with ages ranging between 21 and 40 years, and a mean age of 30 years. All participants were fluent in English.

The study followed a qualitative research approach and used several techniques to obtain data, including focus groups interviews, drawings and naïve sketches. For the purpose of this paper, drawings and naïve sketches will be discussed as a data-generation method.

As this study was on drawings and naïve sketches, participants were asked to draw their experiences as follows:

"Draw your experiences of the clinical psychiatric learning environment in a nursing education institution."

Participants were asked to complete their naïve sketches as follows:

"Write about your experiences of clinical psychiatric learning environment in a nursing education institution."

Data analysis in qualitative research is an on-going process that takes place concurrently with data collection (Shin & Kim, 2009). The naïve sketches, drawings and field notes were analysed by the researcher and independent coder through Tesch's method of open coding (Creswell, 2009).

Permission was granted by the Gauteng Department of Health to conduct research at a particular nursing education institution in Gauteng. The University of Pretoria gave ethical approval (S148/2010). Ethical considerations were also adhered to following the principles of beneficence, respect for human dignity, informed consent and justice.

Measures to ensure trustworthiness were adhered to by applying the framework described by Denzin and Lincoln (2005). These criteria are as follows: credibility, transferability, dependability, confirmability and authenticity. Credibility was ensured through prolonged engagement with participants in the clinical learning environment to establish rapport and to build a trusting relationship. Persistent observation was ensured by the researcher in staying with participants after each focus group interview to obtain more information on the topic. Triangulation was used as the researcher collected data by means of drawings, naïve sketches, focus group interviews and field notes. Transferability was ensured, as the researcher used purposive sampling to ensure that participants provided rich descriptions, and gave dense descriptions of the demographics and dense descriptions of the results of their

experiences of working in the clinical psychiatric learning environment. The researcher used step-wise-replication code recoding of data and a dependability audit to ensure dependability. The researcher used a dependability audit, field notes, observation and transcripts of the whole research process as the evidence chain to ensure confirmability. Authenticity was ensured, as the researcher ensured quality of balance by reflecting the views, perspectives, claims, concerns and voices of all participants in the study.

Results

The results were drawn from the 29 participants who drew and wrote about experiences of student nurses in the clinical psychiatric learning environment in a nursing education institution in Gauteng. Data were organised and prepared for analysis in accordance with Tesch's method of analysis for qualitative research. Two themes emerged from the main study on the experiences of student nurses with regard to the clinical psychiatric learning environment. From theme 1, the experiences of student nurses with regard to entering an "interesting", yet, "scary", clinical psychiatric learning environment, the following sub-themes were developed: initial clinical anxiety, personal beliefs and the role of nursing staff in the clinical learning context. From theme 2, student nurses experienced a "life-changing" learning process that filtered through to the real-life context of the student, the following sub-themes were developed: theory-practice integration, attitudinal shift and actualising learning in the real life-context. In this paper, the researcher selected theme 2 as an example for discussion.

Clinical experience is the most anxiety-producing component of a psychiatric nursing programme. When student nurses were first exposed to the clinical psychiatric learning environment, their personal beliefs led to anxiety, frightening thoughts and sadness, which had a negative influence on their mental health. They were unsure of how they would cope in the wards, as much of the nursing care involves emotionally demanding situations. Exposure to the MHCUs made student nurses aware of their own emotional discomfort (Moagi et al., 2013).

Student nurses entered the clinical psychiatric learning environment with the belief that MHCUs behaviours were aggressive, since these MHCUs in the clinical psychiatric learning environment displayed unpredictable behaviours that led participants to think that they were aggressive. A participant said: "*I experienced scary thoughts and a bit of sadness because my cousin was mentally ill; so the thought of coming to a mental health care facility was scary as I thought of what he did – he used to scream out loudly and break windows of our house.*"

These fears changed after the students had been exposed to the clinical psychiatric learning environment. Their growing understanding of MHCUs and mental illness increased and their anxiety decreased (reflected as a flower blooming in Drawing 1

to illustrate the journey from ambiguity to transformation). The growth and development boosted the student nurses' self-esteem and they were able to talk about their experiences openly. A participant said: *"I have grown professionally and I know I will be able to conquer anything on my way…I have the knowledge and skills in psychiatric nursing."*

The changing growth and development were emphasised by one of the participants while she was drawing her experiences and writing the naïve sketches, as that drawing enabled her to compare her growth to a flower by saying: *"The roots represent that whatever knowledge that I have acquired stays with me forever. This tree represents me whereby the branches represent the growth and the development of my knowledge that I have acquired, and it's growing every day." [Excerpt from a student's naïve sketches].*
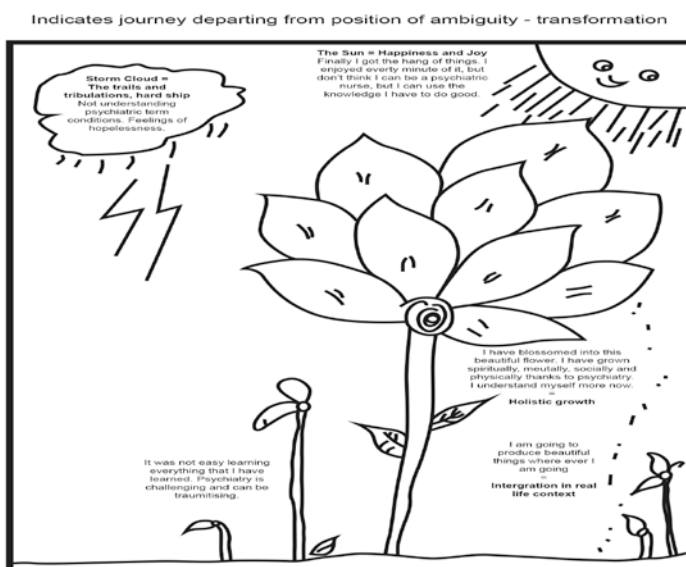
Drawing: A sense of blooming, Naïve sketch.

Flower

Life – In times of stress it shrinks, in times of happiness it blossoms.
Brightness – Brightens up the day.
Contentment – No matter how sad you may be, it will always bring the comfort, tranquillity and joy.
Growth – It grows with the leaves, symbolising progress in life.
New beginnings – With the small flowers growing along the bigger one, it can only mean new things.
Fragile / sensitive – A flower should be watered almost daily, thus meaning nurturance; if not, it will die.
Caring – Good care is necessary for it to live and grow well.
With the flower, it can simply be changed to a life of an individual, which is also important!

In this naïve sketch, one of the participants explored the flower by describing the psychiatric nursing environment as challenging and traumatising, as it was difficult for her to learn in this environment. Despite the challenges experienced, she promised herself that she would blossom into a beautiful flower. Her idea of

blossoming into a beautiful flower was echoed by another participant when this second participant responded to the question on writing about her experiences of the clinical psychiatric learning environment in a nursing education institution, using naïve sketches. In a study conducted by Haviland-Jones, Rosario, Wilson and McGuire (2005), an environmental approach to positive emotions, flowers provided emotional information among people as they convey sympathy, guilt or celebration (Heilmeyer, 2001). In some religions, flowers are used to express religious feelings and are considered the direct route for spiritual communication.

Another participant compared a flower with her life when she was facing the challenges of the clinical learning environmental, as she was experiencing difficulties in her life during clinical psychiatric learning placement. She saw darkness as she looked at herself and compared herself with a small flower that needs water every day. In this instance the participant was in need of knowledge and skills in order to blossom into the world of caring. Exposure to the clinical learning environment gave participants confidence and boosted their self-esteem, as they acquired knowledge and skills concerning schizophrenia, amongst other mental health problems, in the clinical psychiatric learning environment.

The student nurses experienced fear, which progressed positively to a sense of fulfilment. One participant wrote in her naïve sketch: *"I would like to see my future just like the rays of the sun; the sun is bright for me; opportunities are there [in mental health] and I have to go and take advantage of them."*

Discussion

This study highlighted the challenges and distressing experiences that student nurses (participants) experienced in the clinical psychiatric learning environment when they were working with MHCUs as observed from data collected using drawings and naïve sketches.

The importance of drawings and naïve sketches in qualitative research is alluded to in various studies conducted by – for example, Moagi et al. (2013) on student nurses' experiences of the clinical psychiatric learning environment in a nursing education institution. Ngako, Van Rensburg and Mataboge (2012) used these techniques in their research on psychiatric nurse practitioners' experiences of working with MHCUs presenting with acute symptoms. Also, Janse van Rensburg et al. (2012) used these techniques in their research on student nurses' experience of working with mentally challenged individuals in South Africa, while Visagie et al. (2002) used stories of merger and acquisition change to develop a team-based approach to the promotion of mental health.

Cultural beliefs played an important role in the initial perceptions of student nurses of MHCUs, as also indicated by Maritz (2010). Some participants believed that

MHCUs were faking their mental illness. Some participants were scared to even come into contact with MHCUs. Others believed that a person with a mental illness could not have a normal life like any other person because of their hallucinations, delusions and fantasies (Townsend & Scanlan, 2011; Gurung, 2006). The findings confirmed that these challenges and distressing experiences of the mental health environment are multifaceted and confront psychiatric nurses as well as student nurses (Janse van Rensburg et al., 2012; Ngako et al., 2012). This barrier in the clinical psychiatric learning environment is often not addressed (Henderson et al., 2012), but can be overcome as indicated in this paper. The negative experiences in the clinical learning environment can develop into positive growth of the student nurses, as indicated in this paper through the projective techniques used in this study. Participants' drawings and naïve sketches reflected growth and development of self-knowledge, as well as skills development that not only boosted the self-esteem of student nurses but also their ability to give expression to their experiences in the psychiatric wards.

Conclusion

Drawings and naïve sketches enhance qualitative data by adding visual and narrative depth. The paper reflected the use of drawings and naïve sketches in qualitative research on student nurses' experiences in the clinical psychiatric learning environment. A naïve sketch was provided as an overview of a participant's challenges in the psychiatric nursing environment. A drawing of a flower blooming was used to illustrate the student nurses' journey of growth and professional development during exposure to the clinical psychiatric learning environment.

Advanced psychiatric nurse educators can facilitate the promotion of a positive clinical psychiatric learning environment for student nurses by using projective techniques as indicated in this paper.

Acknowledgement

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